THE CONSEQUENCES OF VIOLENCE: AN ANALYSIS OF THE STRUCTURAL FORCES BEHIND THE SPREAD OF HIV AND AIDS IN THAILAND AND CHINA

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Mary Elizabeth Schooler

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Mary Elizabeth Schooler

Thesis Supervisor:

_____

Emily K. Brunson, Ph.D.
Department of Anthropology

Approved:

_____

Heather C. Galloway, Ph.D.
Dean, Honors College

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ABSTRACT

Since the mid-1800s, developments in biotechnology and biomedicine has caused a change in the focus of disease research. This research has attempted to discover what causes the spread of diseases through human populations. Normally the researcher takes a biological approach, focusing on the characteristics of the disease which allow it to spread. However, many social factors contribute to the spread of diseases as well, often causing larger outbreaks to occur. HIV/AIDS, a virus, is one such disease where the social factors, more so than the biological factors, have caused it to spread to pandemic proportions. In this paper, I will discuss how structural violence accounts for the social factors that allowed HIV/AIDS to spread. Specifically I will provide an account of how structural violence is a leading cause of HIV and AIDS in the sex worker population of Thailand and the blood donor population of China. The analysis provides information on how the systems within the structure were conducive to structural violence and how each country addressed the epidemic. It is concluded that the impoverished state of the affected populations, the inability to make choices that would easily prevent HIV and AIDS, and the individual characteristics of the structures of each country created the perfect conditions for structural violence. The consequences of these actions lead to the spread of AIDS.

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Since the mid-1800s, developments in biotechnology and biomedicine have caused a change in the focus of disease research. This research has attempted to discover what causes the spread of diseases through human populations. Typically this research takes a biological approach, focusing on the characteristics of the disease which allow it to spread. However, many social factors contribute to the spread of diseases as well, often causing larger outbreaks to occur. HIV/AIDS, caused by a virus, is one such disease where the social factors, more so than the biological factors, have caused it to spread to pandemic proportions. In this paper, I will discuss how structural violence accounts for the social factors that allowed HIV/AIDS to spread in Thailand and China.

HIV/AIDS

The Human Immunodeficiency Virus (HIV) is an RNA virus contained within a sugar coating that attacks hosts' CD4 cells, the cells responsible for activating the immune response when a foreign body is detected. HIV is transmitted through semen, blood, breast milk, and vaginal secretions, but it cannot be passed through other bodily fluids, unless they contain blood. The most common modes of transmission are through sexual contact and contaminated blood transfusions.

HIV's sugar coating is odd for a virus to have and is the main reason it is not detected by the body. Most viruses have a protein coating that CD4 cells will detect as foreign. The CD4 cells will then activate the immune response and destroy the foreign body. The sugar coating of HIV, on the other hand, disguises the virus from detection and

it is able to replicate without regulation (“Stages of HIV infection”, 2015). Once HIV has begun to replicate it starts the acute infection period. During this period HIV will use CD4 cells as a means of replication and CD4 counts will drop dramatically (“About HIV/AIDS”, 2015). A slight fever and various infections may occur for 2-4 weeks.

A latency period will occur after the acute infection period has ceased. During this time HIV begins to replicate at a slow and steady rate. CD4 counts are continually being reduced but the host remains largely asymptomatic, although the virus is continually multiplying. This period can last an average of 10 years without treatment or multiple decades if antiretroviral therapy is taken (“Stages of HIV infection”, 2015).

Eventually, Acquired Immune Deficiency Syndrome (AIDS) will occur. Clinically, this happens when a host’s CD4 count falls below 200 cells per mm of blood (“About HIV/AIDS”, 2015). Symptomatically, AIDS can be identified by the occurrence of systemic and opportunistic infections, including tuberculosis and pneumatic infections, which ultimately kill the host. Survival rate, after reaching this stage, is about 3 years. If antiretroviral therapy is taken most of the infected will never reach this stage (“Stages of HIV infection”, 2015).

HIV is difficult to diagnose due to the lack of symptoms and opportunistic infections. During the acute and latent periods many hosts do not realize they have contracted the disease. The uninformed host may then participate in at-risk activities, spreading the disease unwittingly to partners, friends, and blood banks. HIV is highly preventable by abstaining from sexual intercourse, by using condoms during intercourse, and/or by following proper needle and blood product hygienic practices.

AIDS was first diagnosed in the 1980s. It is now thought that disease originated in African chimpanzees, and was transmitted to humans in Africa sometime in the last century ("About HIV/AIDS", 2015). The first human cases were reported in the United States in homosexual men and injecting drug users, specifically heroin addicts. By 1982 AIDS was also commonly found in hemophiliacs and Haitians ("A Timeline of HIV/AIDS, 2015). Haitians had the highest rate of known infection at the time, leading many to believe that Haiti was the place of origin of the disease. This, however, has since been proved to be untrue. The disease spread quickly due to lack of knowledge about how it was contracted. Eventually, it was found that sexual transmission as well as blood contamination were the main forms of transmission, making it preventable.

This knowledge of the disease did not stop the pandemic, however, and by 1990there were over 300,000 cases reported worldwide. The World Health Organization actually estimated that over a million people were living with HIV/AIDS and were yet to be diagnosed ("Global HIV and AIDS statistics", n.d). Government and nongovernment organizations have attempted to educate populations and target at risk groups where HIV/AIDS is most prevalent, like in parts of Africa, Asia, and South America. The goals of these programs were to reduce the behaviors that spread HIV/AIDS and reduce stigma. Despite these continuous attempts, the number of reported cases has continued to increase. Sub-Saharan Africa accounts for over 70% of all cases, with Asia coming in second with 13.6%. Of those infected, 46% are unaware of their condition, and the majority who actually know they have contracted HIV do not access treatment ("Global HIV and AIDS statistics", n.d).

HIV/AIDS and Stigma

Homosexuality and IV drug use are considered to be immoral by many societies, causing HIV/AIDS to become highly stigmatized in the early years of the pandemic (1980-1995). HIV/AIDS was known as the 4H disease in the western world due to the initial populations affected. Hemophiliacs were looked at as innocent victims of the disease and were omitted from general stigmatization. Haitians were stigmatized as a result of many social factors including racism. The association with HIV/AIDS eventually led to the fall of Haiti's economy, for tourists believed, though incorrectly, they would contract the disease if they visited. Haiti has yet to recover from this economic downfall. Homosexuals and Heroin IV drug users, on the other hand, were strongly looked down upon due to their illicit sexual relations and drug use. These behaviors are at high risk for spreading HIV/AIDS and are considered to be immoral activities in most societies. HIV/AIDS became a physical marker of the morality of the host because of the immorality of high risk activities. Lack of knowledge of how the virus was spread also added to the associated stigma. Individual patients refused testing and treatment because the revelation of their disease would stigmatize or ostracize them in their community and/or with their families. HIV/AIDS was able to spread like wildfire and increase to epidemic proportions, in the 1990s ("A Timeline of HIV/AIDS, 2015). This was due to its efficiency at masking its presence from the host, but also because of the social stigma associated with the disease that led to delays in research and prevented people from accessing care once it was available.

As the AIDS epidemic continued, many groups came together to raise awareness and gather funding for research. Some even tried to destroy the associated stigma because they realized that, in order to combat the disease, those infected must be comfortable with

seeking treatment and admitting they are sick. Today, those who are infected can take antiretroviral treatments to increase CD4 counts and prolong their lifespans. Education of the populace in the United States has lessened stigma in many communities and the availability of affordable treatment is becoming more common. Stigma is still prevalent in some communities in the western world; however, more people are active about getting tested and treated than when the disease first appeared.

The developing world was overlooked during the initial outbreak of HIV/AIDS because the focal point of the outbreak was the western world. The spread and stigma associated with the virus was different in developing countries. In these countries, HIV/AIDS was more closely associated with poverty than with the 4H populations of the west. Infections mainly occurred in heterosexual populations, most of whom had low economic status and low levels of education. Injecting drug use and prostitution were the main activities that spread the disease. These practices were also viewed differently in developing areas because of their different historical and culture backgrounds. Some activities, like prostitution, were looked upon more favorably while others, like drug use, were more stigmatized than in the western world. The solution to prevention was not an easy matter of promotion of safe practices either. Many governments were unequipped to handle the situation with the limited resources at hand. In some cases, admitting there was a problem would be detrimental to the entire economic system like in Haiti.

This is especially true in Thailand and China. In these countries the spread was due to industrial practices and poverty. In Thailand, societal practices like prostitution were practiced freely and were not stigmatized. This practice also became a large contributor to their economy because of sex tourism. In China, the main cause of the

spread of the disease was through blood donations. Large numbers of impoverished people would donate blood as a way to make money. Unhygienic practices, including needle sharing and blood pooling, allowed HIV/AIDS to spread rapidly among donors. In both countries the populations that participated in these high risk activities were the impoverished. The infected were stigmatized, mostly due to the fear of infection rather than how the disease was contracted. It was no longer just a problem of preventing unsafe living practices in order to prevent the disease. Instead it had become a problem of halting business' activities and trades that were important to the entire country's well-being. HIV/AIDs became a product of economic venture taken by the governments and was a defining factor of the cultures it affected.

Structural Violence: A Review

Violence occurs "when human beings are being influenced so that their actual somatic and mental realizations are below their potential realizations" (Galtung, 168). The potential is what is possible given a realistic assessment of the situation, the actual is what actually happens. Actual and potential realizations can match up and sometimes even actual realizations are better than predicted. For example, if someone was to contract a curable and usually not lethal disease in 2016, like pneumonia, but were to die from it because of a lack of treatment even though a treatment, antibiotics, is available, then this might be indicative of violence. Basically when the outcome is avoidable but not avoided because resources and insights are withheld or destroyed, then violence is present.

Typically when violence is present, there is usually a subject, an object, and a following action; however, there can be variations on this influence relation. An

understanding of the six distinctions of violence, as described by Galtung, is required in order to completely characterize the subject-object-action relationship. First, violence can be physical or psychological. Physical violence is when the object is hurt bodily or the object's ability to be mobile is constrained. Psychological violence decreases mental stability through threats, isolation, and brainwashing. Secondly, the influence of violence can be either negative or positive. This is known as the stick and carrot method, where an object or victim is punished for doing something wrong or rewarded for doing what the influencer deems right. A third distinction is the object or victim in the violence relation model does not actually need to be present. When this occurs the violence is more of the psychological variety, where the subject creates a lie or indirect threat in order to constrain individual action. Untruthfulness then becomes a part of the definition of violence. If an object can be absent from the relation, then so can the subject, giving us the fourth distinction between direct and indirect violence. Direct violence is when the subject or influencer is present. Indirect violence is when the subject is absent. This then leads into the fifth distinction of whether or not the violence is intended or unintended. Intended violence is personal, involving an influencer, whereas unintended violence is impersonal, usually with no influencer. The final distinction is whether or not violence is manifested or latent. Manifested violence is observable, to some extent. If the violence is latent, then violence is not present but has the potential to occur. Latent violence occurs when the difference between actual and potential realizations are set up to increase easily, due to the instability of the situation. Understanding these six distinctions lays the framework for explaining what structural violence is.

Structural violence is not to be confused with personal violence. Personal violence has a direct subject-object-action relation and is perpetrated by individuals to further the individual's personal agenda. An example is when a husband beats his wife or someone being shot. In these situations, there is a distinct subject-object relationship. The violence is very limited in nature.

Structural violence, on the other hand, does not have a subject or specific perpetrator. It is the institutions and systems within a structure that indirectly causes harm, not an individual. When this violence is present, a subject-object-action relation is unnecessary. For example, children dying of starvation by the thousands in Africa would indicate structural violence—the situation is a result of a combination of structural factors including war, political corruption, unfair trade practices, export patterns, and a lack of technological advances due to all of the above factors just to name a few. In this way no one person or organization is at fault. It is a systems, aka structural, issue. A synonym for this type of violence is social injustice.

A more in depth understanding of structural violence can be obtained when it is defined by the six distinctions of violence. It can cause both physical and psychological harm through negative or positive influences. No object is necessary and the structure can be established in such a way that threats and untruthfulness are easily created, causing people to become subordinated. Structural violence, however, is always indirect, does not involve a subject or specific perpetrator, and is unintended. Finally, it can be either manifest or latent. It is more likely to be latent, and the consequences of this violence are not manifested for many years. When manifested, the results cause extreme suffering and death in the population, whereas the latency period allowed the structure to become set

up in order to perpetrate this violence. The structures of Thailand and China created a social injustice that was originally latent, creating a situation that allowed for a dramatic increase in the difference between actual and potential realizations of their populations. HIV/AIDS then worked with this latent violence, manifesting it, by causing the actual realization to decrease dramatically.

To look at the spread of AIDS during its early years in the entire developing world would be too grand an endeavor. However, by narrowing the focus to two countries, Thailand and China, a proper evaluation of why HIV/AIDS occurred in the caliber it did can be made. Both countries had similar incidences of why the disease spread, but it manifested itself in different ways. Both countries addressed the problem differently but why they addressed it in the way they did was fundamentally the same. It is apparent, through the comparison of the two countries, that it was the structure of the government, economics, and culture that caused the pandemic to spread through the populations as it did. The pandemic of HIV/AIDS can be explained by Thailand and China's industries in selling the human body and the structural violence that forced the victims of the disease to participate in these ventures.

The Structure of Thailand

Thailand has a rich history that has been closely tied to prostitution. Before the 20th century, men would travel far from their homes for work or war, leaving their wives behind. Due to the distance from their wives, a superior would provide a concubine to act as a wife to the man until he could return home (Muecke,1992). It was also a common practice to sell or gift a wife or daughter. If they were given as a gift it was often to a superior and if they were sold it was to pay off any debts or gain additional income.

Eventually these practices and polygamy in general were outlawed in 1935 (Belk *et al.,* 1998). This however did not stop men from having multiple partners or mistresses. Perhaps due to their past history, the Thai people have a strongly held belief that men have an insatiable desire for sex and they have every right to quench it. Therefore, prostitution is seen as a necessary service that relieves men of their burdensome desire. This is especially true if they have no wife or if their wife cannot satisfy them. On the other hand, women are held to a more traditional sexual role. They must stay virgins till they are married and only ever have one husband. It is thought that they have more control over their sexual desires. These traditional roles for women and the general acceptance of prostitution produces a contradiction of beliefs.

Even in the younger generations the use of sexual services is widely accepted and traditional roles are upheld. An initiation ceremony, called *kheun khroo*, is practiced among many young adults (Belk *et al*.,1998). Groups of male friends will get together and go out drinking in the city. Eventually they attend a brothel and buy a prostitute that they share among themselves. If one of them refuses to take part, then he will be rejected and ridiculed by the group. Within the group there is a mix of both single men and men in relationships. Girlfriends are generally accepting of the practice as long as their boyfriends are safe, and participate only occasionally. They realize it is social suicide for their boyfriends to not be able to take part in the practice. *Kheun khroo* is usually practiced well into adulthood even after many of the men have been married. This demonstrates that prostitution, to the Thai natives, is a way to achieve and establish one's manhood and relinquish their uncontrollable sexual desires.

The tolerance from wives and girlfriends as well as the acceptance of the contradiction between traditional gender roles and prostitution, can be partly explained by the practice of Buddhism. In the Buddhist religion there is a belief in karma. Karma is created by the merit (good actions) and demerit (bad actions) that's is accumulated over the current and past lives. One's placement in their next life is determined by the amount of good and bad karma they have. Prostitution is seen as a profession that accumulates demerit because it gives into one's most carnal pleasures. Men are not as strongly looked down upon if they give in to these pleasures. It is thought, therefore, that most prostitutes accumulated bad karma in their past life and will continue to do so in their current one. Yet it is possible to accumulate merit in order to outweigh the demerit. Demerit will be accumulated if a prostitute's intentions for the profession is to provide for their family or for themselves and is not for pleasure. Also most prostitutes will donate a portion of their earnings to the temple as another way to gain merit. It is an honorable use of their money. The temple then will use these funds to build new buildings and fund programs in the community. Most donations received are from prostitutes and many new buildings are dedicated to the sex workers who donate the most.

Even though the Thai people tolerate and participate in the sex industry, they are not the sole reason why it is so prevalent. During the Vietnam War, in the 1960s, American G.I.s would visit Thailand for relaxation and rest (Wawer *et al*., 1996). Being far from home and surrounded by beautiful women, many would seek out sex workers for some much needed company. As word spread Thailand began to be known worldwide as a place for men and some women to indulge their fantasies freely. It soon became known as "a man's playground" ("Thailand: Wives and Female Sex Tourism", 2015).

What appeals to the foreigners about the Thai sex industry is that any desire can be fulfilled and for a more than reasonable price. Patrons can take women just about anywhere with them, indulge in any fantasy, develop relationships, and even fulfill pedophilic desires. This is mostly due to the fact that prostitution is actually illegal in Thailand but the laws are not enforced. In 1986 alone 73% of tourists to Thailand were men and some studies estimated that 70-80% of these tourists came solely for sex. The majority come for the cheapness and innocence of the women. For example, it is 125 dollars an hour for an Australian prostitute versus 12 dollars for a Thai woman (Belk *et al.,* 1998). Many visitors say that the Thai are willing to indulge them more than prostitutes in their home country and many times these men develop relationships with the women. The innocence, youth, and obedience of the women is enticing and these average or less than average men feel like they have better luck in Thailand than back home.

In the mid-1990s there was a large decrease in the number of visiting tourists but the government began a new advertising campaign to make up for lost numbers. This campaign was known as "Amazing Thailand." The advertisements highlighted the beauty of the land and the beauty of the native women. It was specifically implemented by the Tourism Authority of Thailand (TAT) during the mid to late 1990s. This period of time also marked an economic collapse throughout most of Asia and Thailand, however, TAT was one of the only branches of the government doing well. The revenue of the tourist industry amounted to 253 billion baht and was the number two source of income for the country. This revenue couldn't have been made from the meager 30 percent of tourists visiting Thailand for the scenery alone. The majority were visiting for sexual purposes

and the government profited immensely thus fueling the structure's need to keep the illegal sex industry alive.

In addition to the Thai government's promotion of the sex industry, many officials and police turned a blind eye to the illegality of the trade. These officials were not oblivious to the ongoing business of the brothels but desired to take advantage of the opportunity to line their pockets with extra income. Most of the police are paid off by the brothel owners so that they won't be raided and only those who can't pay are shut down. It is thought that many of the underground establishments, perhaps run by the mafia, also have a strong influence on officials through payoffs but the extent of this is unknown. Basically if sex tourism were to be abolished many incomes would diminish for police and elected officials.

Thailand's political structure and economics have become dependent on sex tourism. Tourism is what prevents the economy from collapsing and this cannot be maintained without the tourists who arrive solely for sex. No sex means less tourists, and that means less revenue. On top of which many officials receive an increase in pay from the extra income made from payoffs. Even the Buddhist religion has a need to keep the sex industry alive for without the donations from prostitutes many programs and temples would be lacking. The dependency of the structure of Thailand on the sex industry and sex tourism creates a multitude of factors that create the perfect environment for violence. It is indirect and latent. The structure is fulfilling a need that was created by its systems. This causes social injustices to occur upon the sex workers. This violence is perpetrated on the population of prostitutes, of women who have no choice but to enter the profession for survival.

The majority of sex worker's hail from northern Thailand. The average wage in this area is approximately 2 baht per day and the majority of the income is made through traditional farming methods (Belk *et al*., 1998). This however is no longer a plausible way to make a sustainable livelihood for a family. Both mothers and fathers must work to survive with the father on the farm and the mother attempting to sell food or other goods as a vendor. Normally migration to the city is required if the family wants to be able to survive. This migration is caused by the weakening of the village institutions and lack of income made from farming. This then leads to the family becoming dependent on non-farming related incomes.

Jobs in the city average about 8 baht per day and usually involve intense labor for the migrant workers. Along with the increase in income, the city offers non-market benefits, such as better access to health care services (Muecke, 1992). However, when the market reaches a low migrant workers are the first to lose their jobs due to their overall lack of experience and education. These conditions are only applicable to male migrants. Female jobs are scarce and pay significantly less.

Education is also a factor in the accumulation of income and is strongly lacking in these rural communities. Many children go to school till they are about 12 years of age or more than likely, until they reach a 4^{th} grade level of education. The job market for those lacking education is few in number and the average pay is very significant. Better education means better jobs which in turn means better pay, however their poverty restricts their education for they must work at an early age to survive. When these impoverished families are trying to survive to the next day any amount of income is better than none.

The jobs for men are scarce in these communities but for women they are even scarcer. They truly have no choice but to sell their bodies for money. There are two ways that they can become introduced into the sex industry. The first occurs when the parents of the family sell their daughters for profit. A head hunter will arrive in the village and will first approach the village head. This leader will sell information to the head hunter about the most in need families and those with able daughters. The head hunter then visits the families offering to take the daughter to the city where food, boarding, and money will be given to her. A hefty sum is offered to the family as compensation. The families will convince themselves that their daughter is going off to a better place, will be able to provide for herself, and in some cases help provide for the family as well. In reality the family as well as the head hunter know that the girl will be taken advantage of, forced into child prostitution, and will live a life filled with strange faces and strange bodies.

If children are not sold into prostitution, then they can make the personal choice to enter into the profession. Brothels are disguised as nightclubs, tea houses, massage parlors, and bars. Any waitress, bar tender, or worker is available for sex for a small fee and there are usually private rooms in the back to carry out the transaction. Those who work in these establishment usually range from 12 to 27 years of age but sometimes the age can be younger or older. These prostitutes, whether sold or there by choice, make approximately 150 Baht a day or 15 Baht per customer. Most will serve about 10 customers a day (Muecke, 1992). It is no question then that the only logical profession would be prostitution when the wage difference between laborious jobs and the sex trade are so drastically different.

Most of the wages are sent back home to support the families the women left behind. Their wages help send siblings to school, sustain the health of the elderly, used for building new homes, or buying more consumer goods. If the woman is estranged from the family, the wages are saved for themselves so that they will one day be able to leave the life of a prostitute behind. Their main concern is for their wellbeing and survival or of that of their family. They do not care or perhaps have no choice to stop if the profession becomes dangerous or diseases are contracted. They have no choice but to endure the possible harms in order to survive.

Prostitution, for impoverished Thai women, is a normal profession. Many times friends and even siblings will work in the same establishments. This group of women are violated by the very structure they maintain. Poverty removes their choice of being able to live a normal life like their richer counter parts. Either by force or by choice they enter the trade underage and unawares of any other possible way out of their situation. The demand created by the system for cheap sex, innocent women, and the desire for great income creates a forceful push on these women to enter the trade. The government endorses the trade through tourist ads and payoffs, while the influx of tourists fuels the economy. The structure has no need to help these women out of poverty through other means because it would take away its supply of bodies. The rich and well off do not participate in such professions for they have the potential to choose better ones. The structural violence perpetrated on this population is most greatly manifested through the AIDS epidemic. The extent of this violence was only brought to light when it was manifested through the AIDS epidemic.

The Structure of China

The structure of China is also set up to perpetrate violence on the impoverished. During the time of Mao's reign, China's economy followed a purely socialist model, with the state regulating and distributing all goods and services. In 1978, in the post-Mao era, reforms began to occur. This led to a quasi-capitalist economy or now known as a socialist market economy. In this system the State regulates private businesses through the controlled banks and tight operational laws. The private sector is supposedly only allowed to conduct light industry and commodity production (Huang, 2006). The main goal of this system is to create a happy median between the equalitarian distribution of the socialist system and the one sided private distribution of the capitalist market. The result was that China became the country with the highest income inequality worldwide.

Those who were the lowest wage earners were the agriculturalists. The agricultural communes of Mao's regime were abolished, during the time of reformation and land was redistributed to the people. This allowed individual participation in the market and prices were favorable in the beginning. The State provided necessary assistance at the start of the reform but by 1985 they withdrew these from their assistance programs so that the market could begin to regulate itself. By the 1990s the cost of agricultural input rose while production prices declined (Huang, 2006). Also, without State assistance the local governments were forced to fund their own programs and participate fully in the market. Taxes and service fees were greatly increased in agricultural provinces as a result.

The lack of quality equipment and resource exhaustion also led to agricultural decline. Farmers were not adept enough to cope with the fluctuating market, weather, and resource availability. Many found themselves borrowing money to buy necessary

fertilizers, seeds, and equipment, yet the next harvest would barely compensate for these loans. Some farmers would even trade stored wheat with neighbors in order to have cheaper seeds and fertilizers. Stored wheat could be made into flour which was also a high commodity and those with excess goods were happy to trade for it. The average farmer was no longer able to make a sustainable income necessary for his family to survive.

Migration became the only option for these agriculturalists. Like Thailand, high labor jobs were always available in the city and provided a greater income than traditional farming. This however was not a long term solution to their poverty due to the State programs prohibiting the change of permanent residence. Also many farmers perceived prestige through the amount of land they had and desired to pass that on to their children. To abandon it would be to abandon their place in the community. These rural peoples would leave home for months at a time, perhaps only coming back to help with the harvest or if they were laid off. Any income made would be sent back to the family for survival and to buy consumer goods. Farm work would be done by the women and children left behind and this would sometimes lead to a less than adequate harvest due to the laborious demands of the work. This caused a greater need for the income accumulated by the migrant worker thus developing a dependency. The need and desire for consumer goods also increased the need for greater income. As technology became more wide spread these goods were becoming a way to establish prestige and pride in the community.

The poverty created by the socialist market economy, the need for migration, and the change in what symbolized familial prestige are the beginning factors of a structure

set up for perpetrating violence. A form of latent violence was present. The need for income left the people no choice but to seek better jobs with higher incomes due to their impoverished state. Few jobs were available to them because they lacked the education and skills necessary for higher paying jobs. The desire to hide their poverty through the purchase of expensive consumer goods also forced these rural people to seek more ways to find income. There was an apparent increase between the differences of the actual realizations of the people and their true potential. These conditions caused a period of latent violence and laid the framework for the blood donation industry to become established.

When the economy transitioned in China not only did the agricultural sector become affected but so did the health sector. Mao had a strong dislike of health care officials and greatly reduced the influence and department of the Ministry of Health (MoH). The MoH was later restored during the reformation period but Mao's predecessors still carried his distrust (Jing, 2006). Due to this disdain many policies that the MoH tried to establish were declined or prevented once initiated. This eventually became a major factor in the structures neglectful response to the AIDS epidemic.

The government also believed the health sector should be competing in the market. The State pulled out from their funded subsidies and hospitals and physicians had to compete for funding and incomes. This was achieved through the selling of pharmaceuticals. Each hospital and their private pharmacy had a quota that each department and doctor needed to meet. If this was not met, then funding and salaries would decrease. The competitive nature of the market caused health expenditure to be highly sustained from 1980-2003, with little to no help from the government, and was

one of the most successful sectors in the economy (Jing, 2006). This was most likely due to the high cost and sales of albumin.

Albumin is a blood based product, created from plasma, and used to reverse shock caused by extreme blood loss. The World Wars caused an increase in albumin production which led to a widespread global market. This market became worth 1.5 billion dollars by 1996 (Jing, 2006). Eventually, however, it was discovered that albumin was inefficient. Saline solutions could achieve the same results as albumin without as many side effects. Albumin was gradually replaced by globulin in the 2000s.

In China albumin was not widely used even though it had mass popularity in other parts of the world. In the 1970s China had already begun using saline solutions as supplements for blood transfusions during critical care (Jing, 2006). This was mostly due to the lack of blood supply from within the country. This scarcity soon caused it to become a luxurious item. Myths were created saying that it would help with post-surgery recovery, pains, and more. Due its fantastical cures and costliness it was only offered to government officials. This was not always for profit but instead may have been offered as a gift, to appeal to their privilege and so as to receive favors later on. By the 1980s albumin was being offered by production companies to the hospitals, coupled with big rewards for doctors if they would prescribe it to their patients. The expensiveness of the product and incentives for prescribing it made it easy for doctors to meet their competitive quotas, even though the drug had no real benefits.

Due to the increase in albumin sells during the 1980s, more plasma collection centers were needed to meet demand. The six State institutes for vaccine research and creation were transformed into institutes for biotechnology and pharmaceuticals, which

was caused by the marketization of health care (Anagnost, 2011). The main goal was fractionation. These institutes began setting up commercial plasma collection centers throughout the country. The centers utilized a process called plasmapheresis, which extracts plasma from the blood and returns the unused blood cells to the donor. The equipment should be cleaned for every plasma collection otherwise the blood will mix. This allowed for donors to donate many times in short period therefore optimizing plasma collection with few donors. Profit was also maximized due to the low cost of the process.

As China's plasma collection began to produce greater profit there was no longer a need for imported albumin. The MoH actually began restricting importation of albumin boosting the fractionation industry further. The supposed reason for this was due to the increase in homosexuality and intravenous drug users (IDUs). These were behaviors that strongly defined the western world in the eyes of the Chinese government, and was where the majority of blood products originated (Gil, 1994). It was believed that people participating in these behaviors were primary donors and that AIDS contamination was more likely from these products. The MoH promised to increase the industries production of albumin to 12 tons to make up for the shortfall in supply. Eventually all imports for albumin were banned and the MoH hoped its institutes would monopolize the market.

By 1995 the collection stations in the Henan province alone were able to produce the 12 tons of albumin. Many of these stations and processing plants were not working under government regulations in order to cut expenses and maximize production. To meet demands, most collection centers were established near rural impoverished areas where the majority of donors originated. The rural farmers would donate anywhere

between twice a day to eleven times in two days. The same payment was received for every donation. The incentive for this was that these agriculturalists could make more money for one donation than they could in a year working the farm. This was an easy non-laborious, non-migratory way to make the income necessary to survive with a little extra income to buy consumer products.

As demand increased the State began requiring that businesses meet a blood donation quota as well. These companies would send out "blood heads" to construction sites, food vendors, and any lower class job site utilizing migratory and low class workers. Most of the people were migrant workers from the Henan province but there were also those from other impoverished areas. These company "scouts" offered to pay twice the worker's monthly salary for just one donation so that they could keep their own workers from the needles (Jing, 2006). By giving their blood, a product that takes little to no effort to make and replenish, these poor migrants could make more than enough to feed their families back home. To decline such an offer was asinine.

Eventually the fractionation industry became a way to measure the nation's wealth and health through its fluctuations in production and profits. However, the state that it left the donors in was a dire one. The marketization of health care created a demand for albumin so that hospitals and the educated workers could keep their income, funding, and jobs. The plasma industry thus sought out a supply to meet the demands of the market and utilized the multitude of impoverished peoples. The money they offered was too good to pass up even if the consequences of donating once or multiple times was known. To not donate meant to ignore the wellbeing and needs of one's family. Blood donating was the only option to survive due to the fact that few jobs were available and

most had few income incentives. Along with this the improper cleaning procedures and corner cutting conducted by the collection stations placed the donors at high risk for AIDS and HIV. One infected donor could infect the entire donor population that day due to the improper methods. These conditions and markets created a structure that relied on the blood market. This reliance needed to be protected and through this protection violence was perpetrated on the poor blood donating population with the consequence being the spread of AIDS.

HIV/AIDS in Thailand

HIV first appeared in the Thai population in 1988 among IDUs. Within the next year it had spread drastically effecting the heterosexual population. This was most likely due to the prominence of the sex industry. By the early 1990s, 40% of cases were being diagnosed in the population of Northern Thailand with 87% of them being caused by sexual transmission (Chariyalersak *et al.*, 2000). Most of the infected at this time were found to be military men and pregnant women since they were most likely to go through routine checkups.

As the disease began to spread Thailand's government took action. Their first course of action was to set up a surveillance program for HIV detection and a 100% condom initiative. The initiative's goal was to promote smart sexual habits within casual and commercial sexual encounters thus preventing the further spread of the disease. It was mostly targeted at sex workers and brothel owners and free condoms were provided to the establishments. By 1994 it was reported that condom use had increase 90% demonstrating the relative success of the program (Hanenberg and Rojanapithayakorn,

1998). Their investments in such programs saved them substantial money later on in order to help prevent and treat the disease further.

As knowledge of the disease spread many women began to stray away from sexual professions. This slight decline in prostitution however was likely due to the thriving economy of Thailand in 1990 (Hanenberg and Rojanapithayakorn, 1998). Capable women were able to survive on their previous professions. This lack of labor local caused businesses to look elsewhere for supply and their eyes were set on recruiting foreigners and women from the north of Thailand. These were the people most affected by poverty and were desperate for the money. One child sex worker from the north was quoted saying "I'm not afraid of AIDS-I'm afraid of not eating" (Grossfeld, n.d.).

When AIDS began to be recognized as a problem in Thailand and supply fell, tourism numbers also fell drastically. Many were afraid of contracting the deadly disease however the demand for prostitutes stayed steady. Many tourists began to view sex with the prostitutes as a high risk sport, adding to the thrill of the fantasy (Belk *et al*., 1998). Simultaneously many began looking at outwards signs of the disease. Higher end brothels were visited, younger more virgin like women were sought after, and any blemishes or dirtiness was a supposedly sure sign of contamination. This held true to native Thai patrons as well. This increased the need for younger women and fresher supply. The decrease in tourism however did not occur for long due to the TAT advertising intervention.

As such, the sex industry was the ultimate cause of the spread of HIV and AIDS into the rest of the population. The high number of cases that were reported by sexual transmission are one example. Most men who contracted the disease would then pass it

off to their wives. Even though their wives were generally okay with their visiting of prostitutes the men still desired to have it hidden. If he was suspected of infection, it means he was careless when visiting and the wives would be angry. Also there was still some anger and hurt that the women would feel when they found out their husbands cheated. During relations if the man was to suggest condom use then it may demonstrate he was infected and show he had been unfaithful whereas if a wife suggested it then she would demonstrate that she suspected her husband (Knodel and Pramualratana, 1996). The implications of using a prostitute and the carelessness that came with it caused AIDS to spread further to the wives of the male patrons. No one wanted to admit their own wrong doings.

The poverty and lack of education of the communities affected by the virus were also factors as to why it continued to spread and be so devastating. The Thai government initiated its programs through a public administration system. Each village has their own headmen that receive information from the sub-district. In turn they receive information on the disease form their higher ups and so forth. Many of these local headmen lacked the initiative to pass on the information they received. Many of them had investments in sex tourism and this caused them to remain lax in giving out information (Singhanetra-Renard *et al.*, 2001). On top of this many of the local welfare systems were collapsing and the village heads were unable to attend to the needs of those affected by the epidemic.

Lack of local government support led to many NGO's becoming the main source of assistance. They worked with the higher levels of government to recruit local volunteers to give out information. By becoming a health volunteer, the people would

receive free medical care for themselves and their families, many of which were likely infected. In one case a young male, named Sorn, had decided to volunteer but the extensiveness of the responsibility conflicted with his daily work. He had to work in order to eat and survive and the health benefits for volunteering did not outweigh these needs. He eventually quit causing the program to lose a valuable connection to give information to at risk construction workers and young people with whom Sorn worked (Singhanetra-Renard et al., 2001). This case demonstrates how the reliance on local impoverished people to pass information about HIV and AIDS was inadequate in addressing the problem. Most infected also could not afford the economic repercussions of being tested and receiving care for their ailments. Traveling to hospitals and running tests was expensive and the need to eat outweighed the need to determine infection. Another volunteer had to sell his home and land so that he could travel for hospital care and pay the expenses for medication. This was a case where someone chose recovery over hunger.

On top of personal poverty, many local hospitals and governments had lacking resources and funds to treat the patients. Wandee was a sex worker who was taken with some of her fellow prostitutes to get tested for HIV. When they were positive they were no longer allowed to work their profession and had to return to their original homes. Wandee received no funds for her health care or to help her survive until she could find an adequate income. This was very common among those diagnosed in both the sex industry and elsewhere (Singhanetra-Renard *et al.*, 2001). At the beginning of the epidemic many hospitals would give out routine tests but were unable to continue due to lack of funding. They felt that even if they were able to test those with HIV they couldn't

provide adequate counseling and welfare and thus stopped making it routine. Even if funds were available to be given out to welfare for the people only the poorest in the communities would benefit. This was because of the associated stigma that came with the disease.

Similar to the men lying to their wives about infection, most would lie to their other family members and neighbors as well. Most household would be ostracized from the community if HIV infection was known or rumored to be present. Many would deny their positivity till the day they died and only in death was their family released from the stigma. Much of this was attributed to the lack of education and knowledge about the disease. It was only known that they must have gotten it from immoral acts and that they did not know if it could be spread by simply being near the person. Only the poorest in the community would risk publicly announcing their disease in order to receive funds from NGO's.

This stigma caused many to refuse treatment or testing. Prevention methods were strongly avoided because they were sure signs of infection thus the disease spread even more rapidly. This also led many to have to revert to home based care. If they received care from local hospitals or clinics it would be hard to hide the disease and travel would be too expensive. Mothers were the normal household caregiver taking care of the infected. They were given no counseling or instruction on proper care methods and the burden of taking care of an ill person for lengths of time drastically declined their already depleted income. They were given no assistance or information to clear misunderstandings and side effects of the treatments were unknown to them.

The main way to spread the disease in the Thai population was through the sex trade. However, what continued to spread it and cause such death was the poverty, misinformation, and stigma that the affected populations had. These factors were attributed to the latent violence created by the system. The same system that made the sex industry so prevalent. The manifestation of the disease and how it preyed on the poor demonstrated the violence that was perpetrated on the community. The few who were well off could afford treatment and travel. They were more educated and took preventative measures because they had the information (Belk *et al.*, 1998). Such cases though were few and most were present in the impoverished. They had no choice but to choose between choosing their work so that they could survive or being treated. Survival meant pretending to be healthy in order to ward off stigma, living with the psychological and physical burden of the disease, and dying a slow painful death. Treatment meant starvation, quarantine from the community, and bringing burden upon one's family. Neither choice came without a consequence and that consequence was caused by the structural violence perpetrated on these communities.

HIV/AIDS in China

HIV/AIDS first appeared in China in 1984 when it was detected in a foreigner, who was deported soon after the positive test was taken. Between 1984 and 1988 there were only isolated cases of the disease being found in foreigners and Chinese citizens, who had traveled overseas. A few cases were identified in people who had not traveled overseas but instead had received injections from imported medicines. This initial onset of AIDs created a false image of it being confined to the immoral western world and that if present in China it was due to the demoralization of Chinese ethics. It was believed that

it was spread solely through homosexual promiscuity and specifically in promiscuous acts with foreign peoples. Testing was mandatory for any foreign visitors or traveling persons returning to china and prevention was focused on the main cities due to a higher likelihood of at risk behaviors occurring there.

At this time the virus was categorized with syphilis and hepatitis as a Class B infection and was not taken seriously as a potential public health problem. By 1989, the first indigenous case was diagnosed and soon after over 100 cases were reported in the Yuan province (Huang, 2006). This province was and still is known for its high rates of drug abuse and IDU population. AIDS, consequently, began to be recognized as a serious problem by the MoH, yet this was not accepted by the rest of the government. A low number of reported cases was not enough to convince the State council that AIDS was a cause for concern. It was also not helpful that they did not want to admit that the immoralities of the West had infiltrated the country and that there was still a strong dislike for the MoH by most officials. Little was able to be done other than to continue testing incoming persons and arresting anyone who knowingly spread the virus.

The spread of AIDS, in the 1990s, followed similar patterns as the rest of the world. It was largely confined to IDU populations and those who participated in the sex industry. Yet the State still refused to acknowledge it as a major concern despite the pleas and program initiatives of the MoH. Reported numbers of cases were still low even with the MoH trying to raise awareness and get people tested. Hidden within the small number of reported cases was a group of people that had not participated in any of the at-risk behaviors associated with the disease yet they were still contracting HIV. This population

was the rural agriculturalist and migratory workers mostly hailing from the Henan province.

This province is one of China's most populated, with over 100 million people residing there. Yet it is the poorest and the most targeted by the fractionation industry for blood donations. It wasn't discovered that they had a major AIDS epidemic till 1999, when a doctor from the MoH illegally tested 155 persons from the province, for AIDS. He found that approximately 62 percent of those tested came back with positive results. It was later revealed that 30 thousand people in the province were suffering from the disease and had contracted it through blood donation. Most of the villages had an infection rate ranging from 10 to over 45 percent. This was the first time that the consequences of structural violence had been revealed.

The reason this infected population was neglected for so long was due to the cover-ups created by the local reporting governments. The hierarchical political infrastructure and no oversight from the public allowed for easy misreporting of the number of infected. These political leaders were fearful of admitting they had a problem not only because of the associated stigma but also because of a potential loss of economic incentives from the fractionation industry. The virus demonstrated that possible immorality and risky behaviors had been occurring in the province and many officials believed that investors would pull out their support, for their political agendas. Also if cases were reported this would mean the imminent decline in blood donators and a decline in the industries support of the government, given that they were the major investors. This fear caused officials to expel, block, and detain any journalists, NGOs, or scientific work desiring to enter the Henan province.

The leading cause however, was not the fear of lost investments but, was the protection of the blood industry. When one doctor was persecuted by the local government for distributing valuable information on HIV/AIDS to Henan residences it was said that this was because she was "affecting the investment environment" (Anagnost, 2011). This protected investing environment was that of the blood industry where most local and military officials were involved. Not only was the selling of blood lining the pockets of the rural agriculturalists but also the officials supposedly looking out for their wellbeing.

The head of the Bureau of Health in Henan was the most well-known for the government cover-ups (Jing, 2006). He strongly promoted the collection of plasma in the region and was akin to a blood head. Many of these commercial plasma centers as well as the illegal underground centers would occupy government owned properties and health buildings. This strongly aligned them with the government as they would pay to use the facilities. If this had been revealed to the public, it would have been catastrophic to the industry causing an economic crisis due to the loss of significant plasma supply.

The key point is that there was a need to protect the system. This system was run by strong economic gains that utilized the supply of the impoverished in order to sustain itself. The fall of the system meant great embarrassment, economic downgrading, and the destruction of many people's incomes. The cover ups were simple an indirect way to spread untruthfulness and therefore violence into the population. The abolition of the system meant greatly reducing the spread of AIDS, it also meant destroying the income of the agriculturists whose new found profession and way of life involved donating blood on a daily basis. A great increase in their poverty would then occur. The consequence of

such a system and way of life was the rapid spread of AIDS and death and these violent outcomes were manifested in the people's daily lives.

To any person who is unfortunate enough to contract AIDS, it is a dire and perhaps hopeless situation. Yet to those in the Henan province it was even worse. They had not contracted it because they had chosen to participate in at risk behaviors but instead were burdened with it so that they could simply survive. The civility, modernity, and lively hood that blood donating granted outweighed the risk of infection (Anagnost, 2011). No one wanted the disease but it was a consequence of trying to simply provide for their families. The disease however brought with it a slew of burdens that caused survival to become even harder to come by.

The fatigue, weakness, and additional sicknesses brought on by AIDS caused an inability for the infected to work. Many could not work the fields or attend other jobs and if others in the family were also infected then incoming funds would decline. There was also a psychological burden accompanying the disease as well. Entire households would be shunned by the community if AIDS was even rumored to be present. Children could no longer play together, government officials would ignore and neglect their needs, loans were declined, and no assistance would be provided. Most victims of the disease would simply suffer and die alone in a quarantined like state, for even family members would abandon them. This caused many to refuse to be tested or live with the burden of keeping the disease a secret. Many would spiral into a depression while their physical ailments went unexplained to their family members (Li *et al*., 2010).

As their illness progressed and their incomes declined more people began to look for alternative ways to provide for their family. The main alternative was to risk an injury

in order to gain compensation from the perpetrator. One woman ended up dyeing after attempting to be hit by a car with the intention of only sustaining an injury. The family received 50,000 Yuan in the settlement and this was perceived as a good amount for compensation. Such an ending was perceived as not being so bad due to the amount of money the dead woman was able to get for her family (Jing, 2006). This was just one example of how those infected must live and die in order to survive.

"AIDS Village" is the name given to Zhangduzheung, a small farming village in the Henan province. It is thought that entering the village will bring infection and death upon those who enter it and outsiders will avoid it at all costs. Stigma from the disease has forced the village into isolation due to the fear and ignorance of those who believe HIV/AIDS can be contracted by being in close proximity to the infected. Even the agricultural products that are sent to market to be sold are not bought due to fear of somehow contracting the disease. Between 1999 and 2002 approximately 40 people had died of AIDS in Zhangduzheung (Zheng, 2011). Normally two to three bodies would be buried per day in the village, during this time. With the high death rates no family was left untouched by infection. Blood donation was the cause of infection.

A 57-year-old man by the name of Zhang Congbin is one of the many infected persons inhabiting the village. He lives alone in a rundown house unable to make repairs and maintain the property due to his symptoms. His wife died of AIDS in 2006 and his children have since left for the city to pursue better jobs. Even his extended family has been lost to AIDs with the death of two of his brothers in 2004 and 2009 (Zheng, 2011). Zhang Congbin has been left alone by his family to care, suffer, and attempt to survive on the little energy he has left.

The cause of all his suffering and his eventual death was donating blood in order gain income. He first began donating in 1993 in order to pay his homestead tax (Zheng, 2011). These taxes were doubled if not paid within a three-day period. The amount of the payment could not be made on a year's wage and the fastest way to accumulate the necessary amount was through blood donation. Each donation required 400 ml of blood from the donor. Before donation could take place a routine blood test was taken and if they passed, the blood would be extracted, processed, and returned to the donor. Each donor was set to receive a 50 Yuan compensation however the mandatory lab test cost 5 Yuan. This was deducted from their pay and each donor left with 45 Yuan in their pocket.

The nearest blood center to Zhang Congbin and Zhangdazhueng was 10 kilometers. Zhang Congbin and his fellow villagers participated in a carpool system where about half a dozen people would pay 5 Yuan each for transport. This depleted their earning potential to 40 Yuan a donation. Along with a pay cut the carpooling system came with some additional setbacks. It would wait for every passenger to complete their donation before returning to the village. Therefore, it was an all-day venture to visit the collection station and would be repeated every day. This caused greater reliance on the blood money due to the lack of work that was being completed on the farm or at other possible jobs. Eventually Zhang Congbin and other carpoolers created a system where they would either stay with relatives in the area or sleep at the collection station. They would wake up and donate blood that morning before heading back to the village, maximizing their earnings.

At times the blood centers would become so busy that they required everyone to have a queue upon arrival. Zhang Congbin recalled that sometimes he wouldn't even

make it in time to receive one. To get around this problem, villagers would utilize their relationships, if there was one, with the person who was in charge of the numbers and would usually be first to be able to donate. Gifts were also given to the staff and nurses so that the next time one came to donate they wouldn't fail the blood test. If gifts were not given it was likely the nurse would fail, the test saying the donor had a blood borne pathogen.

Many would donate more frequently than was allowed to make up for the reduction in pay caused by the lab tests, travel expenses, and gifts. Zhang Congbin was one of these people, donating twice a day every third donation but normally once every day. He knew others who would donate seven to twelve times a day, greatly exceeding a healthy donation amount. Overall it was easy to get around the once a day protocol by going to another collection station nearby. The lack of communication between sites made this possible.

Increasing the number of donations came with a heavy price. This would normally cause excessive bleeding, nausea and fatigue, and not to mention the need for high quality nutrition to replenish the lack of blood. Zhang Congbin recalls that the normal work day consisted of four hours of labor intensive fieldwork in the morning (Zheng, 2011). Most of the time however this was reduced to two hours or no hours of labor. It was physically impossible for the donators to maintain their farms in the states they were in from blood donating alone and it created a stronger dependence on blood money.

This was the life of Zhang Congbin for seven years. Everyday traveling to the collection station and earning money for his family. Eventually he went to work in the

city in 200 but soon after came down with flu like symptoms including fever, diarrhea, and body bumps. This was when he first was diagnosed with HIV. It was obvious to Zhang Congbin that he had contracted the disease from donating blood. He knew the risk of contracting a blood borne disease from the process but at the time he had no choice, the money was too good. Due to his knowledge of the repercussions of blood donating he had forbidden his wife to give blood as well. She needed to look after the children and conduct household duties and the fatigue of blood donating would not allow this. Yet when Zhang Congbin traveled to a farther collection station to give blood, his wife secretly donated six times. This was all it took for her to contract the disease. A mother and wife who was only trying to help her husband with relieving their financial stress was punished and condemned to death by the industry.

Zhang Congbin's children cursed his decision to donate blood and told him that he never should have participated. He simply replied to them that he had no choice, that it was for the sake of his family that he risked his own health and wellbeing. The money was too good to pass up and outweighed the risk. As of 2011 he is still living in "AIDS village" and is unable to work and care for himself (Zheng, 2011). His case is the norm for those who had the misfortune to have to become blood donors.

Concluding Comparisons

In both Thailand and China, HIV/AIDS manifested itself differently. In Thailand the epidemic spread because of widespread sex tourism, which was endorsed by the government and facilitated by cultural, including religious, beliefs in the region. Women were in high demand for their sexual services and prostitution for these women was the only way to escape their poverty. The sex industry was then the catalyst that allowed

HIV/AIDS to spread into the community. In China the epidemic was caused by the blood donation industry. People in rural communities were forced into poverty because of the quasi-capitalist economy. They lacked the skills and education necessary to get better paying jobs and their agricultural lifestyle could no longer sustain them. These rural people were left no choice but to donate blood, at facilities that were contaminated with HIV, so that they and their families could survive. Also the government actively covered up the contamination so that officials could continue to profit from the blood industry.

Despite these differences in how the virus was manifested, the reason as to why it spread was similar. Both countries had created a structure where latent violence was present. There were impoverished conditions, marketization of human bodies and bodily products, lack of education and resources, and an inability for the poor to survive by traditional means. These conditions left the affected populations no choice but to take part in activities that put them at risk, such as the sex industry and plasma donation industry, in order to survive. Both of these industries sustained the populations, economies, and systems established by the structures in Thailand and China. The structures' endorsement of the industries and social injustices that were carried out on their populations set a framework that would easily allow the differences of the actual and potential realizations of the peoples to increase. All that was needed was a stimulus that could actually cause this difference to increase and that was HIV/AIDS. When the epidemic occurred, it brought to light the social injustices created by each country's structure and created a means for the violence to become manifested.

The governments of Thailand and China each approached the epidemic differently, but the reason why they did so was the same. Thailand took a proactive

approach, easily recognizing that HIV/AIDS would cause problems in the sex industry. They initiated programs that would spread awareness and introduced preventive measures. In this way, Thailand's structure protected its main source of economic revenue, sex tourism, which continues to thrive due to how they have approached the epidemic. China, on the other hand, took an approach of ignorance. They covered up the extent of the epidemic and ignored it as a problem in order to protect the system and the economy. This hid the manifestation of violence and allowed the social injustices to remain. The structure was set up to easily perpetrate untruthfulness thus allowing violence to occur. In both cases, the governments of Thailand and China demonstrated efforts to protect the wider political, economic and social structures that perpetuated the violence. The proactivity of Thailand and the ignorance in China allowed the larger social structures to stay intact while swiftly covering up the structural violence established by the sex trade and plasma donation industries.

Thailand and China have both made significant progress from when the HIV/AIDS epidemic first occurred. Thailand is still being proactive by focusing on treatment and providing free antiretroviral medicine. They have even attempted to research a vaccine for HIV. The downside to this is that their preventive measures have taken on less focus, and at risk behaviors are on the rise again. Sadly, sex tourism is still thriving and is not being addressed as the problem. All the conditions that created the system for HIV to thrive have not been changed. China is no different. They didn't begin to address the epidemic fully till the early 2000s, after the SARS outbreak. During this time they began to provide affordable treatment and drugs to those infected, but they are still far behind other countries in addressing the disease due to their previous ignorance

approach. China did eventually address the blood donation disaster by closing down most of the blood donation centers. Other than the changes made in the blood industry, however, all the conditions that allowed HIV to thrive have not changed. In both countries, structural violence is still present.

Although different in many ways, both Thailand and China have systems that perpetrated violence on poor communities. They created the perfect environment for HIV and AIDS to spread, and HIV/AIDS became the manifested consequence of the violence perpetrated on these populations. After addressing the outbreak, both countries have returned to a time of latent violence with no change in the overall conditions that perpetrate the violence. It would be easier to prevent AIDS, as well as future diseases and catastrophes, if the social injustices leading to the manifestation of violence were addressed. If the poverty, the sex industry, the hunger, the lack of jobs and so forth were addressed as the root of their problems, then this would be a step in actually preventing further violence and the spread of HIV/AIDS. If these peoples' actual realizations would once again come in close proximity to their potential realizations, then the violence would begin to stop.

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