

Discrimination against People with HIV/AIDS in China

Wan Yanhai, Hu Ran, Guo Ran, Linda Arnade¹

In many ways the spread of HIV/AIDS in China follows a familiar pattern to that in many other countries. For example, there is increased HIV risk and transmission among vulnerable groups such as drug users, sex workers, men who have sex with men, and migrant workers. However, the increasing rate of heterosexual HIV transmission, especially among minority groups and the presence of “AIDS villages” due to contaminated blood transfusions in the mid 1990s have made the Chinese HIV/AIDS situation unique.

In this article, we aim to outline how the history of HIV/AIDS in China has led to the creation of HIV/AIDS prevention programmes for “targeted” populations. We will also discuss how different groups living with or at risk of HIV face stigma and discrimination on multiple levels. Lastly, we will provide a brief overview of some relevant advocacy and legal rights work undertaken by civil society to combat such stigma and discrimination.

1. The History of HIV/AIDS in China

It has been almost thirty years since the first HIV/AIDS patient appeared in China. Since then, Chinese people have fought to control the HIV/AIDS epidemic. However, to this day, HIV/AIDS infection rates continue to increase in China, even though according to the most recent China UNAIDS reports:

“China’s HIV epidemic remains one of low prevalence overall, but with pockets

of high infection among specific sub-populations and in some localities.”²

Following the first HIV/AIDS case in 1986, four haemophiliacs from Zhejiang province discovered that they were infected with HIV/AIDS due to contaminated blood in an imported blood coagulation factor from a foreign blood supply. In 1989, the Yunnan Ministry of Health found that 147 men at the border of Burma and China were HIV positive. By 2004, the number of reported HIV cases was approximately 107,000.³

From 1995 onwards, the growth of “AIDS villages”, which developed due to contaminated blood supplies, caused the HIV/AIDS epidemic to increase over large areas of rural central China.⁴ Consequently, many farmers, women and children already living in poverty became infected with HIV/AIDS. The source of women’s infection was primarily medical operations, for example during gynaecological operations or during childbirth, and their husbands who sold blood in blood stations or received blood in hospitals. Children frequently became infected through their parents and mortality due to infection was initially high. This was often the first point at which family members realised that they had been affected by HIV/AIDS. The effects of a parent suffering from HIV/AIDS compounded the suffering of their children who often became orphans and experienced increased poverty and hardship.

Recent trends indicate that the spread of the HIV infection is more prevalent through

heterosexual and same sex sexual activity. Consequently, sex workers and LGBT people are key targets in HIV/AIDS prevention programmes in China. Furthermore, HIV/AIDS prevention policies are poorly developed in respect to migrant populations and research indicates that presently China is facing the challenge of the HIV prevalence in this subgroup.⁵

2. HIV/AIDS-affected Regions and Target Populations

Those who have been infected with HIV through blood transfusions include residents in rural areas of central China (Henan province is the most well-known area due to wide-ranging media reporting) and haemophiliacs in east China who received unsafe blood products. The Chinese government has begun to coordinate efforts to provide terminal care for these groups; however, many families infected and affected by HIV due to contaminated blood transfusions spend their whole lives struggling to obtain support, justice, and compensation from the local governments, hospitals and companies that sold them contaminated blood products.⁶

Intravenous drug users (IDUs) with HIV/AIDS are another target population, especially in the drug trafficking areas of China, such as Yunnan, Xinjiang, and along the border of Vietnam. Most IDUs are jobless, and may be the victims of drug circles. Eventually, many become infected with HIV. In Xinjiang, the region with the fourth largest population of HIV infection in China, drug users make up the highest proportion of HIV-positive sufferers.⁷ Migrant IDUs in urban centres, such as Beijing, Shanghai, Chengdu, and Wuhan constitute a significant proportion of this affected population, some of whom are also from ethnic minorities.⁸ Many of these individuals

lack basic education, have limited Chinese language capabilities, and are unable to find employment in their hometowns. In some cases, migration is driven by their involvement in illegal activities in their home towns and regions which in turn presents difficulties and barriers for access to HIV prevention schemes.⁹

Sex workers, in particular female sex workers, have increasingly been affected by the spread of HIV/AIDS due to the expansion of the sex work industry in urban centres and the large scale migration which has occurred within China as a result of economic development. At the same time, infections among men who have sex with men (MSM) and risky homosexual practices, such as unprotected anal sex, continue to increase new HIV infections.¹⁰

3. Official HIV/AIDS Statistics

According to official UNAIDS statistics, HIV prevalence in China remains relatively low, at an estimated 0.05% (0.04 to 0.07%) of the total population. However, infection rates among some specific sub-populations and in some localities are extremely high.¹¹

By the end of 2009, an estimated 740,000¹² adults and children were living with HIV, although the Beijing AIZHIXING Institute of Health Education believes the true number to be higher, since many Chinese people are reluctant to be tested due to fear, stigma and discrimination. Of the 740,000, 43% were infected through heterosexual transmission, 16.0% through homosexual transmission, 32% through IDU, 8% through commercial plasma donation and transfusion of infected blood and blood products, and approximately 1% through mother-to-child transmission (MTCT).¹³ Approximately, 91,000 or 12.3 %

of people living with HIV/AIDS were infected through sexual contact between HIV positive persons and their regular partners.

Of the 48,000 new infections in 2009, 42% were transmitted through heterosexual contact, 33% through homosexual contact, 24% through IDU, and 1% through MTCT.¹⁴

4. Some General Policies

The “Regulations on AIDS Prevention and Treatment” which came into force in March 2006 were the first special legislation drafted in China to respond to the spread of HIV/AIDS. The regulations provide the fundamental rights of people living with HIV/AIDS. For example, Article 3 states:

“... No institute or individual shall discriminate against people living with HIV, AIDS patients and their relatives.”¹⁵

The “Four Frees and One Care” policy is one of the most important HIV/AIDS prevention and control regulations currently operating in China. In effect, this policy enables HIV-positive persons to access treatment and medicines through four basic provisions. It provides people living with HIV/AIDS access to: (1) free anti-retroviral therapy (ART) medicine and treatment for rural and city residents who live in poverty; (2) free HIV consultations and HIV-antibody screenings, which have been designated by medical institutions; (3) free health counselling and prenatal guidance and delivery services; and (4) free as well as timely perinatal mother to child transmission (PMTCT) drugs and infant testing reagents for HIV-infected pregnant women. The “one care” refers to subsidies for people living with HIV/AIDS and patients who are in poverty. In spite of the broad benefits the policy bestows on

HIV sufferers, it nonetheless is inherently discriminatory against migrants. As a prerequisite for benefitting from the policy, one must have a household or city registration permit, documentation which migrants have difficulty accessing. This policy is indirectly discriminatory in its application and further marginalises migrants who live with HIV.

For NGOs working in the field of HIV/AIDS prevention in China, the law enforcement system and the lack of cooperation from the Ministry of Health are the two principal barriers to ensuring effective HIV/AIDS preventive and palliative treatment for everyone. Practical and institutional barriers are created by both law enforcement and official health organisations; for example, it is difficult to promote safe sex through condom use among high risk populations, since condoms are considered evidence of the sex trade. Similarly, to obtain Methadone Maintenance Treatment (MMT), the main treatment for heroin drug users¹⁶, specific documents are required from the police – which imposes social and legal obstacles for IDUs who may be at an increased risk for HIV transmission due to unsafe sharing of needles. In accordance with the provisions of new Chinese drug legislation adopted on 1 June 2008, police can test a drug user’s urine at any time¹⁷. If the result is positive, the person is liable to a prison sentence of at least two years. These provisions create serious barriers in IDU’s access to healthcare not only due to the stigmatisation that many drug users experience but also as a consequence of the strict drug testing policies. Many IDUs are reluctant to go to the police to acquire the necessary documentation, without which access to MMT is impossible.¹⁸

5. Prejudice and Discriminatory Policies against People Living with HIV/AIDS in China

Many HIV-positive persons are unfairly or unjustly treated due to their HIV-positive status and/or potential risk of infection, due to prejudice, discrimination and stigmatisation. In 2008 a survey conducted by the China HIV/AIDS Media Partnership (CHAMP) exposed the level of prejudice that exists, finding that nearly 48% of respondents would not like to have dinner with a person living with HIV/AIDS, and approximately 41% of respondents would not like to have a co-worker who is HIV-positive. In schooling, about 30% of respondents thought that students living with HIV/AIDS should not be admitted by the school to study with students who are not HIV-positive. When it comes to people infected with HIV/AIDS by drug injection and/or sexual intercourse, about one third of respondents think that HIV/AIDS is the punishment they deserve.¹⁹

Legal and policy measures often reflect the social prejudice that people living with HIV/AIDS experience in much of Chinese society. Within the school system, for example, if a student's HIV-positive status is disclosed, he/she will face a number of challenges. Schools often attempt to persuade the student to move out of the shared dormitory. This separation distinguishes HIV-positive students from others, discriminates against them in access to education and increases their risk of harassment by other students and teachers. In some cases, the school will likely put pressure on the HIV-positive student to study in isolation. The systematic discrimination which students with HIV suffer is often borne out of a vision by educational providers that they are actually protecting students who are infected by HIV/AIDS. Yet,

the result is that many students feel that they are being discriminated against rather than protected.²⁰

The employment experience for people with HIV is similar to the experience of students in schools. It is not uncommon for a worker who has tested positive for HIV to be persuaded to leave work. In some informal and small-scale privately-owned companies, people who are HIV positive are often dismissed outright on the grounds that they have HIV.²¹

At hospitals patients living with HIV/AIDS often experience discriminatory treatment from doctors or nurses if their status is disclosed or revealed. Although regulations exist which require doctors to protect an HIV-positive person's privacy and provide them with the same medical treatment as other patients, in practice privacy is widely denied. Furthermore, doctors and surgeons often refuse to treat or operate on patients who are HIV-positive. According to one study more than 12% of respondents had been refused medical care at least once since they tested positive for HIV. Consequently, many people living with HIV/AIDS are limited to health-care treatment in designated healthcare departments which primarily fall outside the mainstream hospital system.²² For example, in Beijing, there are only two hospitals which provide specialised medical treatment for people living with infectious diseases (including HIV/AIDS). It is clear that the social prejudice and stigma fuel mistrust between patients and healthcare practitioners, and they in turn fuel practices of non-disclosure and hiding by patients of their HIV/AIDS status which invariably increases the risk for both patients and practitioners.

Discrimination is also prevalent in the Chinese commercial insurance sector. People

living with HIV/AIDS experience significant difficulties in obtaining a health insurance. In spite of the fact that commercial insurance to cover the costs of medical treatment for people living with HIV/AIDS has been available since 2005, the provisions granting access to such insurance are extremely restrictive and in reality exclude a great number of groups at high risk of HIV/AIDS. For example, people who have been infected with HIV/AIDS through injecting drugs or through blood transfusions are sometimes unable to benefit from commercial insurance.

The extent of discrimination and stigma suffered by people living with HIV/AIDS is dependent on how a person became infected. For people infected by blood transfusions, sexual violence, or “by accident”, the level of stigma experienced tends to be lower. This is based on the perception that they are “blameless” victims and their HIV status is “not their fault”. On the other hand, people who have become infected through consensual sexual intercourse or drug use tend to experience increased levels of stigma, harassment and discrimination as their actions are viewed negatively and their HIV-positive status is perceived to be the result of a bad or inappropriate decision.

6. Stigma and Discrimination among “High-risk Groups”

As set out above, HIV/AIDS is an issue that has affected many marginalised groups in Chinese society. These include men who have sex with men (MSM), sex workers, migrants and drug users. The Beijing AIZHIXING Institute of Health Education (AIZHIXING) is dedicated to working with these groups and ending the discrimination and stigmatisation that they suffer. Strong civil society action is necessary as these groups are often

excluded and marginalised by government programmes due to stigma, discrimination, or the “illegality” of their behaviours or activities. This section provides an overview of how discrimination against marginalised groups can be compounded by their HIV/AIDS status.

High-risk groups experience acute discrimination on the basis that they are perceived to be living with HIV/AIDS. Multiple discrimination is also frequently encountered by these groups as their HIV status intersects and compounds other characteristics, such as ethnicity, occupation and sexual identity and increases the detriment they experience. Discrimination is meted out to high-risk groups in many social areas including but not limited to access to housing, residency permits, medical treatment, and education. Additionally, as many individuals in China are not well aware of the ways in which HIV transmission can occur, discrimination and harassment in all stages of employment is prevalent.

MSM

In China, MSM are at a high risk of HIV/AIDS because of both stigma and discrimination.²³ Recent research has shown that HIV infection among MSM has increased from 0.4% in 2005 to 3.3% in 2007.²⁴ Many MSM in China are unable to be open about their sexual orientation and as a result may take part in risky behaviours; for example, younger male sex workers known as “money boys” are particularly vulnerable. MSM are further marginalised in China due to the social and family pressures associated with passing on the family name from father to son and the resulting pressure to marry. MSM and other LGBT individuals continue to be prohibited from being able to marry, or donate blood, and frequently experience discrimination in employment.²⁵

Transgender People

Transgender persons face significant discrimination. In Beijing, for example, many male to female transgender persons are only able to dress and act as their female personas in discreet venues, such as hotels or Karaoke rooms. In a survey conducted by AIZHIXING from December 2008 to January 2009 among fifty transgender persons, AIZHIXING found that approximately 20% of transgender people had been arrested and approximately 50% had been threatened by the police.²⁶ Additionally, research has found that transgendered persons who engage in sexual services often face harassment and insults from their guests and clients.

Sex Workers

Currently, sex work is illegal in China, yet a strong informal sex work economy continues to thrive in urban capitals such as Beijing, Kunming, and Shanghai.²⁷ Sex workers, in particular female sex workers face a great deal of discrimination and stigma from clients, family, police, and the Chinese government.²⁸ An AIZHIXING research report found that the rate of violence towards sex workers is high and may decrease condom use by sex workers and their clients.²⁹ The report also found that consumption of drugs and alcohol often leads to unsafe sexual practices among sex workers. Through in-depth interviews, the report documented that many sex workers also face insults and abuse from their partners. Beyond the social barriers that put sex workers in a particularly vulnerable HIV-risk category, many female sex workers are apprehensive about being tested for HIV because if they test positive, they face losing their jobs or income. They also fear the risk of being identified as being a sex worker.³⁰

Transfusion-infected Persons

Those who have been infected due to contaminated blood supplies and transfusions are another highly affected population. In particular, haemophiliacs are at a high risk of contracting HIV through transfusion.³¹ In the mid-1990s, many people were infected in this manner, especially in Henan, Shanxi, and Sichuan provinces,³² and continue to be denied access to treatment and compensation³³. This has galvanised the efforts of victims and activists to speak out and demand justice. For example, during the events around World AIDS Day 2009, a group of people from Henan province who were HIV-positive went to Beijing to demand greater equality of treatment and compensation, despite political oppression.

Intravenous Drug Users (IDUs)

A final group which has been highly stigmatised, victimised and discriminated against due to associations with HIV is intravenous drug users. In China, the government has long viewed drug addicts negatively as “drug abusers” and lawbreakers. The result of this official perception is that millions of drug addicts have become the victims of stigmatisation and general discrimination.³⁴ Drug addicts are disproportionately subjected to questioning, forced urine tests, and interrogation by police and authorities.

A high incidence of drug use is a growing problem among the Uyghurs, a Muslim ethnic group living mainly in Xinjiang province in western China, and affects in particular young people, women, and migrants.³⁵ A recent survey in Beijing, which sampled more than 210 active drug users, found that approximately 50% were Uyghur. Additionally, a survey conducted by the think tank known

as the Research Centre for Health Development on Injection Drug Users in Beijing found that among 503 Han Chinese drug users, 23 were HIV-positive -- a prevalence of approximately 4.57%. However, out of 583 Uyghur drug users, 303 were HIV-positive, a prevalence of approximately 51.97%.³⁶

As a result of restrictions faced by migrants in gaining Beijing residency, many Uyghurs are denied access to necessary healthcare treatment such as MMT.³⁷ Data collected through an AIZHIXING survey shows that only 11.9% of Uyghur drug users were able to get access to the MMT during the period of 2007 to 2009.³⁸ Unfortunately, since this survey, thirteen HIV-infected Uyghur drug users have died.

As discrimination against IDUs increases, law and policy responses must target social security provision which is currently not available to IDUs in some provinces. Policies currently distinguish starkly between categories of poor people: subsistence allowance is granted to those who live under the minimal cost of living but denied to those who experience poverty due to drug use or gambling.³⁹ Furthermore, in many other areas IDUs are disproportionately targeted for detrimental and discriminatory treatment. Most employers refuse to employ drug users or those who have previous experience of using drugs. Those who do find work often face prejudice and discrimination, and crimes in the workplace, such as theft, are often blamed on former or current drug users. Similarly in the wider community drug users and those with a history of drug use are easily identified and unjustly targeted for criminal activity.

7. HIV Status and Privacy Protection

A person's HIV status can be disclosed in a number of ways in China. These include: (1)

in the process of receiving medical treatment; (2) in the process of applying for social security; (3) through community-based home interviews for medical and health care; (4) identification by the local community; and (5) identification by the media.

The disclosure of one's HIV status may occur during a hospital stay in the process of routine medical tests. Compulsory HIV tests are quite common in medical settings, especially before operations, and a person's HIV status must be disclosed to doctors. However, the circulation of this information across the hospital may result in the patient being denied medical treatment.⁴⁰

In some regions, the emergence of projects which deliver medical care to patients at their home has increased the likelihood that a person's HIV status would be exposed. At the community level, a person's HIV status, their drug use or prostitution histories are kept by the local police. However, no strict regulations or appropriate safeguards are in place to ensure a person's right to privacy is protected, and therefore information can be easily disclosed or misused. This is not only potentially harmful for the person living with HIV/AIDS, but can also affect family members and close relatives, including children. AIZHIXING has documented cases where couples who have been found to be HIV-positive face difficulties in securing access to education and schooling for their children. In other cases, if a student is found to have a family member who is HIV-positive, he/she may be forced to take an HIV test.

While the media can play a positive role in educating and providing the general population with information about HIV/AIDS care and prevention, it can be a double-edged sword violating people's right to privacy through the publishing of confidential medi-

cal and personal details about persons living with HIV/AIDS.

8. Advocacy for the Rights of People Living with HIV/AIDS

Discrimination against people living with HIV/AIDS is still severe in the fields of medical treatment, employment, schooling and social security in mainland China. Faced with discrimination, people living with HIV/AIDS are unable to utilise relevant laws or regulations to protect their rights.⁴¹ Therefore, advocacy is very important in combating discrimination and ensuring equality for those disadvantaged not only by HIV/AIDS itself but by the social prejudice that surrounds the condition. Recently, AIZHIXING has conducted three advocacy programmes aimed at providing awareness raising, advocacy and policy development support to combat the inequality suffered by people who live with HIV/AIDS.

AIDS and Human Rights

In 2008, the Chinese government drafted a National Human Rights Action Plan, which is aimed at developing the government's role in protecting vulnerable groups and improving people's lives. The Action Plan, however, did not provide protection for the human rights of people living with HIV/AIDS. Thus, in AIZHIXING's 2008 Chinese Legal Report for AIDS Human Rights we proposed ten key points relating to AIDS human rights which should have been included in the National Human Rights Action Plan.⁴² These points are: (1) eliminating HIV/AIDS discrimination; (2) informed consent on HIV testing; (3) privacy protection; (4) access to drugs; (5) ensuring HIV-positive people's rights in employment and social security; (6) individual freedoms and security; (7) revision of relevant laws; (8) financial aid for lawsuits

(for those who are infected with HIV/AIDS through blood transfusion); (9) inclusion of vulnerable groups; and (10) inclusion of HIV/AIDS and high-risk groups within a human rights framework in China.

Environment for the Development of HIV/AIDS NGOs

As an NGO working on a controversial and politically sensitive issue such as HIV/AIDS, AIZHIXING faces various barriers and challenges. First, it is difficult for an NGO to register and obtain a legal status in China and without this an NGO is not protected by law. Most HIV/AIDS NGOs have therefore been forced to register as a company.⁴³ Second, as a registered company AIZHIXING is faced with corporate burdens such as a liability for high taxation. Third, there are very few funds from the Chinese government which support NGOs that work on HIV/AIDS. Finally, there is a lack of government transparency in public information and law enforcement. In order to circumvent these organisational barriers, AIZHIXING's advocacy has focused on issuing public appeal letters and statements and initiating lawsuits to urge greater transparency at governmental levels and a more equitable environment for HIV/AIDS NGOs to work.⁴⁴

Difficulties Facing AIDS Activists during the Olympic Games

During the 2008 Olympic Games in Beijing, HIV/AIDS activists and workers in the field of HIV/AIDS were suppressed by the Chinese government. In Hubei province, for example, local police confiscated the identity cards of people living with HIV/AIDS, in an attempt to stop these people from conducting petitions in Beijing. Similarly, a woman who wanted compensation for HIV blood infection was detained, charged with blackmailing and im-

prisoned for one year. Working to support these activists, AIZHIXING collaborated with the China AIDS CBO Network to submit a letter of appeal to the state council office for AIDS treatment and prevention urging the office to (1) conduct an investigation into the suppression of HIV/AIDS activists; (2) address the cases of people in Henan infected with HIV/AIDS through blood transfusions.

AIZHIXING's advocacy programs have reduced discrimination against people living with HIV/AIDS in China by helping them know and fight for their legal and human rights. For example, victims of contaminated blood transfusions or forced drug testing are able to call upon AIZHIXING lawyers to defend their basic legal rights. Additionally, AIZHIXING has published multiple letters and used other media outlets to raise awareness of the rights of people living with HIV/AIDS as well as groups such as sex workers, migrants, and drug users. Finally, by encouraging a stronger network of community-based HIV/AIDS organisations in China as well as

funding multiple HIV/AIDS grassroots organisations throughout China, AIZHIXING has helped decrease stigma and discrimination through the establishment of centres and support groups for the lesbian, gay, bisexual and transgender people, female sex workers, and Uyghur communities, as well as through relevant advocacy and policy efforts.

Conclusion

Multiple levels of stigma and discrimination affect people living with, or at risk of HIV/AIDS in China. The prevalence of HIV among marginalised sub-groups further increases the discrimination against these groups. There is a pressing need for further advocacy to protect the human rights of people in China, especially people living with HIV/AIDS and other vulnerable populations, such as sex workers, drug users, and migrants. This is a challenge, given the political, social, and cultural climate relating to social change in China. A great deal of work remains to be done.⁴⁵

¹ Wan Yanhai is the Director of the Beijing AIZHIXING Institute of Health Education. Hu Ran is Research Assistant at the same Institute. Guo Ran is Research Program Officer, and Linda Arnade is Consultant at the same Institute.

² See UNAIDS China, *Key Data*, 2009, available at: <http://www.unaids.org.cn/en/index/page.asp?id=178&class=2&classname=Key+Data>.

³ He, Na and Detels, R., "The HIV Epidemic in China: history, response, and challenge", *Cell Research*, Vol. 15, No. 1, 2005, p. 825–832, available at: <http://www.nature.com/cr/journal/v15/n11/full/7290354a.html>.

⁴ Zunyou, W., Keming, R. and Detels, R., "Prevalence of HIV infection among former commercial plasma donors in rural eastern China", *Health Policy and Planning*, Vol. 16, No. 1, p. 41–46, available at: <http://heapol.oxfordjournals.org/cgi/reprint/16/1/41>.

⁵ Qian, H. Z., Vermund, S. H., and Wang, N. N., "Risk of HIV/AIDS in China: Subpopulations of Special Importance", *Sexually Transmitted Infections*, Vol. 81, 2005, pp. 442–447.

⁶ Reuters, *Reuters Profiles "AIDS Village" in China's Henan Province*, 15 March 2004, available at: <http://www.the-body.com/content/world/art10302.html>.

⁷ Gates, B. and Gang, S., "HIV/AIDS in Xinjiang: A Growing Regional Challenge", *China and Eurasia Forum Quarterly*, Vol. 4, No. 3, 2006, p. 35-50.

⁸ Qian, H. Z., Schumacher, J. E., Chen, H. T. and Ruan Y. H., "Injection Drug Use and HIV/AIDS in China", *Harm Reduction Journal*, Vol. 3, No. 4, 2006.

⁹ Testimony provided to Beijing AIZHIXING Institute by M. Rayila, December 2009.

¹⁰ Choi, K., Gibson, D., Han, L. and Guo, Y., "High Levels of Unprotected Sex with Men and Women among Men Who Have Sex with Men: A Potential Bridge of HIV Transmission in Beijing China", *AIDS Education and Prevention*, Vol. 1, Issue 1, 2004, p. 19-30.

¹¹ See above, note 2.

¹² Ranging between 560,000 and 920,000 adults and children.

¹³ See above, note 2.

¹⁴ See above, note 2.

¹⁵ State Council of the People's Republic of China, *Regulations on AIDS Prevention and Treatment*, 2006, p. 1, available at: <http://www.ilo.org/public/english/protection/trav/aids/laws/china2.pdf>.

¹⁶ See Drug Policy Alliance, 2010, available at: <http://www.drugpolicy.org/library/research/methadone.cfm>.

¹⁷ Beijing AIZHIXING Research Institute, *Forced Drug Testing in China: Public Humiliation and Disruption of Daily Life*, November 2008.

¹⁸ Beijing AIZHIXING Research Institute, *Report on the Status of Human Rights of Chinese Drug Users*, August 2008.

¹⁹ China HIV/AIDS Media Partnership and Partners, *AIDS Related Knowledge, Attitudes, Behavior, and Practices: A Survey of 6 Chinese Cities*, 2008, available at: <http://www.ptc-china.org/what-we-do/background/>.

²⁰ Testimony provided to Beijing AIZHIXING Institute by R. Hu, December 2009.

²¹ *Ibid.*

²² Institute of Social Development Research, *The China Stigma Index Report*, 2009, available at: <http://www.unaids.org.cn/uploadfiles/20091124085420.pdf>.

²³ Testimony provided to Beijing AIZHIXING Institute by Y. Ling,, November 2009.

²⁴ Lu, L., Jia, M., Ma, Y., Yang L., Chen, Z., Ho, D. D., Jiang, Y. and Zhang, L., "The Changing Face of HIV in China", *Nature*, 455, 2008, pp. 609 – 611.

²⁵ Matos, N., "Lesbian blood donors take action over being shunned", *China Daily*, 28 August 2009, available at: http://www.chinadaily.com.cn/2009-07/28/content_8485672.htm.

²⁶ Beijing AIZHIXING Institute, *The Survey Report on the Status Quo of Beijing Transgender Sexual Service Providers*, 2009.

²⁷ Huang, Y., Henderson, G. E., Pan, S. and Cohen, M. S., "HIV/AIDS Risk Among Brothel-Based Female Sex Workers in China: Assessing the Terms, Content, and Knowledge of Sex Work", *Sexually Transmitted Diseases*, Vol. 31, Issue 11, pp. 695 – 700, available at: http://journals.lww.com/stdjournal/Abstract/2004/11000/HIV_AIDS_Risk_Among_Brothel_Based_Female_Sex.11.aspx.

²⁸ Beijing AIZHIXING Institute, *Research Report on Behavior, Rights Protection, and Service Needs of FSW in 2008*, 2008.

²⁹ Testimony provided to Beijing AIZHIXING Institute by Y. Huso, December 2009.

³⁰ Testimony provided to Beijing AIZHIXING Institute by W. Rong Rong, December 2009.

³¹ Beijing AIZHIXING Institute, *Report on the Current Situation of Chinese Haemophiliacs*, 2006.

³² Some refer to this as the “Henan AIDS scandal”.

³³ “Much to Be Done in Henan AIDS Villages,” *China Internet Information Center*, 30 June 2004, available at: <http://china.org.cn/english/2004/Jun/99851.htm>.

³⁴ Beijing AIZHIXING Research Institute, *Report on the Status of Human Rights of Chinese Drug Users*, August 2008.

³⁵ Mingjian, N., Wheeler, K. M., Cheng, J., Yonghai, D., Chen, W., Fitzwarryne, C. and Wang, J., “HIV/AIDS Prevalence and Behaviors in Drug Users and Pregnant Women in Kashgar Prefecture: Case Report”, *Harm Reduction Journal*, Vol. 3, No. 7, 2006, available at: <http://www.harmreductionjournal.com/content/pdf/1477-7517-3-7.pdf>.

³⁶ Research Center for Health Development on Injection Drug Users, PowerPoint presentation, December 2009, on file with the authors.

³⁷ Beijing AIZHIXING Research Institute, *Report on the Status of Human Rights of Chinese Drug Users*, August 2008.

³⁸ Guo, R., “Overview of the Urban Uyghur Floating Population”, *Beijing AIZHIXING Research Institute*, August 2009.

³⁹ Testimony provided to Beijing AIZHIXING Institute by R. Hu, December 2009. See also *Social Security in the People’s Republic of China*, available at: <http://www.undp-povertycentre.org/publications/cct/2chine.pdf>.

⁴⁰ See above, note 22.

⁴¹ Beijing AIZHIXING Institute, *Suppression of Beijing Blood Safety Conference, Detention of Activist Wan Yanhai and Related Blood, Haemophilia, HIV/AIDS, and Human Rights Issues*, 2009, available at: http://www.upr-info.org/IMG/pdf/BAI_CHN_UPR_S4_2009_anx_Bloodissues_ENG.pdf.

⁴² Beijing AIZHIXING Institute, *Chinese Legal Report for AIDS Human Rights*, 2008.

⁴³ Testimony provided to Beijing AIZHIXING Institute by R. Guo, October 2009.

⁴⁴ For instance, on September 14, 2008 we collaborated with the China AIDS CBO Network to issue a public appeal letter, namely to call upon the government to strengthen the protection of AIDS NGOs.

⁴⁵ For further information, please contact Mr. Wan Yanhai, Director of the Beijing AIZHIXING Institute, at: wanyanhai@hotmail.com or visit www.aizhi.net.