Australian National University

COLLEGE OF HEALTH AND MEDICINE
MEDICAL SCHOOL

FEAR OF LONGEVITY

EVERYDAY STRUGGLES IN THE

PHARMACEUTICAL AGE OF AIDS, TAIWAN

陳奕村

YI-TSUN CHEN

A thesis submitted for the
degree of Doctor of Philosophy
The Australian National University
June 2019

Declaration of Originality

I, 陳奕村 (Chen, Yi-Tsun), hereby declare that the thesis here presented is the outcome of the research project undertaken during my candidacy, that I am the sole author unless otherwise indicated, and that I have fully documented the source of ideas, references, quotations and paraphrases attributable to other authors.

25 June 2019

Word Count: 99,096

Acknowledgements

No matter how may have occasionally, or often, confronted each other, anyone who has shared their stories, ideas and support for this doctoral project deserves a huge vote of appreciation from me. Please forgive me for not naming all of you here; my debt to you cannot be repaid sufficiently through writren acknowledgements.

Despite my dissatisfaction with the insufficient academic support this research suffered for several years and although a rearrangement of my supervisory panel was urgently made before submission, I deeply appreciate Dr Graham Fordham, as the former Chair and the previous primary supervisor of my study, for his guidance introducing me to the anthropological world. Without his acceptance of my application for this doctorate, my views on HIV/AIDS, health topics and many social issues could still remain biomedically parochial. It is also my honor to have had on my panel Associate Professor Christine Phillips who took on the roles as both the Chair and the primary supervisor in the final stage of my candidature and Dr Katherine Lepani to comment on this research and to share their feedback with me. I would not have been able to establish a cultural, social, economical and political lens to comprehend someone's illness, sickness or disease without their help. Christine's timely assistance for any of the difficulties involved in continuing this work and Katherine's mentoring on this topic, from my time as one of her Masters students at ANU, have both galvanised my resolution to complete it.

I am grateful to Dr Carolyn Brewer, journal editor of *Intersections: Gender and Sexuality in Asia and the Pacific*, for her professional editorial assistance to this dissertation. Also, it would be my failure to neglect paying special tribute to the funding opportunities that have aided my research. These include the ANU HDR Fee Remission Merit Scholarship that waived my tuition fee for one semester in 2017. In addition the Studying Abroad Scholarship of the Ministry of Education, Taiwan covered a year's expensive tuition fees. Without help from these organisations, the financial burden on me and my family, struggling to keep me learning, writing and growing, would have been too overwhelming to bear.

And finally, I would like to say thank you again to Rexian's volunteers and employers, Yu-fan, Xiao-zheng, A-hon and anyone written about or criqued by me in this dissertation. Your work, your patient or passionate conversations and your interaction with me have completed some untold stories and brought me to this degree, despite my critical lens. Please do not hesitate to point out to me any inadvertent misrepresentations about

your everyday lives and to share your criticism if you found me failing my original purpose for commencing this research.

In Anthony McCarten's screenplay for the movie *Bohemian Rhapsody* (2018) Freddie Mercury (played by Rami Malek) speaks about the music which he would like to compose and present for people:

> No. Don't misunderstand, darling. It's a rock 'n' roll record, with the scale of opera, the pathos of Greek tragedy, the wit of Shakespeare, the unbridled joy of musical theater. It's a musical experience rather than just another record. Something for everyone. Something—something that will make people feel belongs to them. We'll mix genres. We'll cross boundaries. We'll—we'll speak in bloody tongues, if we want to.

I too hope that this dissertation will achieve the goal of contributing to stories as 'something that will make people feel belongs to them' and which are far away from being served as a 'cautionary tale'. As the film's Freddie Mercury says:

> I'm not going to be anybody's victim, AIDS poster boy or cautionary tale.

Abstract

Through an ethnographic study of civil society organisations (CSOs) in Taiwan, this research endeavours to explore how Acquired Immunodeficiency Syndrome (AIDS) and biomedical approaches to controlling the epidemic have framed everyday life amongst *ganranzhe* (感染者, HIV infected individuals) and *feiganranzhe* (非感染者, HIV uninfected individuals) from *tongzhi* (同志, Comrades, LGBT populations) communities whose members are labelled as populations at risk. The health regime of the Human Immunodeficiency Virus (HIV)/AIDS in Taiwan, I argue, redistributes state power to local social bodies where the decentralised governance of sexual minorities and social deviants is exercised through compassionate voluntary labour. Moreover, this health regime has escalated and engendered everyday struggles which the affected endure and will continue to confront.

In the face of ongoing social and physical suffering amongst vulnerable individuals, living longer is not necessarily the ideal which everyone prioritises in their everyday lives and connections with others. In the early days of AIDS, prior to the availability of triple cocktail therapy in 1997, the diagnosis of disease was an inevitable death sentence. Longevity was desired, but unattainable, by *ganranzhe*. In contemporary Taiwan, when *ganranzhe* can access pharmaceuticals which enable a prolonged life with prevention and treatment of HIV-related symptoms, an unexpected fear of longevity has emerged. Living longer, I argue and conclude from stories told by research participants in this study, is not necessarily desirable when the everyday struggles facing *ganranzhe* are not mitigated, and will continue through that longevity.

There is an established scholarly discourse in anthropology and sociology critiquing the impact of global agencies on local responses to HIV/AIDS through their directed provision of funding support. The absence of foreign subsidies to the CSOs in Taiwan society provides a contrasting example of the development and direction of HIV/AIDS programs independent of direct global funding. This thesis argues that the state, even without international monetary aid, has become proficient at drawing on the culture of the *tongzhi* community to collaborate with CSOs and as a result to productively exercise its power over individuals. CSOs, working with the state, have crafted culturally sensitive programs for AIDS control and prevention which function as less coercive apparatuses to monitor, intervene and govern daily lives amongst the targeted populations.

Universal approaches for curtailing the AIDS epidemic are after all not transparent healthcare measures where health amongst individuals of local communities are protected and improved. Global agendas on HIV/AIDS response can generate unforeseen adverse consequences which may burden the already social disadvantaged even further.

Table of Contents

List of Figures

List of Tables

Acronyms

3TC	lamivudine (速太滋)
ACA	AIDS Care Association, Taiwan (社團法人中華民國台灣懷愛協會)
AIDS	Acquired Immunodeficiency Syndrome (愛滋病)
ARVs	Antiretroviral Drugs (抗反轉錄病毒藥物)
ATV/r	atazanavir/ritonavir (瑞塔滋/諾億亞)
AZT	azidothymidine (齊多夫定)
BB	Barebacking (無套性交)
BBS	Bulletin Board System (電子布告欄系統)
CBO(s)	Community Based Organisation(s) (社區基層組織)
CSO(s)	Civil Society Organisation(s) (公民社會組織)
CHW(s)	Community Health Worker(s) (社區健康工作者)
CIC	Catastrophic Illness Card (重大傷病卡)
CPC	Communist Party of China (中國人民共產黨)
De	Dean (德安)
DGBAS	Directorate-General of Budget, Accounting and Statistics (行政院主計總處)
DOMA	Department of Medical Affairs (衛生福利部醫事司)
DPP	Democratic Progressive Party (民主進步黨)
EFV	efavirenz (希寧)
ER	Emergency Room (急診)
ES	Ecstasy Sex
FB	Facebook (臉書)
FDA	Food and Drug Administration (食品藥物管理局)
GRID	Gay-Related Immune Deficiency (同志免疫缺乏症候群)
H	HIV (愛滋病毒)
HAART	Highly Active Antiretroviral Therapy (高效能抗愛滋病毒治療)
HCMP	HIV Case Management Program (愛滋個案管理)
HHAT	Harmony Home Association, Taiwan (社團法人台灣關愛之家協會)
HIV	Human Immunodeficiency Virus (愛滋病毒)
IAS	International AIDS Society (國際愛滋病學會)
IDU(s)	Injecting Drug User(s) (靜脈注射藥癮者)
IFRC.	International Federation of the Red Cross

ILGA-Asia	International Lesbian, Gay, Bisexual, Trans and Intersex Association Asian Region (國際 LGBTI 聯合會)
IT	Information Technology (資訊科技)
KMT	Kuomintang (Chinese Nationalist Party) (國民黨)
LGBT	Lesbian, Gay, Bisexual and Transgender People (女同性戀、男同性戀、雙性戀與跨性別者)
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex People (女同性戀、男同性戀、雙性戀、跨性別者與雙性人)
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer People (女同性戀、男同性戀、雙性戀、跨性別者與酷兒)
LOFAA	Light of Friendship Association of Taiwan (社團法人台灣誼光協會)
MoH	Ministry of Health (衛生局)
MoL	Ministry of Labor (勞動部)
MOTSS	Member of the Same Sex
MPH	Masters of Public Health (公共衛生碩士)
MRT	Mass Rapid Transit (大眾捷運)
MSM	Men Who Have Sex with Men (男同性性行為者)
NAPF	The Nurses AIDS Prevention Foundation (財團法人護理人員愛滋病防治基金會)
NGO(s)	Non-Governmental Organization(s) (非政府組織)
NHI	National Health Insurance (國民健康保險)
NMSC	National Medical Service Card (全國醫療服務卡)
NNDSS	The National Notifiable Diseases Surveillance System (法定傳染病通報系統)
NTD	New Taiwan Dollar (新台幣)
NTNU	National Taiwan Normal University (國立台灣師範大學)
NTU	National Taiwan University (國立台灣大學)
NTU Coconut Forest	National Taiwan University Coconut Forest (台大椰林)
NTU GC	National Taiwan University GayChat (台大 GC)
NTU Lambda	National Taiwan University Lambda (台大浪達)
PhD	Doctor of Philosophy (哲學博士)
PLWHA	People Living with HIV/AIDS (愛滋感染者)
PRA	Participatory Rurual Appraisal (參與性農村評估)
PRAATW	Persons with HIV/AIDS Rights Advocacy Association of Taiwan (愛滋感染者權益促進會)
PRC	People's Republic of China (中華人民共和國)
PrEP	Pre-Exposure Prophylaxis (暴露前預防投藥)

ROC	Republic of China (中華民國)
STD(s)	Sexually Transmitted Disease(s) (性感染疾病)
TAA	Taiwan AIDS Action (台灣愛滋行動聯盟)
TAF	Taiwan AIDS Foundation (社團法人台灣紅絲帶基金會)
TANA	Taiwan AIDS Nurses Association (社團法人台灣愛滋病護理協會)
TasP	Treatment as Prevention (治療即預防)
TDF	tenofovir disoproxil fumarate (惠立妥)
TLA	Taiwan Lourdes Association (社團法人台灣露德協會)
TLHA	Taiwan Love and Hope Association (社團法人台灣愛之希望協會)
TORSC	Taiwan Organ Registry and Sharing Center (財團法人器官捐贈移植登錄中心)
TT	TT 1069
TTHA	Taiwan Tongzhi Hotline Association (社團法人台灣同志諮詢熱線)
TW	Taiwan (臺灣)
TWCDC	Center for Disease Control and Prevention, Taiwan (台灣疾病管制署)
TWLY	Legislative Yuan, Taiwan (立法院)
TWMFA	Ministry of Foreign Affairs, Taiwan (外交部)
UN	United Nations (聯合國)
UNAIDS	Joint United Nations Programme on HIV/AIDS (聯合國愛滋病規劃署)
USA	United States of America (美國)
USCDC	Centers for Disease Control and Prevention, United States of America (美國疾病管制局)
USD	United States Dollar (美金)
USHMM	United States Holocaust Memorial Museum (美國大屠殺紀念博物館)
WHO	World Health Organization (世界衛生組織)

Glossary of Romanised Chinese

A-ma (阿嬤) Grandmother

ai (愛) love

aisi (愛死) love/death

aisibing (愛死病) love-dying disease

aiyou (哎呦) strike a light!

aizhi (愛滋) love/nourishing

Aizhibing (愛滋病) AIDS

Aizhiweizixunhezuoshe (愛滋味資訊合作社) Information Corporative of Love Taste

Aizhixiaozu (愛滋小組) AIDS Team

biantai (變態) perversion

bin (病) illness

buguizefuyaozhe (不規則服藥者) someone taking medicine irregularly

bupeihegean (不配合個案) the indocile case(s)

buyuanyi (不願役) someone unwilling to do military service

chengyi (誠意) to maintain sincere intention

chihepiaodu (吃喝嫖賭) eating, drinking, sexual promiscuity and gambling

chuanzongjiedai (傳宗接代) continuing the family line

chudao (出道) to make a debut

chushehui (出社會) exit to society

chuyujinnangbao (出獄錦囊包) discharge kit

dage (大哥) big brother

dayao (打藥) injecting drugs

didi (弟弟) younger brother(s)

diushuiqiu (丟水球) throw the water balloon (send messages)

dofuru (豆腐乳) fermented bean curd

duankaihunjie (斷開魂結) disconnected himself

enmusubi omamori (結好緣御守) amulet for making good affinity

fashenglianxi (發聲練習) to practice the voice

feiganranzhe (非感染者) HIV-uninfected individuals

ganranzhe (感染者) HIV-infected individuals

gege (哥哥) older brother(s)

gengshengpinganfu (更生平安符) lucky charm for aftercare

gewu (格物) to study the essence of the physical world

gu (蠱) venomous insect

guaiayi (怪阿姨) strange untie(s)

Guanai (關愛) Harmony Home Association

guanhui (關懷) care

guanxi (關係) relationships

hanxu (含蓄) reticence

housiren (活死人) living dead

Izhongjie (一中街) I-zhong Street

jiaban (甲板) gay forum

Jiaoshitongmeng (教師同盟) Teachers' Union/Gay Teachers' Alliance

kanu (卡奴) slave of credit cards

kazhazu (卡債族) the population of (credit) card debt

kelianzhirenbiyoukehenzhichu (可憐之人必有可恨之處) someone who is miserable must have a defect in oneself to cause misery

kongaizheng (恐愛症) AIDS or love phobia

kongtongzheng (恐同症) homophobia

Koumintang (國民黨) Chinese Nationalist Party

Kulazidonglituan (酷拉子動力團) Queer'n Class

lai (賴) line or sending messages to somebody

laojia (老家) native home

Laotianye (老天爺) The God

loashi (老師) teacher(s)

louyao (漏藥) miss a dose of prescription

made (馬的) damn it!

maiyin (賣淫) prostitution

mama (媽媽) mother(s)

mianzi (面子) face

Minzhujinbutang (民主進步黨) Democratic Progressive Party

nantongzhi (男同志) male comrades or homosexual males

nutongzhi (女同志) lesbian(s)

ok-bons (ok 繃) band-aids

panguanzheqing (旁觀者清) the onlooker sees the most of the game

pingtianxia (平天下) bring virtue and justice to the world

qianguize (潛規則) implicit rule(s)

qijia (齊家) manage the family

qinshu (親屬) relative(s)

quanli (權利) rights or human rights

quanneiren (圈內人) members of the (gay) clique

renjiguanxi (人際關係) interpersonal relationship

renyao (人妖) human-spectre or freak

Rexian (熱線) Taiwan Tongzhi Hotline Association

shanliangfengsu (善良風俗) virtuous custom

shuobuchudemimi (說不出的秘密) the unspeakable secret

si (死) death

singai (性愛) sex/love

Tianlongua (天龍國) Kindom or Land of the Heavenly Dragon

tingyao (停藥) stop from taking medicine

tongshi (同事) colleague(s)

tongxinglian (同性戀) homosexual love

tongxue (同學) classmates (used by gay people to signify each other)

tongzhi (同志) comrade, LGBT populations

Tongzhigongminzhenxian (同志公民陣線) LGBT Civil Rights Alliance

Tongzhigongzuofang (同志工作坊) Tongzhi Workshop

Tongzhizhurenzhexiehui (同志助人者協會) Gay Counsellors' Association

wangluyuepaodaren (網路約炮達人) masters of e-dating

wenlianggongjianrang (溫良恭儉讓) being gentle, kind, respectful, sparing, and modest

womenchijian (我們之間) between us

wunai (無奈) being reluctant but compelled to do something

wuzhijiushixinfu (無知就是幸福) unknown is bliss

xianghuo (香火) the burning of incense or the descedent

xiangmin (鄉民) netizens

xianshen (現身) coming out

Xiaolou (小露) Taiwan Lourdes Association

xiushen (修身) improve oneself

Yi (役) Military Service

youcai (優菜) someone better than oneself

yuan (元) dollar(s)

zhengxin (正心) to regulate one's mind

zhi (滋)	nourishing
zhiguo (治國)	govern the state
zhizhi (致知)	exhaust one’s knowledge
ziranzhisheng (自然之聲)	natural sound
zou (走)	walk, leave or die

Chinese–English Parallel Onomastic Texts

Personal Names

A-hon	阿泓
A-xue	阿學
Bai-heng	百亨
Brother Chi	祁大哥
Chen, Ai-lu	陳愛潞
Chi-hon	智宏
Chuang, Peing	莊苹
Da-tong	大同
Dr Chiang	江醫師
Dr Li	李醫師
Dr Liu	劉醫師
Dr Wang	王醫師
Goffy	喀飛
Hansen	韓森
He, A-mei	何阿美
Huanan	華南
Huisheng	慧生
Ko, Nai-yin	柯乃熒
Lin, Jian-zhong	林建中
Maomao	毛毛
Rilak	瑞拉
Sisi	斯斯
Sister Lai	賴小姐
SongYY	爽歪歪
Tian, Qi-yuan	田啟元
Tiaotiao	跳跳
Tsai, Chun-mei	蔡春美
Twu, Shiing-jer	涂醒哲
Uncle Lee	李伯伯
Xiao-qi	小七
Xiao-zheng	小鄭
Yi-tsun	奕村
Yu-fan	育方
Zhuangzi	莊子

Toponomy

Bawhe	包盒
Chang-de Street	常德街
Dean	德安
Guiting	古亭
Lepeng	樂鵬
Madenform	媚登峰
National Cheng Kung University	國立成功大學
New Taipei	新北市
Tai	泰
Taichung	台中
Taihu	泰湖
Taipei	台北
Taoyuan	桃園
Ting-zhou Road	汀州街
Zaixing Community	再興社區

Uncategorised

A Positive Life: Hansen's Story	愛之生死:韓森的愛滋歲月
AG GYM	AG 健身房
Alivila Lounge	Alivila 音樂酒館
Alliance of True Love	真愛聯盟
Bad Daughter	壞女兒
Being Strongly Unique	獨特性很強
Believe Love, Our Hearts are Always There	相信愛, 我們的心都在
Check for 'i'	為 i 篩檢
E-Dating	網路交友
Establish the Caring Net of Love	築起愛的守護網
Executive Yuan	行政院
Family has Love, AIDS is gone	家中有愛, 愛滋不在
Feminism	女性主義
GinGin Store	晶晶書庫
Homosexual Union	同性戀邦聯
LGBT Civil Right Festival	台北同玩節
On this Road: The Autobiography of Lin Jian-zhong as the HIV Carrier First Exposed to the Public in this Country	這條路上:國內首位曝光 愛滋病毒帶原者林建中親筆自傳
Parents of Lesbians and Gays Talk about their Experiences	親愛的爸媽, 我是同志
PTT	批踢踢實業坊
Rainbow Night Club	彩虹夜總會
Taiwan Nourishes Love, Hand Care of Love	台灣滋愛, 愛滋手護

Chapter One
Introduction: Taiwan in the Global Gaze of AIDS Politics

> While human rights are sometimes translated as 'quanli,'[1] the Confucian philosophical system does not have the concept of negative freedom and does not regard the possessive individuals as repositories of rights and duties; instead, the Confucian system emphasizes reciprocal responsibilities in the social order.
>
> — Petrus Liu (2015: 143)

> Direct decision-making and control by local citizens over programs and resources is used by health promoters and community developers as the acid test of empowerment. It is seen as more efficient and effective than, and as an antidote to, state centralism.
>
> — Alan Petersen and Deborah Lupton (1996: 158)

> Within a relatively short decade, from the mid-1940s to the mid-1950s, Taiwan was transformed from a Japanese colony to a province of postwar China, and then from an island frontier to the centre and the final power bastion of the exiled Nationalist Chinese state. The process of making an island state was intriguing, contingent, inadvertent, full of political bitter-sweetness, and never intended when the fate of Taiwan and the Pescadores was first planned in the middle of World War II.
>
> — Hsiao-ting Lin (2016: 12)[2]

In-between Taiwanese

Despite close geographic and historical connections to China, islanders in Taiwan are not predisposed to identify themselves as other than distinctly Taiwanese. Although they have a consanguine ethnicity that is commensurate with Chinese, Taiwanese have locally developed unique cultures, politics and an economy alternative to those in Mainland China. Whilst some international authorities have characterized Taiwan as part of 'Greater China' (Harding 1993: 600) or the 'Chinese Commonwealth' (Harding 1993: 683), the locals resist this lens. Taiwanese continue to develop a multicultural landscape where a diverse range of religions, beliefs and political parties exist side by side. Aside from those evident contrasts, this heterogeneously populated society is not governed by the Communist Party of China (CPC)

---

[1] *Quanli* is the Romanised Chinese with two characters: 權利. When it is divided into two independent words with their own interpretation, *quan* (權) can literally mean power, authority or influence, whilst *li* (利) refers to a benefit or an advantage.

[2] See also Hsiao-ting Lin (2017: 31) for the Chinese script of this quote. In this thesis, many quotations were originally written or spoken in Chinese. Unless there is a corresponding English transcript, most of the quotes appearing in this dissertation were translated by me.

which dictates the administration of the People's Republic of China (PRC). Despite its distinct identity, Taiwan is not allowed to be recognised as a sovereign state independent from its Chinese counterpart. Rather, the One China Policy prevails in the global political debate on Taiwanese identity. Uncompromised by the PRC and begrudgingly endorsed by most countries in the world, the international consensus for Chinese sovereignty has prevented the Taiwanese people from politically identifying themselves as Taiwanese. Such a diplomatic landscape shaped by foreign powers has also restrained the state from claiming the country as either Taiwan or the Republic of China (ROC).

The policy of not recognising the ROC is supported by other nations who are wary of contesting the expansion of the PRC's power in global politics. During the Cold War, Taiwan's geopolitical location was projected as a democratic front from which to watch over communist power and to restrain it from crossing the First Island Chain to the Pacific region (see Figure 1). The West, especially the United States of America (USA), spared no pain in intervening in the relationship between the PRC and Taiwan—whose identity was still in suspension despite the ending of colonisation by Japan and later the Kuomintang (國民黨, Chinese Nationalist Party, KMT).

Constrained by the One China Policy from establishing its own sovereignty to maintain peace between both sides across the Taiwan Strait, Taiwan was compelled to leave the United Nations (UN) in 1971. In such a context, Taiwanese are neither fully Taiwanese nor fully Chinese. They (or we) are in-between (Corcuff 2011, 2012). Being politically unrecognised as an independent country has on the one hand impeded Taiwan's economic development and diplomatic relationships with foreign entities in a globalizing economy. On the other hand, Taiwan and the Taiwanese people are limited when securing formal recognition and they risk becoming misplaced and marginalised by the international community. In his study exploring the making of Taiwan as an accidental state between 1945 and 1954, the historian, Hsiao-ting Lin argued that

placing too much emphasis on Taiwan's 'foreignness,' 'frontier character,' or 'colonial experience' would lead to an inevitable marginalization of the island's position in the postwar Chinese political and territorial structure (2016: 33).[3]

Figure 1. The First and Second Island Chains
Source. 'The first and second island chains.' *Maps from Military Power of the People's Republic of China 2009*. Available from: http://legacy.lib.utexas.edu/maps/middle_east_and_asia/china_first_and_second_island_chains_2009.jpg (accessed 1 August 2018).

As they navigated the 'accidental state' through the post–Cold War era, and advocated for their island to be a recognisable political entity, the Taiwanese did not isolate themselves from the international network. They have learned and replicated global and exotic knowledge and experiences regarding state governance and practice in their domestic politics. No matter how these have been assimilated, participation in international affairs by adopting foreign models into local policies has enabled Taiwan and the Taiwanese to acquire technical support and informal recognition from some overseas allies. In this thesis I will argue that this is how agendas and campaigns for AIDS control and prevention focusing on *tongzhi* (同志, Comrade, LGBT populations) and *tongzhi* culture are established in Taiwan today. These *tongzhi* populations have evolved in a similar manner to those in western societies.

[3] See also Hsiao-ting Lin (2017: 58) for the Chinese script of this quote.

Civil Society Organisations (CSOs) as intermediary forces

In developing universal responses to the global health epidemic of HIV/AIDS, authorities—such as local governments, the Joint United Nations Programme on HIV/ AIDS (UNAIDS) and the World Health Organization (WHO)—have profoundly shaped local programs for AIDS control and prevention. Most are enforced through their funding mechanisms or through political power (Merson 2006; Stover et al. 2006; WHO 2009). This financial structure is not usually visible to the affected communities and individuals who mostly associate the subsequent impact on their everyday lives with rather more obvious forces, such as grassroots organisations or CSOs. Summarising from Michel Foucault (1999) and Doreen Massey (1993), Del Casino Jr argued, 'Social actors and organizations play key roles in the ways in which power is organized and mobilized and in how places are constructed to maximize particular positions of power and authority' (2004: 61).

Highly coercive social or public policies from the state are often unpopular in civil society where citizens can manifest their interests through institutions other than the government. Friction can subsequently occur between the state at the top and the local at the bottom by directly inserting enforcement from the former to the latter. Programs delivered by nongovernmental organisations (NGOs) or community-based organisations (CBOs) create the social and cultural lubricant that reduces tension and incompatibility, so that the governance of populations can be more accessible to and accepted by the locals.

Faced with an unknown health threat in North America where liberated sexual conduct or desire could damage lives and where many members in the community, affected by a mysterious illness, later passed away, individuals were desperate for a solution. They searched for an efficient way to reduce the stress that was associated with being afraid of, or suffering from, this health crisis. Yet, health institutions, especially the Centers for Disease Control and Prevention (USCDC) in the USA were unable to deliver timely satisfactory solutions to this

outbreak and public panic. Instead, the pioneers of AIDS control and prevention were members of the affected communities. Disappointed that those health authorities performed poorly in supporting People living with HIV/AIDS (PLWHA), members of the affected communities took responsibility by mobilising grassroots organisations, such as the San Francisco AIDS Foundation, AIDS Project Los Angeles, Gay Men's Health Crisis, Bay Area Physicians for Human Rights and the Terry Higgins Trust (Avert 2012; Merson et al. 2008; Wilson 1996). From then on, NGOs and CBOs encouraged and collaborated with the state, health-related bodies, professionals, experts, scientists, academics and enterprises to come up with biomedical approaches. They attempted to save HIV-infected individuals from inevitable death and HIV-uninfected individuals from becoming infected with HIV.

As such groups allied themselves with affected community members, they created spaces where individuals could provide decentralised and friendly services. This phenomenon is generally more apparent when local bodies are engaged with sensitive social issues, such as managing a highly stigmatised disease like HIV/AIDS. As governments are viewed as state apparatuses exercising social control, many individuals would rather look for assistance from NGOs, CBOs and other non-state institutions or groups. Volunteers and staff recruited from the affected communities and trained by grassroots organisations to be benevolent and empathetic can deliver programs which are appropriate and accessible to the public.

In reviewing John Clark's monograph, *Democratizing Development: The Role of Voluntary Organizations* (1991), Michael Marien and Lane Jennings argue that the value of CSOs is 'to help those most in need who have been missed by official aid programmers' (1992: 25). Even if the attempts of CSOs were to achieve the above (to help those most in need) by proposing culturally appropriate programs to match local interests, advocates of civil society can eventually be compelled to give up such a stand in exchange for securing needed funding. The state or external donors can control the flow and availability of financial support

to pioneer their funded bodies in favour of health doctrines and imperatives.

In this circumstance, the CSOs are less in line with local members of the communities. Paradoxically, they continue to present themselves as grassroots organisations aligned with those people in need, in spite of the fact that the CSOs are acting more like representatives of governments or foreign donors (Petras 1997, 1999). Many studies have suggested that the position taken by NGOs or CBOs is critical for the exercise of state and local power (ibid.). The engagement of NGOs and CBOs in moving Taiwan towards a civil society is also influential when individuals are developing their perceptions about AIDS control and prevention (Chillag et al. 2002; Del Casino Jr 2001; Dill 2010; Muñoz-Laboy et al. 2011; Scheper-Hughes 1994). Among these, Vincent Del Casino (2001) argued that the impact of NGOs in the Upper North of Thailand enabled PLWHA to get involved with developing needed services.

Through anthropological studies, the power relationship between international regimes, local CSOs and affected individuals can be observed (Janes and Corbett; Fisher 1997; Paley 2002). International political and health regimes are shown to be influential in determining how CSOs should orient the local programs of AIDS control and prevention by manoeuvring the flow of funding to their beneficiaries. However, in contrast to internationally sponsored organisations, the work of some local CSOs, independent of international authorities, such as WHO, UNAIDS or the World Bank, is rarely documented. Scholars have missed discovering innovative knowledge through their failure to examine, explore or analyse projects that are managed by local CSOs but not financed by foreign donors.

In his paper discussed at a workshop on the development of NGOs, Robert Chambers pointed out the character of the funding relationship between donors, such as the World Bank and local CSOs. He argued that beneficiaries' financial dependence on their sponsors 'strengthens hierarchy and generates standardisation, misfits between central programs and

local needs, and misleadingly positive feedback' (1994: 2). It is reasonable to assume that independent CSOs, without external intervention caused by accepting donated money, should be able to implement more innovative and culturally appropriate programs for AIDS control and prevention. In fact, some local NGOs and CBOs may have already more or less achieved this independence and no one has yet noticed.

However, the assumption of local innovation is at odds with the status quo in Taiwan where the local programs for AIDS control and prevention are merely copies of projects that originated in other social and cultural contexts. Despite the lack of foreign influence through financial control, most programs are duplicated or partially amended to be applied from other, dissimilar political landscapes. Therefore, it is worth discussing why Taiwanese CSOs, which are mostly free from international funding or support, cannot produce alternative solutions to globalised disasters or crises, such as HIV/AIDS, that are also facing people in other parts of the world, and then to compare them with local NGOs and CBOs dependent on those international sources.

Genealogy of populations at risk

While the timing of the first case of HIV infection can be disputed, the beginning of the institutional response to the disease was in 1981. In the USA, five cases of biopsy-confirmed *Pneumocystis pneumonia* in Los Angeles were reported in CDC's *Morbidity and Mortality Weekly Report* (Gottlieb et al. 1981; Hymes et al. 1981; Mann 1989). In the early stage of the global AIDS epidemic, there was ignorance about the nature of this disease. Unless unusual cancers such as Kaposi's sarcoma, or opportunistic infections such as *Pneumocystis carinii* or toxoplasmosis became apparent on patients' bodies, it was difficult to recognise whether a person was infected with HIV or not (Hymes et al. 1981; Sunderam et al. 1986). This not only generated public uncertainty and social anxiety towards this unknown health (or life) threat but it also caused individuals to panic over their possible susceptibility. Growing unease at the

likelihood of being polluted by the pathogen and becoming contagious, sick or dead was especially profound among homosexual men as public health authorities observed that men who have sex with men (MSM)[4] were at greater risk of carrying and transmitting the virus (Altman 1982; Brennan and Durack 1981).

Subsequently, health and biomedical authorities often circulated arguments reported in the media about the tight association between *tongzhi* and this new unknown disease. Those arguments included, 'The homosexual population may have an increased risk of Kaposi's sarcoma … Certainly further epidemiological, serological, and immunological studies are needed to further understand this association' (Hymes et al. 1981: 600). And, 'There was no apparent danger to non-homosexuals from contagion and the best evidence against contagion is that no cases have been reported to date outside the homosexual community or in women' (Altman 1981: 20). Those observations reinforced public prejudice that only the homosexual population could suffer from HIV/AIDS. By uncritically naming the disease the 'gay cancer' and given the high prevalence of this disease among the gay community, the discourse on AIDS control and prevention targeting the gay population began to incubate (Avert 2012). Injecting drug users (IDUs) were the second key group to be identified after many of them had been diagnosed as PLWHA outside the gay community at the end of 1981 (Masur et al. 1981).

In a similar manner to the measures controlling other infectious diseases, public health interventions entailed the identification of the most vulnerable individuals. As observed in abundant AIDS literature, international health regimes, state and local governments, policy makers, CSOs and health professionals and researchers overwhelmingly attributed the disease

[4] 'Gay' is a term about sexual orientation. HIV/AIDS transmission happens regardless of a person's sexual orientation, but it is more epidemiologically associated with sexual behaviour. Therefore, in order to stress the sexual act between two men who do not identify as homosexuals, epidemiologists created the term, 'Men Who Have Sex with Men' (MSM). MSM has been widely adopted by many researchers or policy makers in the production of knowledge related to the discourse of HIV/AIDS, although it is not commonly heard or used by MSM in the field.

to certain groups of individuals. They usually limited the targeted population to those who were not the most desirable subjects in society or the state. In addition to the gay population or MSM (Burcham et al. 1989; Coates et al. 1988; Ko et al. 2006; Koblin et al. 2006; Li et al. 2009; Mansergh et al. 2006; McCamish, Storer and Carl 2000; Parker, Khan and Aggleton 1998; Parker et al. 1995; Samuel et al. 1993; Schechter et al. 1986; UNAIDS 2011b; van Griensven et al. 1987) and IDUs (Bluthenthal et al. 2000; Des Jarlais et al. 1996; Gibson, Flynn and Perales 2001; Gostin et al. 1997; Kwon et al. 2009; Latkin 1999; MacDonald et al. 2003; Robles et al. 1998; UNAIDS 2011b; Yang et al. 2008) mentioned above, sex workers (Alary et al. 2002; Asthana and Oostvogels 1996; Campbell and Mzaidume 2001; Chattopadhyay and McKaig 2004; Halli et al. 2006; Huang et al. 2004; Kerrigan et al. 2006; Laga et al. 1994; Phoolcharoen 1998; UNAIDS 2011b; Wojcicki and Malala 2001) and the clients of sex workers (Alary and Lowndes 2004; Elmore-Meegan, Conroy and Agala 2004; Fajans, Ford and Wirawan 1995; Faugier and Cranfield 1995; Lowndes et al. 2000; UNAIDS 2011b; Walden, Mwangulube and Makhumula-Nkhoma 1999; Xu et al. 2008) were all subjected to this epidemiological and public health categorisation. Although a puzzling subpopulation of high risk groups were also those who had had blood transfusions or had haemophilia, these came to be regarded as 'innocent victims' who had obtained the disease through mishap (Farmer and Kleinman 1989; Frankenberg 1988; Keshavjee, Weiser and Kleinman 2001). The groups whose behaviour needed to be controlled were those who were 'culpable victims' – gay men, sex workers and their clients, and IDUs (Elford 1987; Persson and Newman 2008; Sontag 1990). Their infection with HIV were believed to be not innocent at all but associated with their 'irresponsible' personal conducts where 'forms of criminal law, policing and public health governance ... can be called in to action' (Adam 2005: 336; Kinsman 1996: 394; Race 2010: 154).

Indeed, in its terminology guidelines, UNAIDS clearly defined the above populations

as ‘key populations’ or ‘key populations at higher risk of HIV exposure’ (UNAIDS 2011b: 5). Through this initial overemphasised focus, the concept of key populations at higher risk of HIV exposure is now embodied in global AIDS discourses that drive local practices for control and prevention. Gradually, the aim of AIDS control and prevention was no longer exclusively to reduce the prevalence of HIV infection. Rather, any possibility of attempting to alter sexual conduct amongst ‘key populations’ has been a focal point of institutional responses to the threat.

Sexualities, other than heterosexuality, can hence be evidently pathologised through uncritical epidemiological investigation and conclusion associating sexual minorities with a higher incidence of AIDS. In comparison to heterosexuality which is socially, culturally and biologically perceived as ‘hegemonic’ and ‘normal’, other sexualities and those who engage in disapproved everyday conduct are scientifically interpreted as abnormal and immoral. The consequence of this is similar to the point reflected on by Kay Whitlock after a shooting incident at an Orlando night club in 2016. She argued,

> A constant iteration of ‘enemy, enemy, enemy’ against which we must defend ourselves becomes the central framework of society. And so we help to produce the mentality and the means that continue to constrain, control, and kill us (2016: n.p.).

By drawing on the concept of key populations at higher risk of HIV exposure, the authorities can legitimately manipulate the discourse for AIDS control and prevention and exercise power and state control over individuals. Focusing on key populations has subsequently become a ‘discourse’, seen particularly in institutional (authorities') settings (Mayr 2008) and which

> as Foucault argues, constructs the topic. It defines and produces the objects of our knowledge and governs the way that a topic can be meaningfully talked about and reasoned about. It also influences how ideas are put into practice and used to regulate others (Hall 1997: 44).

Local NGOs in AIDS governance

In Taiwan, the first identified case of HIV infection was in 1984. This *ganranzhe* was a foreigner visiting Taiwan. Although this case did not attract the Taiwanese government's attention at the time, it was alerted in 1986 when the first native case was discovered (Chin 2007; NHRI 2009). In 1992, Department of Health, Executive Yuan (行政院), of Taiwan announced that people who were on the following list: (1) sex workers; (2) clients of sex workers; (3) drug users and dealers; (4) prisoners; (5) patients with STDs; (6) patients with haemophilia; (7) homosexuals; (8) foreign workers in Taiwan; and (9) military men, should be HIV-tested (Shin-rou Lin 2017: 235). Since then, most sexual practices, whether protected or not, amongst *tongzhi*, especially within the gay population, are regarded as high-risk behaviours for HIV infection in Taiwan. As in the USA and Australia, the response to the disease was to target the 'key populations' whose invisible everyday lives and subordinate conduct or identities did not draw public attention until perceived as growing threats to the public or social majority. As long as they are not too intimidating, the fringe parts of individual lives are protected under the auspices of heteronormativity in society. Race (2019: 171) discussed the commonality and divergence of approaches between queer and science and technology studies for the analysis of individual sexual bodies, quoiting Ahmed's depiction that the survival for the privileged is protected while banal because,

> When a whole world is organized to promote your survival, from health to education, from the walls designed to keep your residence safe, from the paths that ease your travel, you do not have [to] become so inventive to survive. You do not have to be seen as the recipient of welfare because the world has promoted your welfare … Racial capitalism is a health system: a drastically unequal distribution of bodily vulnerabilities (2014: n.p.).

There is much evidence from epidemiology about HIV/AIDS to support a number of contentions about dangerous behaviours that can lead to the communication of the virus. Unsafe sexual conduct, such as non-monogamous relationships, anal intercourse, bareback sex (Carballo-Dieguez and Bauermeister 2004) and the use of party pills during sex can

increase the risk of transmitting the virus or being infected by HIV (Koblin et al. 2006).[5] Although practices enabling HIV transmission are not exclusive to the key populations, conduct amongst individuals not categorized to be at risk of HIV infection are usually scrutinized less. Unless a significant seroprevalence of HIV/AIDS occurred in these individuals, responses to the risk they posed of transmitting or contracting HIV were rarely realised, planned or carried out. Reflecting its higher seroprevalence of HIV/AIDS amongst the local gay men, the enforced health agenda in Taiwan has paid more attention to studies where unsafe sexual conduct amongst gay people was exclusively observed and called for intervention (Cowan et al. 2012; Golub et al. 2012; Prieur 1990 and Qvist et al. 2011).

Evidence mirroring the local profile of the AIDS epidemic was preferentially referenced by the Center for Disease Control, Taiwan (TWCDC) in the formulation of their tactics for AIDS control and prevention that targeted homosexuals in a scientific and rational manner. Programs such as outreach for HIV testing in gay saunas, community-based health centres for gay men, sexual health education and an HIV/AIDS prevention website for the gay population, have all been introduced since 2002 (TWCDC 2011).

In this thesis, I demarcate the history of AIDS in Taiwan into three phases. The first period is from 1981, when the outbreak in Los Angeles began alerting the public, to 1997 when Highly Active Antiretroviral Therapy (HAART) became available. Between 1997 and 2004, the end of the second phase, human rights amongst *ganranzhe* had yet to be properly legitimated. In the latest phase, the implementation of the HIV Case Management Program (HCMP)[6] has emphasised collaboration between public health, biomedicine and social work

[5] 'Bareback' is a slang term referring to deliberately having sex without a condom, especially amongst MSM.

[6] Newly diagnosed *ganranzhe* in Taiwan are not mandatorily required to become enrolled in an HIV Case Management Program (HCMP). However they are mostly persuaded to do so by health professionals and workers. Each will be assigned at least one HIV case manager, who is either a registered nurse or a trained public health specialist. The case manager is responsible for watching over the everyday lives of the *ganranzhe* through the biomedical and social welfare services (Huang 2014a). See also Chapter Five for further discussion.

in governing AIDS control and prevention (Huang 2014a).

On top of their clinical duties, the designated AIDS hospitals and health facilities in Taiwan have been commissioned additional administrative and managerial authority through HCMP to monitor not only health but also the sexual conduct of their patients. General practitioners and infectious disease specialists and nurses are able to carry out public health investigations and surveillance on individuals attending the clinic for HIV-testing or therapies. Biomedical bodies delivering HIV care are hence granted an extended policing arm of public health measures to control the epidemic by monitoring whether or not *ganranzhe* have followed health advice in support of constraining HIV transmission. HCMP, Huang (2014b) contended, is 'the nucleus of HIV control, establishing a managerial culture of medical surveillance at the level of governance' and 'operates as a diffuse form of medical policing in the state production of moral citizenship' (ibid.).

Whilst ethnographies of everyday life amongst *ganranzhe* in this dissertation address how HCMP has looked after and impacted individuals, four tables[7] below briefly chronicle the development, roll out and expansion of the AIDS governance in Taiwan since the early eighties. Selected agendas, policies and measures planned, proposed and implemented locally for four decades are listed to delineate a diverse or similar range of global, state and grassroots responses to the threats of the epidemic and its social impacts. Juxtaposing HCMP's trajectory since the mid noughties with the earlier course of HIV management in Taiwan from 1981 demonstrates that the local landscapes and dynamics for AIDS control and prevention have never been static. The varying scale of social suffering facing individuals, for

[7] Please also see *AIDS Prevention and Control Act [1990],* Bayer (2009: 303), Chen (2001: 23), Chiu (2006: n.p.), *HIV Infection Control and Patient Rights Protection Act [1990]* Taiwan, Goffy (2018: 44), Jing-yi Huang (2000: n.p.), Huang (2012b: 100, 136, 231-233; 2014a: 115, 133; 2014b: n.p.; 2014d: 115, 127, 152; 2017: 397), Ko (2016: 18), Lai (2002: 147), Lo (2016: 80), NHRI (2009: 142), PRAATW (2020: n.p.), smile (2020: n.p.), Rexian (2018c: 21, 25), TWCDC (2002: n.p.; 2005: n.p.; 2018: n.p.), UNAIDS (2004: n.p.), Twu (2004: 54, 59), Sun (2019: 112), WHO (2002: n.p.; 2007: n.p.) and the page 73-74, 149, 191-195, 232-233, 249-252, 189-195 of this dissertation for discussion about the international regime for AIDS control and prevention and the development of HIV management in Taiwan between 1981 and 2020.

example, influences how public health measures are framed in a feasible scope and manner (Kleinman and Wilkinson 2016: 7). Besides, the longstanding social, political, cultural and economic conditions embedded in society are intersected to produce and intertwine with contingencies of individual everyday lives. The composition and complexity of and values believed by this joint network are inevitable in the delivery and development of innovative infrastructures and health regimes to curtail the pandemic and individual everyday struggles.

Factors which shaped the local practices and history of AIDS governance include but are not limited to the population associated with a greater epidemiologically computed risk, public views against the subjects of intervention, and the dominant global discourse. HIV-testing, HAART and HCMP which became locally-available in 1985, 1997 and 2005 respectively are three exemplary public health strategies, shaping AIDS governance regimens over the three different phases of response in Taiwan. The transformation of technologies for, and the assimilation of grassroots advocates into, AIDS governance have resulted in the delivery of the state-of-the-art approaches to confront HIV. The timing for the commencement of engagement by local NGOs, health authorities and the governed with HCMP are also summarised, outlining the contemporary shaping of AIDS governance in Taiwan through grassroots movement in coordination with multiple actors.

AIDS Governance in Taiwan, 1981 - 2020

A. Background

Phase of the AIDS Epidemic and HIV Management	Pre-HAART	HAART	
	Pre-HCMP		HCMP
	1981 – 1996	1997 – 2004	2005 – up to date
Numbers of HIV Diagnoses[8]	1114 (as of 1996)	5786 (as of 2004)	33983 (as of August 2020)
Numbers of AIDS Diagnoses	405 (as of 1996)	1502 (as of 2004)	17503 (as of August 2020)
Matter of Concern[9]	– Population(s) at risk believed to be hidden and reluctant to take HIV testing – Contracting HIV through contaminated blood or tissues products for transfusion – The challenges of disclosure and privacy of *ganranzhe's* HIV status	– Increasing human rights violation and social stigma against *ganranzhe(s)* and population(s) at risk – Fiscal crisis facing NHI, budget source for the expenditure of AIDS therapies – Inability to approach the targeted population(s)	– Gap between the diagnosis and commencement of track and control – Neglect of prevention of *ganranzhe(s)* from infecting others – Rising spend on ARVs shrinking the fund for AIDS control and prevention
Leading Global Discourse(s)	– AIDS/Silence = Death[10] – Population(s) at risk (such as the four–H club)[11] – Harm/Risk reduction including syringe exchange or protected sexual practices	– The A–B–C (abstinence, be faithful, and use condoms) approach – Scaling up access to human rights based HIV testing and counselling service – The mass production of generic medicines	– Universal access to HIV prevention, treatment, care and support – Treatment as Prevention – U=U (Undetectable = Untransmittable)
International Regime(s)	WHO's AIDS Control Program (1986), WHO's Special Programme on AIDS (1987-1995) and UNAIDS (since 1996)	WHO's Global Programme on AIDS (since 1998) and UNAIDS (since 1996)	WHO's Global Programme on AIDS and UNAIDS
Paradigm of Intervention	*An ounce of prevention is worth a pound of cure*	*Time to hit HIV, early and hard*[12]	*Treatment as Prevention*
Concurrent Epidemic	1982: Polio	2002-2004: SARS	2020: COVID-19 epidemic

[8] Data for any number of HIV and AIDS diagnoses in this table are the total amount of new cases reported in 1996, 2004 and 2020 and were retrieved from TWCDC (2020: n.p.) available from https://www.cdc.gov.tw/Category/Page/rCV9N1rGUz9wNr8lggsh2Q (accessed 12 September 2020).

[9] The first local case in Taiwan was diagnosed in 1985, the same year FDA in US approved the use of AZT to treat AIDS patients. With the insignificant number of HIV and AIDS diagnoses in the early stage of the local epidemic, the progress of developing treatment was not a major concern in Taiwan, where the introduction of therapies was at reasonable cost and enough to meet the low demand.

[10] 'Silence = Death' was a 1987 campaign in New York by the AIDS Coalition to Unleash Power (ACT UP) as an activist group protesting against the state (under Reagan's government) neglect of and social stigma towards individuals infected with HIV (Lo 2016: 75; Strub 2014: 195).

[11] The 'four-H club' referred to 'haemophiliacs, homosexual men, heroin users and Haitians or people of Haitian origin (Nall 2020: n.p.)' found to be at high risk for HIV infection.

[12] Ho (1995: 450) proposed 'Hit early, hit hard (Lo 2016: 77)' for the possible approach to treat individuals with HIV-1 infection.

B. Local Approaches (for AIDS Control and Prevention)

Phase of the AIDS Epidemic and HIV Management	Pre-HAART	HAART	
	Pre-HCMP		HCMP
	1981 – 1996	1997 – 2004	2005 – up to date
State Legislation	1990 Enactment of *AIDS Prevention and Control Act*, obligating *ganranzhe's* responsibility to report their (close) contacts and source of infection and enacting punitive measures to individuals breaching the regulation	1997 Amendment of *AIDS Prevention and Control Act,* protecting *ganranzhes*' rights to education, health service and employments and discrimination against their access to the rights above is unlawful and punishable	2007 Amendment of *AIDS Prevention and Control Act* to enactment of *HIV Infection Control and Patient Rights Protection Act*, institutionalising counselling for and consent to the HIV-testing service as a package
Executive Advisory Panel	1985 AIDS Advisory Committee	2001 Cross Ministerial Committee for Advocating AIDS Prevention	2005 Committee for AIDS Prevention 2007 Committee for AIDS Prevention and Patient Rights Protection[13]
Budget for AIDS Prevention and Control	TWCDC's special funds and general budget		
Key Technology	HIV-testing	Pharmaceuticals for HIV care	HCMP
Enabled Services	Public health education on HIV/AIDS	Expanded universal free and anonymous HIV-testing	Program for HIV testing and the Use of Pre-Exposure Oral Prophylaxis (PrEP)
Capabilities	Target to outreaching: Identifying, approaching and discovering the affected	Excavate to recruiting: Connecting, learning and familiarising the affected	Experiment to Triaging: Preaching, colonising and reshaping the affected
Targeted Groups[14]	at Risk Populations		*Ganranzhe(s)* (and their contacts)
Health Missionaries	Public health and medical experts or professionals	Volunteers and workers of CSOs and AIDS advocates	The affected community and members of population(s) at risk
Aim	To Prevent the Negative(s) from Becoming the Positive(s)		To Prevent the Positive(s) from Infecting the Negative(s)
Managed HIV Status	The Negative(s) (vulnerable from HIV infection)		The Positive(s) (forecasted to spread HIV)
Index to Intervening	Associate risk Level		HIV Status
Ramification	AIDS exceptionalism, leaving individuals not listed as population(s) at risk less or no protection from contracting HIV or accessing to related health services	Therapeutic citizenship, resulting in the expansion of decentralised AIDS governance in Taiwan and the triage of *ganranzhe* into moral conformists qualified for or immoral deviants excluded from HIV care	Industry of AIDS services, driving the privation and sequestration of individual HIV and sexual experiences or even social lives into the ivory tower and apparatus of biomedicine

[13] The Legislative Yuan in Taiwan underwent a structural reform whereby both the Department of Health and TWCDC became the Ministry of Health and Welfare and the level equivalent to the 'Department.' Despite such restructure, TWCDC's English title is not affected.

[14] Please refer to the begin of this section, *Local NGOs in AIDS governance*, on page 11 for people listed as key populations for AIDS control and prevention in Taiwan.

C. Community Responses

Phase of the AIDS Epidemic and HIV Management	Pre-HAART	HAART	
	Pre-HCMP		HCMP
	1981 – 1996	1997 – 2004	2005 – up to date
Funding of Pharmaceutical Expenditure	TWCDC's special funds (until 1994)	National Health Insurance (NHI)–Catastrophic illness (since 1994 and until 2005)	TWCDC's general budget (since 2006 and until 2016) The combination of TWCDC administration special budget and NHI funding (since 2017)[15]
Grassroots Activism	1992 Speak Out organises to call for mobilisation against the state discrimination facing AIDS patients 1993 The establishment of the first halfway house for AIDS patients 1995 *Tongzhi* grassroots groups protest against epidemiological studies stigmatising homosexuality	1997 Establishment of Persons with HIV/AIDS Rights Advocacy Association of Taiwan (PRAATW) 2002 TWCDC invites AIDS grassroots organisations including *Rexian* to a national deliberating panel on AIDS control and prevention 2004 'Sex and the City,' delivery of HIV-testing at gay venues, such as bathhouses, parks or gay beats	2005 Publication of the first booklet of safe sex for gays in Taiwan by *Rexian* 2010 Mobilisation of Positive Alliance made up of *ganranzhe* and Taiwan AIDS Action allying CSOs 2020 Campaign on a public policy participation platform[16] for the amendment of Article 21 of *HIV Infection Control and Patient Rights Protection Act*, based on U=U (undetectable=untransmittable)
Exemplified Auxiliary Measures	1985 The beginning of appointment of AIDS designated hospitals 1990 Legitimise rights for *ganranzhe's* symptoms to be checked and treated for free (and compulsory if necessary) 1996 A wide range of projects instituting HIV screening as a compulsory operation to identify and triage *ganranzhe* out from the admission to some collective activities	2000 Humanitarian Subsidies for Haemophiliacs Affected by AIDS 2003 Discussion about the contemporary and future 'Community Care for Persons Living with HIV/AIDS' in Taiwan 2003 1000 trained volunteers on campus for AIDS control and prevention	2013 Programs of Increasing the Quality of Taking HAART among HIV *Ganranzhe*s 2018 The first AIDS outpatient clinic 2010 The establishment of community gay health centres

[15] Under the *HIV Infection Control and Patient Rights Protection Act [1990]* Taiwan, NHI bears the cost of *ganranzhes'* ARVs for the first two years after diagnosis. However, before becoming diagnosed with HIV infection, ganranzhes' therapeutic expenditure is subsidised by TWCDC administration special budget.

[16] Currently, there are two public policy participation platforms–*vTaiwan* and *Join* - launched since 2015 in Taiwan,'enabling Taiwanese citizens to discuss and give advices on policy issues during the drafting and implementation stage' NDC (2015: n.p.).

D. Individual Impacts

Phase of the AIDS Epidemic and HIV Management	**Pre-HAART**	**HAART**	
	Pre-HCMP		**HCMP**
	1981 – 1996	**1997 – 2004**	**2005 – up to date**
Available and Accessible Therapy	AZT	HAART	
***Ganranzhe's* Eligibility to Treatment**	CD4 < 200 cells/mm^3		2010 CD4 < 350 cells/mm^3 2013 CD4 < 500 cells/mm^3 2018 Treat All[17]
Legitimated Rights	N/A	Education, medical care and employment	Education, medical care, employment, nursing home, and housing (since 2007)
Everyday Struggles Facing Individuals	1986 A retrospective HIV screening over stored blood as therapy for persons with haemophilia found some had become infected with HIV since 1984 1987 NTNU refused Tian, Qi-yuan's enrolment due to his HIV infection 1991 The minister of TWCDC issues a letter to call for the public to fight against AIDS and warns that AIDS patients exist in a state of moral bankruptcy	2000 The refusal of *ganranzhe* for surgery 2002 NHI registered patients' clinical records into the NHI IC cards without disclosing it to the public, causing *ganranzhes*' fears of their HIV infection becoming exposed 2004 A private sex home party was under police raid and found participants infected with HIV or other STDs	2012 A primary school teacher found to have participated in a home party is accused of infecting others despite having an undetectable viral load 2014: A hospital conducting HIV-testing without the recipients' informed consent 2016-2017 PrEP was smeared as hook up pills 2020 The supply of ART prescription to *ganranzhe(s)* was interrupted by COVID-19 epidemic due to closed borders in Taiwan

Rexian's (熱線, Hotline) engagement with the local AIDS industry has made the state influence on individuals seem indirect and not readily discernible to the affected as the institution, both authoritative and authentic, which dominates the discourses and practices of AIDS control and prevention (Mayhew 2005; Sending and Neumann 2006). Rexian attempts to deliver to civil society considered solutions to problems that the state has either caused or has failed to solve. However, the redress to adverse effects engendered by centralised measures may not be remedial or appropriately tailored to individuals. On the contrary, it can

[17] The new guideline published in 2018 had revised its clinical advice in 2016 about the best timing for *ganranzhe's* commencement of ARVs upon their diagnosis regardless of the detected CD4 number (Yen-fang Huang 2017: 28).

have a further negative impact on them. Shigeharu Tanabe and James Roberson assert that 'agency always already occupies a position within relations of power and might become a part of power or indeed become power itself' (2009: 17). The dynamics between CSOs, authorities and individuals are important determinants for the scope of AIDS governance or management in Taiwan. As such, to what extent and how Rexian and its volunteers represent themselves to the state and to the beneficiaries of their services should not be absent from any discussion.

Reviews of local programs such as HCMP for AIDS control and prevention targeting the *tongzhi* community in Taiwan are scattered all through this dissertation. Corresponding analyses will address how Rexian, as a local *tongzhi* NGO, can fluidly and diversely mediate its power in the health regime of HIV/AIDS or the AIDS industry. Occupying a position between their *tongzhi* comrades and the state, the institution (Rexian) and its voluntary labourers are influential within both spheres in support of an expanding decentralised AIDS governance. Yet, Rexian acts to reinforce the health imperative of governing subordinate sexualities amongst individuals through prejudiced public health agendas or programs for AIDS control and prevention.

The making of local AIDS control and prevention

In 2007, Rexian organised a training workshop to recruit volunteers interested in joining an AIDS team dedicated to the outreach of sexual health education in the *tongzhi* community. Curious about the mechanism in which this population was associated with AIDS and framed as a 'hotbed' of HIV, I was prompted to participate in the workshop. My ambition was that this attendance, and later engagement in delivering programs for AIDS control and prevention, might contribute to a social milieu where *tongzhi* and *ganranzhe* in Taiwan could live without public prejudice. Moreover, supporting *ganranzhe* was another activity in which I wished to participate because media coverage had constantly portrayed the marginalisation and social sufferings facing HIV carriers or PLWHA.

The health authorities in Taiwan had yet to replace *tongzhi* with IDUs as their principal focus for AIDS control and prevention. Harm reduction in that quarter was believed to have put the epidemic amongst the latter individuals under control (Chen 2009; Huang et al. 2014; Huang et al. 2011). Assisting *ganranzhe* in need, before the shift of paradigm, was not one of Rexian's specialties or missions in advocating gender/sexual equality. Except for briefly introducing trainees to information regarding other NGOs where *ganranzhe* were looked after and found shelter and welfare services, the topic of attending to *ganranzhe's* needs was not given priority in Rexian's 2007 curriculum for training volunteers. In their curriculum, Rexian summarised those services provided by institutions such as the Persons with HIV/AIDS Rights Advocacy Association of Taiwan (PRAATW), Guanai (關愛, Harmony Home Association, Taiwan, HHAT)[18] or Xiaolou (小露, Taiwan Lourdes Association, TLA)[19] which were outside the remit of Rexian. Despite the limited focus of Rexian, my desire to acquire knowledge in respect of HIV/AIDS from a social and cultural instead of a biomedical science perspective (I had studied neuroscience at university), motivated me to stay at Rexian. It allowed me to devote my voluntary labour to the communities affected by HIV/AIDS.

There have been several projects for AIDS control and prevention in which the AIDS team has actively taken part through collaboration with the state, health authorities, biomedical and public health academics and professionals and other NGOs. For instance,

[18] Guanai is the Chinese abbreviation of Harmony Home Association, Taiwan. 'It all began in 1986 ... Nicole opened up her home to PLWHA to provide them with a secure place to live in. Out of compassion, she established Harmony Home with the hope of fully reintegrating them to the society' (Guanai 2010: n.p.).

[19] Xiaolou refers to the Taiwan Lourdes Association. 'Taiwan Lourdes Association was established by the Daughters of Charity and since 1960s it has been known as "Lourdes Home" and dedicated to caring for orphans and disadvantaged children. In 1997, we saw the massive influence of HIV/AIDS stigma toward those people who are infected and their families. "Lourdes Home" started to switch our work to the HIV/ AIDS agenda and officially registered as an NGO at 2006' (Xiaolou 2011: n.p.). There are more AIDS NGOs in Taiwan. These include, for example, the Taiwan Love and Hope Association (社團法人台灣愛之希望協會；預防醫學學會-希望工作坊, TLHA); Light of Friendship Association of Taiwan (社團法人台灣誼光協會, LOFAA); AIDS Care Association, Taiwan (社團法人中華民國台灣懷愛協會, ACA).

volunteers approached a university gay students' club to explain how AIDS is negatively shaped as an 'immoral' disease by heterosexual hegemony and social and sexual norms. Volunteers also campaigned for safe fun sex as a cultural response that protects *tongzhi* from HIV infection. Whilst audiences are attracted to techniques involved in preparation for sex and in enhancing sexual pleasure, facilitators can meanwhile package advice on health education into the conversation in which listeners are actively engaged. Topics include the correct use of condoms, negotiated safety between sexual partners prior to their intimate interaction, or other approaches for minimising risks. The above approaches for safe sex have constituted not only my preliminary understanding of AIDS control and prevention but also the course which volunteers were encouraged to practice so as to educate their *tongzhi* comrades about exposure to HIV. In addition to sexual health education delivered to the *tongzhi* community, members of the AIDS team distributed free condoms to pedestrians. Volunteers also endorsed a rapid HIV-testing service, including a consultation and referral assistance, at, for example, Rexian's office and in gay saunas, for targeted populations.

Public health measures for controlling AIDS that are recommended by international organisations, such as UNAIDS or WHO that are in charge of universal policies relating to HIV/AIDS and other global health issues, are too authoritative to be challenged. In fear of contracting HIV, the public (informed by UNAIDS and WHO advice) was left in no doubt about health warnings raised by experts who suggested keeping a vigilant eye on this threat. Volunteers, including myself, were persuaded that empowering someone else to modify their sexual conduct and to practice safer sex was the key to influencing people toward a better and healthier life. An epidemiological study of AIDS prevalence amongst MSM in New York argues that a good rapport between the health providers and the HIV-testing recipients reduces anxiety and is viable for AIDS control and prevention (Manning et al. 2007). The majority of the AIDS literature relentlessly and overwhelmingly backed up assertions that

biomedical and public health forms of AIDS control and prevention can generate more positive than negative values. Hence, there was not too much room left for me to contest this scientific advice. I was convinced that it was unreasonable for me to criticise programs such as rapid HIV-testing which emphasised counselling services as an educational apparatus of indoctrinating individuals into the codes of safe sex.

Besides that, it is worth noting the cultural landscape from which Rexian can attract voluntary labourers and mobilise the establishment of mutual relationships between its volunteers and their *tongzhi* comrades. Peer educators from the local community often have similar needs and hold shared sexual desires and experiences as their comrades when identifying or exploring their own sexualities. This is critical for those people in need to become connected with peer educator volunteers who can empathise and exert an influential impact on their struggling fellows (UNAIDS 2007). The camaraderie associated with feeling accepted by and equal to everybody at Rexian did not encourage me to test if the rapport and reciprocity between individuals always prevented someone from becoming *ganranzhe*.

Reflection on the conundrum

During my time with Rexian I became aware of the growing number of individuals who regularly checked their HIV status and who repeatedly confessed their experiences of unsafe sex to me or to other volunteers. In other words, some of them did not put their counsellor's suggestions on protected sexual conduct into practice despite their promises to do so. A few questions subsequently came to me. 'How many testing recipients would substantially follow advice gained from a comprehensive sexual health education session during the rapid HIV-testing service?' From my own quick observation, most would apparently not. Thus, I wondered, 'Why can they be so aware of the risks involved yet cannot withdraw from those risks while continuing to address them as issues to me?' It took me a while to get accustomed

to the unforeseeable mindset that a person's agreement about the need to change their sexual behaviour can be completely independent from their everyday practices. I asked 'why' again so as to ensure that nothing was missing when I addressed this question.

The discrepancy between practices and promises was unlikely to be caused by my passing on inaccurate knowledge or information about AIDS control and prevention during counselling sessions. The knowledge I passed on was constantly updated by me and other volunteers by attending advanced courses and further training organised by Rexian and other NGOs. As each consultation might last from 30 minutes to an hour, there was sufficient time for the volunteer to pass on detailed sexual health education to the testing recipient. Neither was I unfamiliar with the *tongzhi* culture in which I had been engaged for many years. On the contrary, the more experience I accumulated, the more uncomfortable I felt about shortening the distance and enhancing the rapport between the testing recipients and myself.

It seemed to me that there was always an unclosed gap between the speaker and the listener no matter how much they trusted each other or believed in similar values. At the end of each rapid HIV-test, most of my testing recipients told me: 'I will not put myself into the situation of being infected or contaminating others with HIV anymore'. However, how could I naïvely take it for granted that someone would not only listen to a stranger but also practice what that stranger had just suggested? If unrestrained sex with others is one of their everyday routines or is how they feel valued and validated and precious to another person, how on earth can it be possible for anybody to adjust themselves to orthodox behaviours? Can protected sex that did not previously matter to them suddenly become relevant to their lives? Is it really ethical for someone to tell another to give up something meaningful to their lives and social relationships with others?

The unreliability of the testing recipient's promise to comply with the provider's advice on substantial practices of safe sex was observed when I was learning how to become a

researcher on public health and health promotion. In order to seek a solution for the problem of how to strengthen the relationship and to achieve a positive rapport between health professionals and rapid HIV-testing recipients during the service, I kept the above questions in mind. In 2011, I chose those questions as my topic for an interview assignment into Qualitative Methodologies for Health Research which was a compulsory subject in my study for a Master of Public Health (MPH) at The Australian National University. This course required me to focus on building up anthropological perspectives rather than on medical thinking when addressing health issues. One of the questions which I discussed with an interviewee was about his experience and feelings in regard to an HIV-testing consultation he had experienced at a professional sexual health clinic in Australia. During our two-hour dialogue, my participant affirmed the value of the positive relationship established between himself and the health professional throughout the entire section. As he explained,

> They [health providers in sexual health clinic] were so ... um ... they were so thoughtful and understanding and they put me completely at ease in doing that test. And I was just, you know ... so um ... yeap, that was a good experience and you know, everything came back clear and um ... so, they explained (28 April 2011).

Being seen as 'a person' by health professionals was also a main feature which prompted him to be willing to meet with them again in the future.

> Oh, I was very at ease, that's the message. Being very, very at ease. I have no hesitation about going back. Um ... it was so much fun that I almost look forward to going back to see them. Because they were such fun people, they made it fun and they focused on me as a person and you know … Yeap, as the interview [before the HIV-testing] went on, we got a great sense of trust (ibid.).

Did the mutual relationship and trust established between health professionals and testing recipients really successfully persuade this research participant to change his sexual conduct to a safer way? In other words, has protected sex been remembered and practiced by people who have access to knowledge and information about AIDS control and prevention? Do they perform risk reduction behaviours (Balán et al. 2013; Peragallo et al. 2012; *HIV*

Health Education and Risk Reduction Guidelines 1995), periodical HIV testing (Gersovitz 2011; Schwandt, Nicolle and Dunn 2012; Scott-Sheldon et al. 2011) and so on, in the manner that health professionals and I had suggested? The response from my interviewee about his sexual practice did not support this supposition,

> Well, whatever they said didn't change my attitude [towards unsafe sex and there is no pleasure in protected practice]' (28 April 2011).

Prior to delving into the multiple attributes to informant's unsafe or protected sex and before situating 'barebacking'[20] as Race (2007: 161) suggested, 'in terms of the knowledge practices that attend and produce it', I was surprised at this answer. I would have guessed my interviewee, as a former educator for most of his life, and who believed that HIV-testing consultation is a pathway to educating people about issues on sexual health, would be able to put advice about safe sex into practice. He commented,

> Because it is in fact the most important work they are doing is education … Yeap! Otherwise you just go into the room, they take your blood, give you a couples of swabs and that's it. Then as you go, you learned nothing (28 April 2011).

However, in respect to the practice of safe sex, he maintained the same values that he had had before receiving the health professional's advice. Overlooking individual sexual practices as multiple, dynamic and beyond the purpose of AIDS control and prevention (Race 2010), it is no wonder that the messages delivered through the sexual health education session seemed meaningless. So long as risks would have been only approached as dangers, calls for the change of personal conduct to reduce one's vulnerability to HIV infection could be disregarded by individuals when it applied to those places where sexual acts occurred in daily life. Risks involving in individual everyday life may not always be debunked by everybody as dangers that health authorities and professionals have favored to determine (Adam 2005; Race

[20] Barebacking refers to 'intentional unprotected anal sex' (Tomso 2004: 88). Dean recounts, 'Queer culture, drawing an analogy from equestrian pursuits and invoking a quintessentially North American cowboy image, has coined the term "barebacking" to describe gay men's deliberate abandonment of prophylaxis during sex' (2009: 1; see also Gauthier and Forsyth 1999; Shernoff 2006).

2010). Individual sexual practices, whether or not those leave someone at risk of contracting or transmitting HIV, are informed by contingencies of their everyday life and dynamic social relationship with others.

Instead of identifying unprotected sexual practices, such as sex without condoms, Adam (2005) and Race (2007) argued that barebackers have multiply enacted diverse, unorthodox forms of condom free sex. The culture of North America might prompt its fans or admirers to view their raw sex as 'barebacking' rather than 'intentionally unprotected anal sex'. Some would prefer 'negotiated safety' so as to acknowledge that their decisions about riskier sexual exchange are not reckless but deliberate negotiations of foreseen and potential health threats to be minimised. For those who constantly suffered from violence against their sexuality or diseases, however, resistance could be cast in sexual performance embodying 'an erotic transgression of gay community and public health norm' or 'an erotic expression of ingenuity and survival' (ibid: 20).

Reflecting on barebacking practices demystified through an ethical engagement (Adam 2005; Race 2010), what had been missing from HIV-testing consultation was not so much volunteers' insufficient knowledge of HIV/AIDS. Nor did they hold inadequate judgement on testing recipients' risks. Even when health professionals or providers were very professional in delivering services without judging the sexual experience of their testing recipients, individuals did not necessarily accept their advice to adopt precautionary measures. Messages to recipients from testing providers could only be instrumental for someone's sexual conduct to be modified and safeguarded when engaging in 'understanding safe (or unprotected) sex as a dynamic practice that takes different forms in different historical and cultural contexts' (Race 2010: 162). To bring 'certain innovations in HIV prevention to wider attention' that Race (ibid.) proposed, there is a need to explore how sex is embedded in individuals' everyday lives, including through the formation and communication of one's

moral world about sex and risks.

Until those unnoticed or unexplored aspects about individual sexualities not in relation to risks are understood, providers will continue to deliver support and care not entirely resonating with the recipient's experience of self-care in managing one's personal risks. 'In queer, feminist and anti-racist work,' Ahmed argued,

> self-care is about the creation of community, fragile communities, assembled out of the experiences of being shattered. We reassemble ourselves through the ordinary, everyday and often painstaking work of looking after ourselves; looking after each other (2014: n.p.).[21]

Listen to those yet to be heard

After the above interview was conducted, I gradually learned that sexual health education can be effectively delivered alongside rapid HIV-testing. However, changing behaviours in practice is another matter regardless of whether individuals are instructed on how to protect themselves from becoming infected with HIV by reducing their risks. Testing recipients does not necessarily change their sexual conduct even when warned by health professionals and experts about the threat to their individual and public health. Whilst a personal duty for AIDS control and prevention can be imposed on individuals and they may be empowered by health providers to be responsible for their conduct, they can always refuse to follow the advice. Hence, the debate should not focus solely on either the paradigm for the control of the AIDS epidemic or on the rectification of someone's sexual conduct. It has to visit and scrutinise the gap between local practice and the current public health mission to conduct one's conduct through 'health education' (Waterston 1997: 1386) and 'behaviour change' (ibid.: 1381).

Empowerment, it is argued, is influential to one's decision about acting on any matter (Campbell and Mzaidume 2001; Del Casino 2001; Hsu 2016). However, the mission to empower people, especially members of vulnerable groups, has been, by and large, ignorant

[21] Also see Race (2019: 171).

of the moral landscape that individuals have been forging and which they follow in the exercise of their everyday routines. To continue neglecting the latter has been ineffective in preventing individuals from suffering from AIDS and social injustice, but also there are lost opportunities for gaining understanding and meaning from the everyday struggles that face PLWHA or suspects. The plethora of solutions from those in power has often been out of touch with affected communities and individuals. If the objective of AIDS control and prevention is to improve or boost individuals' health and hence the public good, the voice in need of being heard should be from every single individual targeted by AIDS policies and programs. It cannot be collected solely from those, such as professionals, experts, researchers, policy makers, governments or even from international health organisations where biopower is produced. Therefore, this study does not once again raise the question: 'How can individuals be empowered to change their sexual conduct?' Instead, I bring the issue back to a rather practical one by asking: 'How and why can the conduct of those individuals be shaped dramatically to reach standards in line with expectations from health providers who formallly deliver services?'

Research setting and methodology

Through a literature review on the epidemic, and the diverse local responses to it, this research aims to systematically compile information on ideas, including policies, guidelines and actions for AIDS control and prevention in the world. It seeks to portray how the global AIDS epidemic in Taiwan is framed and responded to, and to understand its influences. It will also address the role which local CSOs, as the main subjects of my study, have been playing in the AIDS industry. Aside from those, in this dissertation I will explore local impacts, such as how one's social or physical sufferings caused by HIV infection or unhealthy AIDS policies and programs have been recorded or reported in the references, and how they have

been collected and analysed. The referencing sources include books, journal articles and information from the press. These have been primarily sourced from online databases or physical archives (e.g., local national library or governmental offices). Moreover, flyers for AIDS campaigns and grey documents such as meeting handouts (whether published or not) are also examined.

In order to depict how the role of CSOs can impact upon AIDS control and prevention in Taiwan and hence on affected individuals and communities, this ethnographic study has been conducted through participant observation in diverse fields. The aim is to gain a deeper description of them (Geertz 1973). The organisations include Rexian and PRAATW as the CSOs delivering services to AIDS suspects and *ganranzhe*, and some programs such as HCMP. I have indirectly observed the environments in three hospitals when I accompanied my research participants to their periodical clinics. This observation permitted me to understand how organisations or institutions see themselves and work apolitically or politically between individuals and governments or international institutions. Readers can hence better know how CSOs have embodied global AIDS discourse and how people are affected in their daily lives. I have undertaken data collection during standard office hours and on occasions when volunteers were being trained or when they were engaging with the local community.

I endeavour to depict a comprehensive picture of the functions and operations occurring amongst NGOs through participant observation. However, in-depth interviews have facilitated a better exploration of how the global AIDS discourse is substantially put into practice on the ground, and what/how it has impacted on individuals in need. Research participants included employees and volunteers of Rexian and its *tongzhi* comrades, *ganranzhe* and health care providers (medical doctors, HIV case managers and peer educators). The transcripts of in-depth interviews have been translated and organised

narratively. Research participants were asked to address their experiences regarding AIDS control and prevention. They were asked to describe their perceptions concerning AIDS control and prevention which may have altered their everyday life activities and social relationships with others. Each section of the in-depth interviews was scheduled to last at least 90 minutes. However, each interview may have been shorter or longer depending on the level of relationship established between the interviewer and the interviewee and on the availability of the latter. After getting consent from potential participants, I always discussed with them the most suitable and private space where they would feel comfortable for the in-depth interview to take place. I stopped recruiting interviewees after information for my research questions became saturated.

This project involves many sensitive issues related to participants' sexual orientations and conduct. To preserve confidentiality, the content of participant observations and in-depth interviews will only be used for this project if further consent for other uses has been obtained. The personal information, such the names of participants, is anonymous in order to keep them from being identified by others.

Multi-hyphenate anthropologist: a slashie in participant observation[22]

'To grasp the native's point of view, his relation to life, to realise his vision of his word' is Malinowski's ultimate goal of learning about others and unfamiliar cultures, through going to villages and living amongst the local residents (1978 [1922]: 19). His approach revolutionised modern ethnography emphasising the practice of participant observers who do not just walk into a culture of interest and novelty as outsiders do to abstract or generalise the

[22] Slashie is a term used to refer someone in a portfolio or multi-hyphenate career having more than one job at the same time (Attwood 2019: n.p.). It is believed that the slashies are on the rise since the millennium (ibid.). The term was coined in *One Person/Multiple Careers* (Alboher 2007).

studied (ibid.: vii).[23] 'Living in the village with no other business but to follow native life' (ibid.: 14) as an insider, the fieldworker is believed to be able 'not merely to register but to understand the actions of men in society' (ibid.: vi).[24] In discussing 'what it is to be a cultural anthropologist,' Schlegel remarked on Malinowski's influence on anthropology,

> Ever since the days of Boas, Malinowski and Radcliffe-Brown, it has been the common rule that a novice cultural anthropologist is not considered fully trained without a year or two of field research, of intense life with and among some people of other cultural ways (1984: 60).

However, engaging in a field and individual everyday lives when the researcher has been the member of the native (or the observed) and familiar, this study does not follow such anthropological trajectory to commence the fieldwork by an outsider. Instead of learning cultures of interest through the lens of an outsider in transition into someone who may think from within subsequently (Hill and Dao 2020), this research is conducted by the local from the culture under investigation. The investigator's experiences in advocating the solidarity movements of civil society groups or the marginalised individuals and liaising with the vulnerable to the community or social services have been instrumental for the mindful contextualisation of the everyday struggles facing individuals. Notably, this dissertation can hardly be empathetic to stories of *ganranzhe* without the researcher's past participation in delivering public health education, exposures to the biomedical and anthropological training and engagement in grassroots mobilisation for both AIDS and equality movements.

In other words, it is not the prerogative for researchers 'from the culture they study' to remain objective to the observed (Boellstorff et al. 2012: 15). Already harnessing an ethnographic approach 'drawing on both etic and emic forms of analyses' (ibid.: 16), this dissertation avails the opposite position by shifting positions between investigator, volunteer in NGOs, storyteller, cultural interpreter or broker, activist, member of the *tongzhi*

[23] From the Preface of Malinowski's monograph, *Argonauts of the Western Pacific: An account of native enterprise and adventure in the archipelagos of Melanesian New Guinea,* referencing Sir James George Frazer.

[24] Ibid.

community, companion or mate, confidante and so on. This has connected the researcher with the vulnerable for more than the individual illness itself. The everyday struggles facing individuals in the pharmaceutical age of AIDS in Taiwan is approached and elaborated by the multi-hyphenate anthropologist.

Being a slashie, the researcher-slash-volunteer-slash-confidante (researcher/volunteer/confidante), all the ethnographer's multiple roles in one, I argue, has been beneficial to this study. Abiding by only investigating the topics to which the research participant consents, a multi-hyphenate anthropologist is enabled to conduct fieldwork by holding and exercising skills outside of observation. However, the position which a fieldworker is going to present and that research participants can acknowledge within an ethically appropriate and approved boundary is not determined by the latter. Options are opened for the decision to be made by the recruited who may not always like their stories to be sequestrated in academic ivory towers or seen solely through the biomedical lens (Huang 2014a: 123). Given how and by whom they would prefer their revealing stories to be approached, attended and supported, informants can cast their fieldworkers into a position flexibly best reflecting contingencies or the status quo of their needs. The research setting of this investigation can thus be less staged into and more led by individual living experiences.

In order not to bias participant observation and risk lives and wellbeing amongst the studied and the investigators, researchers are able to bring numerous capacities entailing their positions to approach their informants. Drawing on a multi-hyphenate anthropologist has produced a moral landscape for this study and bridged the researchers and research participants in a multidimensional manner and relationship not exclusively research oriented. Furthermore, the multiple roles available from the fieldworkers have brought a richer number of shared experiences between them and their interlocutors for individual everyday lives and struggles to be meaningfully articulated and respected. Whilst an outsider's

anthropological lens has facilitated the sensitivity of this study to better grasp the richness and ramifications of individual everyday lives, the investigator's other embodied skills as insider to the studied field lends other capacities to the project. A researcher, a volunteer or a confidante offers their own specialist focus, to be drawn on in shaping and extending observation in the field.

My academic and anthropological training enabled me to extend my comprehension of the individual experience of living with HIV/AIDS beyond biomedical rationales. In addition, the voluntary role of confidant and knowledge of social support networks provided the practical platform for me to undertake timely referral for individuals in need. Directing rather than providing services from the social or grassroots network more familiar to them and influential to their everyday survival, research participants are not left alone with little support to solely grapple with their illness and everyday struggles. A multi-hyphenate anthropologist is capable of decomposing and empathising the everyday struggles, enlightenment, miseries, calamities, social suffering facing the affected and establishing their supportive relationship with others embedded at times of uncertainties and dangers. In the fieldwork of this study I connected with my interlocutors including Uncle Lee, A-hon, A-xue, Xiao-zheng, Chi-hon, Goffy, Xiao-qi, and Yu-fan in a mundane and caring manner. They (We) are taking care of each other regardless of their diverse background, implicit and explicit differences between the researcher and the studied and the never unbalanced power relationship between them (us). The moral landscape of this study created through a multi-hyphenate anthropology enables the representation of the worlds of the research participants to extend beyond their struggles related to AIDS.

An outsider's lens is not indispensable to examine those taken-for-granted cultural, moral, social, and political landscapes of individual everyday lives, learned through ‘experience unfolding in the field’ (Boellstorff et al. 2012: 15). Immersing ‘embodied selves

within the culture of interest' (ibid.: 1) and their own, ethnographers can flexibly change between or occasionally amalgamate two or three of roles. Just as individual sexualities may be fluid across the gender-slashie-sexuality spectrum (Ho 2015: n.p.),[25] my shifting roles between a complete insider and a full outsider have capacitated this project to elucidate individual everyday life in 'thick description' (Geertz 1971).

Having multiple roles in one might create confusion about whether the fieldworker's attendance to the field is to conduct observation or to contribute some inputs to shape the subjects under investigation. In deliberating about his participation with research participants for AIDS education on the internet, the fieldworker was himself confused about his multiple roles - to what extent, he should be reticent, observant or outspoken. The investigator of this project was unable to clearly demarcate how actively or passively he should participate in a panel or focus group, not organised by the researcher but the patron of the studied NGO.[26] As for research participants, deciding which role of the multi-hyphenate anthropologist they should respond to was also came unsettling. Despite possible conflicts arising from this methodological approach, the multi-hyphenate anthropologist can enact both 'scrutiny from the outside and from those on the inside who challenge accepted local values' (Kleinman 2006: 2).

Researchers and interlocutors are not crafted with equal weight in conventional studies where the former is commissioned more power than the latter. However, in this research, the multi-hyphenate anthropologist relinquishes their control over to the latter, who is no longer merely an object under critical gaze but participates in elucidating their everyday lives and

[25] Ho has been a prominent activist and academic in advocating radical thought on sexual liberation in Taiwan. She and some other scholars established the 'Center for the Study of Sexualties' in 1995. Their critical insights on the moral and neoliberal development of gender/sexualities are also constantly engaged by the public to shape the general understanding about sex and social justice. See also Ho (2011, 2012); Hans Tao-ming Huang (2012c); Susanna Trnka and Catherine Trundle (2014); Jie Yang (2017); Li Zhang (2017) for more discussion on Confucian ethics in relation to neoliberalism.

[26] Please also refer to page 92 to 104 in chapter three of this dissertation for the context of this example.

social relationship with others. Emancipated from its conventionally designated role as a passive respondent (to research questions), research participants of this study are on a par with the research team to actively engage in the deliberation and shaping of the course of this research. By equalising power available to both researchers and their informants, this study has experimented with and is advocating an innovate and progressive approach of ethnographic methodology for the empowered to share power with the powerless. Studies of vulnerability, suffering and resilience conducted in such ways, hopefully will achieve Kleinman's ideal for the epistemology of individual moral experience. That is, 'what is moral needs to be understood as what is local, and the local needs to be understood to require ethical review' (Kleinman 2006: 2).

An overview of the dissertation

From Chapters Two to Four, this thesis concerns itself with reactions from gay communities in response to their statistically predicted higher risk of contracting HIV and how biomedicine has profoundly shaped discourses on AIDS control and prevention. Gay people or MSM in Taiwan have been at the frontline in confronting this health threat, and the attendant social prejudice against their sexuality, since the first reported case of AIDS was identified as a male performing sex with a number of other males in the early 1980s. Their sexual conduct was not only considered infamous but it was also framed as a threat to both public health and social order (Chiu 2006; Huang 2011; Ko et al. 1995).

The story that NGOs/CBOs played via their roles in shaping the global discourse on AIDS control and prevention and how they became influential to this business in Taiwan are addressed in this ethnographic study. Both topics can be better grasped by first introducing the local history of democratic development and social movements. As illustrated in Chapter Two, the lifting of martial law in the late 1980s subsequently facilitated the increasing

assemblage and visibility amongst the socially unwanted into the 1990s. It empowered *tongzhi* to mobilise and to reach out for more comrades in other social minority groups. Despite their everyday struggles for social recognition and survival, and being marginalised and expropriated under heterosexual orthodoxy, *tongzhi* were able to establish their own union through the politics of spoiled identity before the beginning of the millennium. Since then, *tongzhi* have been effectively recruiting volunteers, mobilising supporters, and collaborating with allies to strive for their rights and equality. In 1998, advocates also established a local *tongzhi* NGO in Taiwan to reach out to more individuals in need of sharing their unapproved sexualities. One of Rexian's current missions is to ensure that public health and biomedical infrastructures and sexual/gender education are equally accessible to *tongzhi* and heterosexual individuals.

In Chapter Three, I outline my own experience of being trained as a Rexian volunteer in 2007. The chapter also details how being a participant of this NGO, allowed me to observe other volunteers involved in organising training workshops. Programs and services, such as anonymous HIV-testing services and information regarding 'safe/protected fun sex',[2712] delivered by Rexian from the end of 2012 to the beginning of 2014 are documented. Some examples and stories in this thesis were collected from newspapers or from digital publications subsequent to the completion of my field work. Even so, Rexian's volunteers have been empathetic with their *tongzhi* comrades in translating the connectivity of the community to health risks, and in interpreting the sexual culture as a positive juncture instead of an impasse to AIDS control and prevention. As a result, the visibility amongst *tongzhi* in Taiwan has been boosted after their everyday experiences had been shrouded by global AIDS

[27] Safe/protected fun sex' is the phrase that I use to denote Rexian's stand for an equal emphasis on the safety of sex and the pleasure, which has allegedly been long disgraced and ignored by the state. Nevertheless, the practice of unsafe sex could sometimes be discussed amongst volunteers at Rexian's periodic meetings. Unprotected sexual conduct has been less presented to and talked about in public, but rather it has been discouraged to meet officialdom's goal of HIV/AIDS prevention.

discourse. The growing publicity has also attributed to their becoming a formidable force in the expanding decentralised governance of AIDS. Meanwhile, their belief in the consensus about *tongzhi's* higher risk of contracting AIDS has homogenised the diverse social relationships and sexual conduct experienced and experimented with in *tongzhi* communities. Many *tongzhi* are convinced to take protective measures in a precarious lifestyle that could lead to HIV infection.

The global health movement for AIDS control and prevention has produced a new theme, Treatment as Prevention (TasP) (Cohen 2011; Cohen and Gay 2010; Cohen, McCauley and Gamble 2012; Granich et al. 2010; Nguyen et al. 2011). It forged an additional implication for antiretroviral drugs (ARVs) so that they could be both therapeutic and prophylactic. This move has not only amalgamated imperatives from the disciplines of biomedicine, public health and epidemiology, but it has also brought the state, the international and/or local NGOs and the affected communities together. Whilst the integrating campaign has encouraged *ganranzhe* to live longer and with more certainty, it has also inspired them to withdraw from using condoms or practicing safer sex. *Ganranzhe* are framed as harmless victims (addressed in Chapter Four), if their docility to a pharmaceutical regime and sexual abstinence can be validated by scientific numbers. Tested to retain a sufficient amount of CD4 detected in their blood or a lower amount of viral load, they are viewed as docile *ganranzhe* who love themselves by taking responsibility for protecting themselves and others from threats. Unlike those who are not docile to their triple cocktail therapy, the *ganranzhe* who are obedient to their pharmaceutical regime deserve love. This is the rhetoric that the Taiwanese state harnesses to govern *ganranzhe* and AIDS suspects without their biopolitical agenda being scrutinised. Harmless victims are further prioritised for ARVs when the TasP levels reach the recognised threshold for *ganranzhes* to access AIDS treatment. As the total cost of ARVs is gradually expanding and may eventually exceed the budget for

AIDS control and prevention, many are sacrificed so that uncontaminated individuals may benefit and so that the unhealthy system remains in operation.

Before heading to Chapters Five, Six, Seven and the conclusion, and after three lengthy chapters of ethnography about Rexian as a local NGO in Taiwan, in Chapter Four, I argue that in the pharmaceutical age of AIDS, *tongzhi* are in a state of transformation. They have been transformed from queer rebels, seen in the late 1980s and throughout the entire 1990s, to pharmaceutical conformists. Instead of closing the gap between *ganranzhe* and those yet to become infected with HIV, combining both through campaigns for AIDS control and prevention advocated by the latter has marginalised the former even further. The discrepancy in terms of their engagement in social relationships with others and with their living conditions is deepened by social and biomedical services which triage recalcitrant individuals out of welfare support. Such a managerial mechanism to maximise the sustainability of this health regime does not alleviate, but rather it sustains and exacerbates, the everyday struggles facing *ganranzhe*, such as Xiao-zheng (小鄭), Yu-fan (育方) and A-hon (阿泓) who are discussed in each of the following chapters respectively. Paradoxically, their futures are rather uncertain even though life-saving medication is in place to prolong their lives.

In Chapter Five, the ethnography covers stories that I was told by Xiao-zheng—an HIV carrier and one of the research participants in this study. He revealed the everyday struggles in his life and social relationships with others. He perceived living longer as nothing more than disturbing. The availability of the triple cocktail therapy since 1997 has, on one hand, promised him a prolonged life expectancy. On the other hand, it does not rescue him from the social suffering which he is left to solely confront and endure for the rest of his life. He cannot even repair his fragile consanguine connection with his father and family members despite his attempts to resume these relationships many times. Public health professionals and

authorities have not bothered themselves about mediating in his relationship with his father—a relationship that matters greatly to Xiao-zheng. They are only concerned with turning him into a compliant *ganranzhe* whose health condition and mobility can be oversighted and controlled by a pharmaceutical regime. Performing like a dependant citizen whose adherence to ARVs is presumably excellent and whose *guanxi* (關係, relationship) with others is mostly embedded in the AIDS industry, Xiao-zheng has managed to participate in the informal economy without being discovered. By secretly trading his risk of being charged as a criminal who sold bank accounts or who might transmit HIV to someone else, financial support and supplies were in return provided to sustain his life. In this regard, his complicity with the health regime is his resistance against it, as well it is an activist approach through which Xiao-zheng can help those in need.

Following Xiao-zheng's story, Chapter Six records how a Taiwanese adolescent, Yu-fan, became infected with HIV. It addresses his everyday life before the beginning of a pharmaceutical trajectory and after his diagnosis with HIV resulting from his muted sex at the age of nineteen. He was sixteen years younger than Xiao-zheng, whose survival during the years of financial deregulation and liberalised telecommunications relied on Xiao-zheng selling several bank accounts. The large-scale privatisation of government enterprises and public infrastructure in Taiwan did not greatly impact upon Yu-fan as his family was able to offer him economic support until the completion of his undergraduate degree at university. His life was uncomplicated and there was nothing he felt concerned about except his new relationship with HIV and ARVs. No matter how much effort his HIV case manager and he placed on keeping his everyday routines as normal as possible, Yu-fan's normality remains unstable and mutable. He can mimic a normal person by not disclosing his secrets. However, Yu-fan can only assume proper care and treatment by not presenting his 'abnormal' health condition and 'eccentric' sexual conduct to those in his pharmaceutical network. After all,

since his manhood was socially questioned owing to his infection with HIV which disqualified him from conscription and national service, he can never be normal again.

Finally, Chapter Seven provides the last episode prior to the conclusion of this dissertation. A-hon is the protagonist in this chapter and his AIDS treatment has led him to be adhered to a life not desired by him but programmed by the health regime of HIV/AIDS. Through A-hon's story, I posit that everyday struggles amongst *ganranzhe* and NGOs observed in this study are not coincidental. Rather, their frustrations from and searches for values are embedded in the precarious political conditions from which Taiwan as an 'accidental state' has suffered between two sides of global power—the PRC and the USA. While the Taiwanese people endeavour to raise themselves through their outstanding performance in developing technologies and civil society to a stage in global politics where they might achieve international recognition as Taiwanese, A-hon has been looking for similar chances. He would like his uniqueness, to which his father and family members do not draw too much attention, to be visible to, and recognised by, the wider society and friends who can see A-hon's integrity instead of his incompleteness. Otherwise, A-hon does not feel himself to be an integrated person but someone who is constantly rejected or torn apart when some persons see only partial parts about him and overlook the rest. As most of the *ganranzhe* in Taiwan—including A-hon—can hardly ever present themselves in full before their audiences, their subjectivities, I argue, are trivialised in the face of the HIV infection.

Instead of devising and imposing more programs, which could be innovative as well as detrimental to handling someone's health and social condition, this study deliberately sets the conventional project of introducing interventions into a research conclusion aside from its agenda. It may not be as ambitious as those whose efforts have already changed the paradigm of AIDS control and prevention and who have substantially devoted themselves to saving many people from becoming infected with HIV or death. Yet, it approaches the social

routines to which individuals prefer to belong, but which barely attract attention from those in power or in the privileged class of subjecting subordinates to sovereign laws. This research places social suffering and the struggles facing individuals first and hence makes them visible to the readers and to the public.

Chapter Two
The Struggle for 'Our Kingdom': Rexian and the Politics of Spoiled Identity

> On the evening of 27 June 1998, Rexian began a telephone consultation service. The selection of that date is to reflect the outbreak of the 'Stonewall Riots' on the night of 27 June and the midnight of 28 June. This resistance which occurred in 1969 at a *tongzhi* bar in New York has been influential in the contemporary movement of *tongzhi* liberation. After Rexian moved to its current location, Guting (古亭), Taipei (台北), in 2002, a number dedicated for the service was picked—02-2392-1969 as a tribute to the 'Stonewall Riots'.
>
> — Rexian (2017b)[1]

Introduction

In the flourishing of civil forces in Taiwan after the lifting 40 years of martial law in 1987, dynamic grassroots movements asserted themselves. Over the next decade, advocates organised to defend political democracy, workers' and women's rights, and environmental protection by leading the public mood for social reform and equality. Voluntary activists from several minority groups did not let this momentum slip through their fingers as they challenged the everyday struggles and social injustices faced by minority groups. *Tongzhi*, as well as Taiwanese aborigines,[2] sex workers, disabled individuals and transnational labourers—all of whose everyday heterodox experiences had remained sequestrated from the public gaze in order for them to survive in society—gradually began to speak up for justice through a union of the unwanted. They had previously been muted minorities constantly enduring prejudice and alienation from conservative critics. Facilitated by the concurrent universalisation of personal computers and the development of the Internet, which this chapter will address, they have now evolved into progressive activists.

---

[1] This excerpt is from Rexian's Facebook page where it advertised a storytelling event delivered by William Shen about the history of this NGO (Rexian 2017b).

[2] From 1948 to 2001, the fleeing KMT or nationalist government only legitimated nine tribes of Austronesian peoples as Taiwanese aborigines. Their inhabitance of this island is much longer than that of the Han Chinese who came later, originally for agriculture and trade and gradually for settlement and ruling. Officially, there are now 16 tribes whose distinct language, identities, cultures and histories are listed and recognised (Huang and Liu 2016: 309). Social activism and movements for rights amongst Taiwanese aborigines are worth a separate lengthy discussion in relation to democratic development in Taiwan.

By the end of the twentieth century, the expansion of connectivity between humankind was no longer a business that favoured privileged individuals. Via advancing communicatory technologies, the voices of dispersed minorities were being heard, joined and collected so that a growing number of peers had the capacity to assemble and to take part in movements for democratisation and liberation. They could further define and claim their unrecognised identities. Rexian, the first approved national LGBT association in Taiwan, was part of this emerging movement, and was established in 1998 and officially registered in 2000. Rexian arose out of the state integration of human rights into Taiwanese politics and the coordination between several informal alliances in response to accumulating everyday struggles and inequality in relation to people's nonmarital sexualities. Unlike their predecessors, and indeed themselves, who had carried out less organised actions in former years without sufficient support, proponents for the recognition sexual orientations were better supported by the political landscape of 'advanced liberalism'[3] and the expanding network set up this institutional body.

From then on, Rexian consolidated a vision for an ideal society diverging from that of previous campaigners who tended to reflect dissimilar interests and prospects. Employees and volunteers were regularly recruited and trained by the organisation to jointly tailor campaigns, launch programs and deliver services to reach *tongzhi* in need. They also assisted in broadening the scope of Rexian's unifying agenda of resisting stigma so as to incorporate more followers. Instead of handing over their personhood to be misrepresented by the state apparatus, Rexian's employees and volunteers became self-fashion4ing and autonomous through producing, circulating and disseminating knowledge about *tongzhi* and HIV/AIDS.

[3] Anita Lacey and Suzan Ilcan write: 'This rationality of government, often described as neoliberalism or advanced liberalism, engages in the production of various modes of subjectification where particular individuals, citizens, or groups are viewed as responsible subjects who are to take greater responsibility for existing social and economic problems. The promotion of such an active, responsible subject facilitates the creation of certain kinds of expectations and specific ways in which individuals are to conduct themselves' (2006: 36).

The shared 'spoiled identity' (Goffman 1963) attached to either AIDS or *tongzhi*, I argue in this chapter, has not merely enabled Rexian to make real 'Our Kingdom', the united world of sexual minorities, as described in the classic novel by Hsien-yung Pai (1983), it has also produced a moral economy where *tongzhi* can embody altruism and liberation by volunteering their labour for social activism and sexual reform.[4] This has allowed them to maintain both Chinese and western values whilst holding on to their traditional virtues and sensibilities in a modern society developing towards cosmopolitanism.

Gripping the humanist value 'to fight for equality', Sean Du (2017) sought to fulfil this cosmopolitan hope by connecting local and foreign LGBT communities.[5] He said,

> We think we East Asian LGBT communities should unite to fight for equality. We hope we could connect with each other more in the future, and we wish the Festival a huge success and all our Korean friends all the best. We the LGBT people are proud today, we are proud every day. Last but not least, Taiwan Pride is on October 28th this year. Welcome to Taiwan!

In this chapter I trace the development of self-advocacy movement for *tongzhi* from the late 1980s. I start with a discussion of the 'union of the unwanted', the collaboration of advocates and advocacy movements that led to the development of Rexian. I then explore the implications of the Internet for *tongzhi*, drawing on Erving Goffman's insights into actual social identity and virtual social identity to understand how *tongzhi* switch between the two to manage spoiled identities. With the freedom of cyberspace, and in this time of growing civil engagement in the public world, it was possible to imagine a broadening of 'Our Kingdom',

[4] Lacey and Ilcan explain: 'Despite the deliberative use of voluntary labor by advanced liberal states as part of this responsibilization process, voluntary work is too often readily conceived of as a past-time, as extraneous, as an act of altruism, rather than as labor. It is, for example, considered an "effort", as in a voluntary effort, but not a deliberative act like choosing what to do as a financially rewarding career; volunteerism is often constructed passively' (2006: 38).

[5] On 15 July 2017, a representative group from Rexian was invited to attend the 18th Korea Culture Festival in Seoul. Sean Du, one of the employees of this NGO, delivered this speech on the stage of the Queer Parade to call for a union between LGBT communities in East Asia to challenge 'opposition from the anti-LGBT Christian groups' (Du 2017). Taiwan's Constitutional Court on 24 May in the same year released a decision that it is unconstitutional for marriage to only be made between a male and a female (Chen 2017). However, on 24 November 2018 when there were 10 questions for the referendum and each voter was given at least 10 votes for the poll held on the same day as the 2018 mid-term elections for mayors and legislators in local governments, '(v)oters expressed overwhelming opposition to same-sex marriage, despite a court ruling last year that limiting marriage to heterosexual couples was unconstitutional' (Horton 2018).

as described by Pai (1983), into a more open, inclusive, daily world for sexual minorities. While the advent of HIV/AIDS has served to cohere stigma against tongzhi, it was also used by them to strengthen their collaborative identity.

Union of the unwanted

In 1987, restrictions on freedom of speech and of assembly and association in Taiwan were lifted after nearly 40 years of martial law. Political dissidents, intellectuals, students and elites began to energise and forge collective resistance to the authoritarian KMT Government (Chao 2000; Corcuff 2011, 2012).[6] Revolutionary political thoughts and voices – once suppressed and forbidden by the state apparatus – could finally be articulated and circulated in public. However, reformists were unable to achieve rapid legislative and administrative reform because the power to openly recruit more local supporters and to put their agendas for social transformation into practice remained centralised in national institutions which were predominantly occupied by the KMT.

Decentralised actions and independent social organisations had been effective for the development of civil society in Western democratic countries and theoretically relied less on the state and more or fully on citizens (Shore and Wright 2005). These approaches were enthusiastically embraced in Taiwan by a previously powerless populace. Activists planned and deployed social agendas and NGOs that no one would dare to establish during the martial law years. They demanded from the government further social reform in Taiwan (Ku 1999).

Goffy, as one of the key informants to this study, witnessed this democratic development of social movements in Taiwan. He summarised:

> In 1986, the *Minzhujinbutang* (民主進步黨, Democratic Progressive Party, DPP), serving as a counterforce to continually challenge the one-party authoritarian regime [KMT], and conquered the restriction on political assemblage … Environmental movements, such as

[6] Chen Cheng as the Governor of Taiwan Province, Republic of China (ROC) announced the imposition of Martial Law in Taiwan on 19 May 1949 and it was lifted by the President, Chiang Ching-kuo, on 15 July 1987.

> antinuclear and anti-DuPont, and agricultural movements were developing. In 1987, the pressure coming from social movements for democracy and other movements forced the government to lift the martial law that had been implemented for nearly 40 years … The democratisation and the vigorous movements in Taiwan around 1990 largely empowered the *tongzhi* population who had been oppressed for a long time. Many activists of earlier *tongzhi* movements had participated in social reform (2015: n.p.).

To distinguish itself from the communist regime of China, Taiwan needed to impress foreign countries of its achievements in democratisation and civilisation. Consequently, this grassroots mobilisation was tolerated rather than prohibited by the authorities.

Such a transition to civil society was encouraging for social minorities in Taiwan and allowed them to speak out loud and represent themselves. At the opening of the 2015 ILGA-Asia (the International Lesbian, Gay, Bisexual, Trans and Intersex Association in the Asian Region) conference, 'Independent Souls and Bodies', keynote speaker, Goffy, then and still a member of the council of Rexian and an experienced activist for social movements on sexuality and HIV/AIDS, spoke about the trajectory of local *tongzhi* or LGBT movements (同志運動). He viewed the transition from martial law as attributable to democratisation in Taiwan. Goffy said:

> The lifting of martial law, the parliamentary reform, and the opening of the press and media all symbolised the end of authoritarian governance and the disintegration of political surveillance. Freedom of speech was at a peak throughout the entire society and it was no longer taboo to talk and write about *tongzhi* in the press. Social movements awakened many disadvantaged populations, such as *tongzhi*, sex workers, labourers and indigenes, who began to stand up for their subjectivities in public. We can say that *tongzhi* movements, for 25 years in Taiwan, have been moving forward along with social reform movements. It also means that the rise and fall in the trajectory of *tongzhi* movements cannot be excluded from the macrochange taking place within the political economy (2015: n.p.).[7]

[7] 'ILGA – the International Lesbian, Gay, Bisexual, Trans and Intersex Association, is the world federation of national and local organisations dedicated to achieving equal rights for lesbian, gay, bisexual, trans and intersex (LGBTI) people. ILGA is an umbrella organisation of a more than 1,200 member organisations present in six different regions including: Pan Africa ILGA, ILGA Asia, Ilga- Europe, ILGALAC (Latin America and the Caribbean), ILGA North-America and ILGA Oceania (Aotearoa/New Zealand, Australia and Pacific Islands). Established in 1978, ILGA enjoys consultative status at the UN ECOSOC Council, publishes an annual world report and a map on legislation criminalising or protecting people on the basis of their sexual orientation or recognising their relationships' (ILGA 2013). Rexian organised the 2015 conference of ILGA-Asia in Taiwan (Goffy 2015: n.p.).

Brother Chi (祁大哥), the first man in Taiwan to identify himself publicly as homosexual, had made a lone appeal to the Legislative Yuan (立法院) in Taiwan for same-sex marriage in 1986. He was perceived as avant-garde and challenging in an era when homosexuality was not discussed but politically invisible (Huang 2012b: 24). His original proposal was eventually rejected by members of parliament who declared, 'Homosexuals are those abnormal minorities who would like to get their sexual desires satisfied and it is against the virtue and custom of society' (Yang 2015a: n.p.).[8] Nevertheless, the issue of equality for *tongzhi* was pushed forward. This was aided by the social vitality and vigour that had been brought about through the termination of martial law. Without this move, few would have broken their reticence about the traditional Confucian poetics and social–familial power that everybody in Chinese society is required to maintain.[9] Activists, struggling with the lack of recognition of their sexual and gender identities, would not have been able to establish many small local clubs if society had remained conservative. Womenchijian (我們之間, Between Us), NTU GC (台大 GC, National Taiwan University GayChat), Tongzhigongzuofang (同志工作坊, Tongzhi Workshop), NTU Lambda (台大浪達, National Taiwan University Lambda), Kulazidonglituan (酷拉子動力團, Queer'n Class), Jiaoshitongmeng (教師同盟, Teachers' Union or Gay Teachers' Alliance), Tongzhizhurenzhexiehui (同志助人者協會, Gay Counsellors Association), and others, all originated in an effort to seek more comrades and hopefully popularity and expansion (Zhuang 2002).

[8] Brother Chi has been a 'disruptive' figure whose actions of advocating human rights amongst the *tongzhi* population in Taiwan are viewed controversially by community members despite his ongoing engagement within the local movement of marriage equality. On one hand, he was pioneering in his willingness to identify as homosexual in the late 1980s. He also urged the state to come up with a prompt solution in response to the AIDS epidemic emerging in the *tongzhi* community. His courage in confronting social injustice and discrimination against *tongzhi* is highly respected by Chi's followers. On the other hand, however, his move to accuse two *ganranzhe* of deliberately transmitting HIV to someone else in 1994 was considered by some *tongzhi* and *ganranzhe* as prejudicial against HIV carriers (Wang 2016; Yang 2015a, 2015b).

[9] Jen-peng Liu and Nai-fei Ding stated that 'Confucianism has become the state's ideology in imperial China since the second century B.C. The Confucian School which stresses Poetics as the guidance for personal virtue could be the most influential orientation of critics in the Chinese tradition' (2007: 10).

Their efforts made a number of movements possible. In 1995, Tongzhigongzuofang initiated a street protest against a public health expert, Twu Shiing-jer (涂醒哲), whose report, 'Epidemiological study of homosexual men in Taiwan' was accused of demonising *tongzhi* (Chiu 2006; Huang 2012b, 2012c; Twu and Zhuang 1994). Tongzhigongminzhenxian (同志公民陣線, Gay Civil Action Camp), in 1997, demonstrated discontent at being constantly harassed by police who interrogated and examined *tongzhi* coming and going on Chang-de Street (常德街) (Cheng and Yang 2011). After patrons of a lesbian bar, Alivila Lounge (Alivila 音樂酒館), were found to have been filmed by a hidden camera and reported to a TV channel in 1998, Womenchijian organised a petition against such conduct (Zhuang 2002).

At the end of the same year, the *tongzhi* community mobilised to show their support for AG GYM (AG, 健身房) when it was harassed by the police who took and faked obscene photos of patrons (Zhuang 2002). Since the *tongzhi* community lacked sufficient back-up from the social majority, it could only conduct these activist protests in a small-scale, fragmentary fashion. Even so, the development of the Internet in the 1990s at least brought dispersed sexual minorities together to form a community where information and experiences could be anonymously shared, exchanged and accumulated to provide strategies for the next assemblage.

A decade after the beginning of the democratic movement, and at the turn of the millennium, the first approved national LGBT association in Taiwan, Rexian, co- initiated by Tonzhigongminzhenxian, Kulazidonglituan, Jiaoshitongmeng and Tongzhizhurenzhexiehui, was established to continue their predecessors' efforts. Their campaign of advocating for fair living conditions for all disadvantaged populations and of battling against discrimination and stigma of sexual minorities attracted even more advocates.

The institutionalisation and legalisation of Rexian earned it greater opportunities to make contact directly with official government bodies. In addition to bringing issues

regarding sexuality to the streets, it became feasible for the campaign to permeate into official forums and to be examined by policy makers in preparation for legislation. 'Institutionalising it could permit those who sought assistance to get some help and it could enable these children who are growing up now to be unlike us (in the past), painfully experiencing the trajectory of trying to figure things out,' said Goffy (2007a).[10] His recourse to the legal system anticipated that the views of reformists on equal rights for those with diverse sexualities could be influential, and their views disseminated among local Taiwanese. He believed that, only active participation in relevant state policies which control and shape the everyday lives of individuals at the macrostructural level, including education, law or the medical system, can reach that goal. More importantly, Rexian managed to follow its four agendas: 'LGBT Peer Mentoring, LGBT Support Network, LGBT Community Centre, and LGBT Rights Education', to produce a new territory where more of the disconnected *tongzhi* could be found, recruited and connected by effective hotline services (Rexian 2017a). As Goffy said,

> To the tongzhi community, the rainbow neighbourhood is not only a substantial embodiment of the space but it also stands for the connection between communities where everybody supports and coordinates with each other. The force of social movements can hence be hastened. Whether it was the first Taipei LGBT Civil Rights Festival (台北同玩節) organised in the same year [2000]; the protest against the official document released by the Department of Education, Taipei City Government in March 2010 and where the establishment of a students' *tongzhi* club was banned from a high school in a discriminating manner; or the resistance against the Alliance of True Love (真愛聯盟) who had been opposing *tongzhi* education for an entire year in 2011. All of these provide a history of *tongzhi* movements written from the extension of the rainbow neighbourhood (2016: n.p.).

When I was walking around the site in the neighbourhood which Rexian had proposed to construct in 2000, and in which I lived for six months, I imagined how it could have expanded if a larger amount of funding and support had been gained from more participants at that time. What people would see today, I guessed, would be more than a couple of existing *tongzhi* spaces, such as the bookshop, the GinGin Store (晶晶書庫) whose owner was taken

[10] Goffy spoke about this at a roundtable discussion organised by the Center for the Study of Sexualities, National Central University in 2007. The theme was 'The Cross-Strait Dialogue: The Contemporary Development and Prospect of Organisations for Tongzhi Movements' (2007a).

to court for importing magazines of male photos, the H*ours Café,[11] and others. Perhaps, I would not have needed to have made a special effort to make a pilgrimage to the Mardi Gras on Oxford Street in Sydney. Or the host for Taiwan's LGBT Pride parade would not have needed to wrestle with the police in order to bargain for a better location for organising this event every year. Ting-zhou Road (汀州街) could have been the permanent place where hundreds and thousands of tourists could have visited. They could stand on the sidewalk of the main street or leisurely sit at a café to wait for the flow of the parade. It would not be so tiring for Brother Chi to climb up to the top of the Metro station. He could just borrow the roof of any gay bar or hotel and go there to leisurely wave his rainbow flag. The sisters or fairies who have waited for this day for 365 days to get fabulously dressed up would feel less stressed that they might lose their elegance because of the heavy traffic next to them.[12]

In truth, I was not too upset by this failed development of a rainbow neighbourhood. At least, the contemporary landscape of this community is not entirely immersed in a growing pink economy and neoliberal market that emphasises responsible citizenship (Petersen and Lupton 1996; Rose 2009).[13] In his analysis of Queer consumerism in Hong Kong, Travis Kong argued that this phenomenon is 'involving, in particular, transnational middle-class sensibilities—and the global, hegemonic cult of gay masculinity' (2011: 199). He added that it 'serves as another form of capitalist colonialization and exploitation of queer sexuality' (ibid.: 78) as well as 'constructs a cosmopolitan and class-based consumer citizenship that marginalises those who fail to attain [it]' (ibid.: 10). This neighbourhood does not have too many *tongzhi* shops but has more local houses lived in by families. When the project of a substantial *tongzhi* neighbourhood was unsuccessful, it could be argued that the coexistence

[11] 'H*ours Café' is a LGBT friendly café next to the GinGin Store.

[12] Instead of feeling shame at being feminised, *tongzhi* take spoiled labels such as sisters and fairies proudly as intimate and friend names for each other.

[13] The Pink Economy as well as Pink Capitalism or Pink Money connote the association between LGBT movements and the culture of consumption (Kong 2011; Mitchell 2014; Walby 2012).

of the above would perhaps last longer than an enclave where *tongzhi* would have had to stay after being demarcated from other Taiwanese people and society at large.

The struggle for 'Our Kingdom'

In a society where 'homosexuality was consistently regarded by the state as an affront to so-called "cultural tradition" and hence made punishable' (Huang 2011: 17), and where 'the meaning of male same-sex genital acts and relations took shape with reference to *biantai* [變態, perversion], *maiyin* [賣淫, prostitution] and AIDS' (Huang 2012d: 29), few people shared, admitted to or manifested desires that were not attuned to heterosexual norms. Through images about *tongxinglian* (同性戀, homosexual love) that were portrayed piecemeal and interpreted negatively by the media and the state in the name of correcting social order, misleading knowledge and misjudgements were further constructed and inculcated into public perceptions. Many *tongzhi* subsequently became more careful about their personal conduct, avoiding displaying those unpopular differences and unorthodoxies to which some people might be hostile. Except by demonstrating their unrecognised desires to comrades in a few discreet and unnoticeable social spaces—such as Gay saunas, the 'New Park', or the pages of advertisements in newspapers and magazines—they barely behaved differently to anyone else.[14] Hsien- yung Pai beautifully depicted the struggle facing *tongzhi* in his novel, *Crystal Boys*,[15] where he wrote:

[14] 'New Park' was the abbreviation of 'Taipei New Park' renamed from 'Taihoku New Park. It is now known as 228 Peace Memorial Park in Taipei, Taiwan. The change of its name projects the shift of the political landscape that has been divided into three phases throughout local history from Japanese colonisation, to the KMT and DPP regimes.

[15] Pai's novel, published in 1983 and translated to English as *Crystal Boys*, is viewed by scholars and readers as an important work for the contemporary construction of *tongzhi* identity in Taiwan (Huang 2010, 2011, 2012d). The story of *Crystal Boys* is developed from 'Taipei New Park' where most of the protagonists in this novel met each other. That is also the landmark where gay people make friends with each other for further social interaction or sex. More discussion about 'New Park' can be found in Hans Tao-ming Huang (2010), Liang-ya Liou (2003) and Fran Martin (2003). As this thesis seeks to conceptualise and chronicle everyday struggles facing *tongzhi* before and after the AIDS epidemic, the focus of this book on personal social sufferings owing to dissident sexual conduct amongst protagonists is appropriate for such a discussion.

> There are no days in our kingdom, only nights. As soon as the sun comes up, our kingdom goes into hiding, for it is an unlawful nation. We have no government and no constitution, we are neither recognized nor respected by anyone, our citizenry is little more than rabble (Pai 1990: 17).

Confrontations, including moral punishment and legal penalties, would be inevitable if *tongzhi* could not manage a balance between complying with social expectations and meeting personal needs. Hence, participating in advocacy, of which forms such as street protests demand confrontation with the public gaze, was not entirely viable for sexual minorities since it risked bringing their sexualities to light. The mission of mobilising *tongzhi* from their relatively private and safe shelters to unfamiliar or insecure showy stages, or persuading them to change the battlefield from the bed to the street was challenging.

In the early phase of developing local *tongzhi* movements, whether it was even necessary to fight against power was in dispute (Chu 1998). Some preferred to avoid friction with authorities and acted behind the scenes, instead of letting the cat out of the bag. Such a course might even be considered sensible and admirable. However, there were many proponents who supported rallying so as to shape the general view about *tongzhi* in society. Unfortunately, many of them were compelled to drop their activist commitments after finding themselves unable to cope with the overwhelming adverse consequences of *xianshen* (現身, coming out). Henceforth they put on a mask for every public occasion—not only to prevent themselves from being identified by other people, but also to signify the difficulty of avoiding stigma in daily life (Chao 1998; Erni and Spires 2001). Only a few were unconcerned about antagonistic responses and were able to comfortably 'out' themselves. No matter what aspects *tongzhi* were contending with in order to justify their reluctance or willingness to appear in an open assemblage, this reflected their long-standing worry about everyday violence which often followed when others discovered their 'aberrant' sexuality.

Everybody felt that they deserved the opportunity to engage in activism on the streets of Taiwan in the 1990s during a time when rights were claimable and social movements were

in efflorescence. Ironically, the equality for which democratic pluralism was deployed was reserved only for political parties or mainstream labourers, whose identities were well established. It was not shared by anonymous individuals, including *tongzhi*, who were yet to be legitimated so that they might candidly perform their rights of citizenship. Even so, after staying silent and disconnected from the public for such a long time, several campaigners refused to surrender the hope of finding others and expressing their right to freedom of speech. They decided to take advantage of emergent communication technology to connect and encourage more eager recruits to ride in the same boat and commence a community. Goffy recorded this development of the *tongzhi* community through the Internet. In his personal blog, he drafted the following text under the title of MOTSS (Member of The Same Sex)—A Forum of *Tongzhi*—To Start from the Internet Community:

> NTU GC (National Taiwan University GayChat) as the author launched a book, *Homosexual Union* (同性戀邦聯), in October 1994. In June 1995, the Gay and Lesbian Awakening Days (GLAD), was first organised. I saw information about both in the newspaper and attended on my own. There, I made some friends from NTU GC. After being told something about the internet by Tiaotiao (跳跳) and Sisi (斯斯), I started to learn how to use the Bulletin Board System (BBS) … The Internet, characterised by anonymity, convenience and cross-region alliances, was good for the incubation and development of *tongzhi* movements. It was an historical coincidence that the intersection between *tongzhi* movements and the development of the Internet occurred when both were at their respective peaks. In the past, the so called *chudao* (出道, make a debut) described someone's initial connection with the community at bars, saunas, or parks. [The space for *tongzhi* to] *chudao* in the era of the internet has changed, it is now possible to post articles on the internet and participate in the virtual community (Goffy 2007b: n.p.; Zhuang 2002: 50–51).

As Hui-qui Zhuang elaborated:

> MOTSS of NTU Coconut Forest (台大椰林) in March 1995, Queer on Feminism (女性主義) in December 1995, Bad Daughter (壞女兒) in November 1996, and Rainbow Night Club (彩虹夜總會): those were (names of) BBSs where Goffy had boosted much energy to participate in *tongzhi* movements (Zhuang 2002: 51).

At first, *tongzhi* could express their sexuality frankly only by generating pseudonyms for themselves in the digital space. This was similar to practices they had used in venues where they met comrades from the physical world. They had to be vigilant in keeping their everyday lives and personal identities from being discovered by strangers online, and to keep

separate from their digital personalities (that were associated with any spoiled actual social identity) so as not to be recognised by acquaintances.[16] Otherwise, people would realise that the individual with whom they were interacting everyday was selecting one of many managed constructs and who had been living with other social identities in both the cyber and physical worlds. Should these two worlds or different identities clash, it might trigger conflict or mistreatment, including physical assaults or segregation, frequently directed against unorthodox sexualities (Goffman 1963, 2013). Unless they decided to bravely confront the antagonism, *tongzhi* would have to manage their permanent stigma away from the attention of others.

This was by no means an innovative technique for *tongzhi*, as they exhibited in digital society exactly the same imperatives as those others used every day in their social interactions with others. The norm for most people is to present a less despised virtual social identity to others in order to fit the temporal, spatial and their own individuality or to cover any shameful character or disposition. Thus, *tongzhi* are not the only members of the population who wear a mask in cyberspace where users are not compelled to disclose the entirety of their background. In this environment, all netizens are free to craft their identity for the consumption of others often concurrently absent of the full scope of self (Hakken 2000; Turkle 1995). In other words, although addressing sexuality or eroticism for *tongzhi* online is anonymous, this is not as noticeable as masking themselves would be in the physical world where their antagonists can openly talk about their heterosexuality. The disguising of oneself

[16] Erving Goffman stated: 'We are likely to realize that all along we had been making certain assumptions as to what the individual before us ought to be. Thus, the demands we make might better be called demands made "in effect," and the character we impute to the individual might better be seen as an imputation made in potential retrospect—a characterization "in effect," a *virtual social identity*. The category and attributes he could in fact be proved to possess will be called his *actual social identity* [emphasis in original]' (1963: 2). I borrowed Goffman's insights of actual social identity and virtual social identity to understand how *tongzhi* switch between the two to manage their spoiled identity. However, as the phrase, virtual social identity, would be confusing in this chapter where this study also discusses cyberspace, I use 'digital', 'online' or 'cyber' to refer someone's online constructs via which an actual social identity can be practised through the use of a pseudonym on the Internet.

in digital space is considered legitimate. As long as *tongzhi* can get connected to online chat rooms, forums, such as PTT (批踢踢實業坊), *jiaban* (甲板, Gay Forum), messengers, or dating websites, their sexualities, which have to be covertly and gingerly managed so as not to be exposed to someone else, have become speakable in virtual everyday life.[17]

Many Taiwanese eventually put their 'head above water', an internet slang term to indicate someone who finally posted their first article after a long period of diving into readings written by someone else. As their speech and thinking had been repressed by the state for a lengthy period of time, most of them were anxious to bring previously forbidden topics to the table for group discussion. Even so, the majority of them did not disobey the virtuous Confucian ethic of *wenlianggongjianrang* (溫良恭儉讓, being gentle, kind, respectful, sparing and modest) and were aware of possible ramifications regarding what they were to speak and how they were to behave. Reflecting on the past two decades of social movements of gender/sexuality in Taiwan, Josephine Ho argued that, 'The virtue of *wenlianggongjianrang* and the rational negotiation is merely the apparatus of restraining the oppressed' (2015: n.p.).[18] She also urged Taiwanese to radically resist it. Yan-hua Zhang dissected the Confucian narrative delivered in a Chinese TV program and contended, 'The recourse to the re-engineering of the cultural legacy for governance is less costly and more sustainable, in a way, transforming "governmentality" into "governing mentality"' (2014: 42). Remaining reticent ensured that any indocility would not lead to retribution (Ding, Parry and Liu 2007). In order to maintain a harmonious interpersonal communication and leave no negative marks in the minds of companions, some *tongzhi* tried to adjust depending on the social situation. They would emphasise what others valued about their personal characteristics

[17] PTT is an interactive cyberspace which first appeared in Taiwan in 1995. It is the most popular BBS server where many university or high school students started their journey by checking if their classmates had left any crucial information about assignments, examinations or if there were plans for trips on the noticeboard exclusively for the class. They could also expand their interactions with other users visiting the server.

[18] Please also see page 34 in Chapter One for Ho's advocacy for gender/sexuality movements in Taiwan.

and dispositions and hide any unfavourable or controversial aspects from people whom they encountered. A few would give themselves newer attributes to amalgamate with their refined personalities in order to reshape their image to make it appealing to others.

In comparison with their offline everyday lives, internet users are usually less nervous about polishing their expressions and conduct in cyberspace. On one hand, this can be attributed to the break, which they are able to temporarily take, from the moral teachings and orders instructed by the believers of self-control to discipline one's role and performance in society. On the other hand, most of them assess and access the internet as a system of diverse values and find a stratosphere where members in the same group tend to share and exchange coincident views that agree with each other.[19] As users of the cyber milieu are not required to exhibit their shortcomings or imperfections online, they can disclose views which they would not dare to reveal publicly in case they jeopardised access to a secure, prosperous social status and life. Online, they could even speak about their everyday experiences and encounters. The cyberworld has also redistributed authorship of news from the state-controlled or privileged press to the masses. As people do not need to be certified or to turn professional to be a cyber-world reporter, they are able to provide a diverse range of first hand and folk information to cyberspace through texts, images, videos or audios. This field, ostensibly and temporarily independent from authority, attracted the attention of many Taiwanese who wished to practice citizenship and autonomy and to search for unbiased messages and commentaries about everyday life in their society. The removal of barriers has allowed 'disdained' individuals to seize the opportunity to approach or be approached by others. If they were unable to promptly acquire enough information based on their own interests, they could still create either a closed or an openly interactive space where they could digitalise and archive some of their untold or

[19] Stratosphere as well as Echo chambers in the context of the culture of social media or cyber space is criticised for its lack of divergent ideas which could critically shape understandings of many issues (Quattrociocchi 2017; Zhong 2017).

unusual personal experiences, collections and creations to share with others. Hou-ming Huang commented:

> The connectivity of the internet breaks the physical boundary and enables the intersection between public and private spheres, and its capacity of segregation also permits an individual to appear anonymously in front of others to conceal partial or entire parts of this person exposed to the physical world and to take the next step to rebuild a new private territory for oneself (2001: 119).

Anonymity in assemblage

Grassroots tales or anecdotes soon caught huge attention from the public. One hundred and fifty thousand *xiangmin* (鄉民, netizens) would try to flood into cyberspace, using PTT as a BBS server to log in anytime.[20] Sometimes, users posted their views and discussed with each other their everyday lives in forums covering a diverse range of topics such as 'Joke', 'Hate', 'Beauty', 'Gossip', 'Studyabroad', 'Sex', 'Gay', 'Bisexual', 'Bicycle' and others. If they had nothing new to say, they could choose to read or leave comments and feedback on articles authored by others. *Xiangmin* could also *diushuiqiu* (丟水球, throw water balloons: send messages) to each other while they were occupied reading amusing stories, and at the same time carrying out an instant communication with their online friends or listed strangers. Alternatively they were able to concentrate on conversations in a private chat room. Using 'Ptt coins' as the virtual currency issued for on site circulation, users could socialise, communicate and exchange with each other not merely literally but also economically. Regardless of being text based and incompatible with sending images, videos and voices, unless they were attached as hyperlinks to other websites, the BBS was run as a small society where fundamental forms of social interaction were substantially and relentlessly in progress without physical contact or real identities. Tai-wei Chi remarked on the development of the BBS:

[20] *Xiangmin* literally means people living in the same country and users on PTT began to take this term to indicate those who like to enjoy watching the arguments, debates or conflicts on a forum without critical reflection. It has a similar interpretation to the stratosphere which was discussed earlier.

> Therefore, the internet becomes an active sphere for speech that is more private than telephone dating. For people who don't have sufficient space to talk and argue in daily life, or there is a lack of enough reading materials, or they cannot even admit if they are able to speak and read, such a space is particularly meaningful. Those daily oppressions can hence be released on the BBS and *xianshen* is extricable owing to the convenience of pseudonyms (1998: 102).

Wei-ping Lin argued,

> After identity is obscured, everybody can be freer to express themselves in a way that they are unable to disclose in real life and therefore they may stay in the shadows to continue public participation. Not only is the division between public and private space getting intermixed, but also the standard and framework of reference for traditional ethics becomes faded (2016: 34).

When an anonymous voice is available to anybody and they can change their personal identities anytime and anywhere, then cyberspace (yet to be strictly regulated) embodies a social justice and equality not effectively exercised by citizens beyond the screen. Cyberspace provided a solution for *tongzhi* whose resources in developing their everyday lives and *guanxi* with others were scarce in comparison with those held by people with privilege who needed to make less effort when they were searching for social support. Whilst external moral forces and their fragile supporting systems restrained *tongzhi* from moving too far, they took advantage of the internet's characteristics of 'space of flow' and 'timeless time' to widen the terrain of their social lives (Castells 2011; Wei-ping Lin 2016).

In addition, with the internet, they finally captured the right to reshape their sexualities which had been misinterpreted by mainstream media in complicity with the state and on the side of heterosexual and patriarchal hegemony. In explaining reasons why heterosexual males occupy a spectrum of social class higher than that of females and *tongzhi*, Ling-fang Cheng noted, 'Patriarchal structure and heterosexual hegemony are two sides of the same coin and both are communicating with each other to reinforce the status quo' (2004: 133). By 'analysing the spoiled identities and stigma—especially, "Renyao" (人妖, human-spectre or freak) and "glass"—facing tongxinglian,' Hans Tao-ming Huang discovered 'that shanliangfengsu (善良風俗, virtuous custom) [which regulates individual conduct] is established upon the normalised or even apotheosised structure of patriarchal sexual

discrimination and heterosexual hegemony' (2000: 127). He elaborated his argument,

> On one hand, heterosexual society in Taiwan has framed a homosexual individual as someone outside the boundary of gender by the logic of doubly disavowing one's gender so as to reinforce and protect the heterosexualised system of gender. On the other hand, they always speak of sympathy (the phrase 'sympathy' denotes a certain kind of hypocrisy in terms of recognition) as a fake way of recognising and treating homosexual individuals by humanism which has never been critically reviewed (ibid.: 122).

In the digital world where heterosexual and patriarchal hegemony are less dominant, *tongzhi* could speak of adventures that were unspeakable elsewhere. As *tongzhi* were the ones who substantially experienced their voices being muted or denounced by the social majority, they were better able to authentically and realistically depict and share their everyday lives about unorthodox human desires and interpersonal relationships based on their empirical views. To personally present their own life stories has been highly beneficial for *tongzhi* who mostly stayed invisible or alone to avoid being misjudged by others. Accounts from their vivid understandings helped them not only to invalidate false accusations about their personality or clear up stereotypes of *tongzhi* that were exaggerated and smeared by others, but also to be identified as *quanneiren* (圈內人, members of the clique) whose trajectory of 'being *tongzhi*' allowed them to be introduced to other comrades. After a ritual of *chudao*, in Goffy's words, *tongzhi*, who had once felt lonely, subsequently were able to become connected to someone else by reaching out in cyberspace. In such a context, this was not a confession where someone intended to beg for forgiveness from others or from God about the sin of not being heterosexual. Neither was it like the technique deployed by HIV-testing counsellors who relied on someone's confession so that they could judge if their testing recipients had breached safe sex codes and required intervention, salvation and conversion to reclaim their reputation. Rather, the freedom of speech allowed by the internet, facilitated *tongzhi* to circulate their own stories. Their online articles concerning their personal experiences of sexuality functioned as a pedigree certificate that provided a snapshot of one's relevance that was foreign to heterosexuality. Its holder could be sympathised with by other

members of the clique and admitted to 'Our Kingdom' (Pai 1983). In contrast to the weak connection with their surroundings that were governed under heterosexual norms and propaganda, *tongzhi* were emboldened by the internet to close the distance between their locations and invisibilities. For example, TO-GET-HER has extended the network for lesbians worldwide, especially for Pizi:

> In addition to a study room and a bedroom, I had one more chat room every night. After accessing it, 'Wayne' from the central States would ask me if I enjoyed the work. 'Xiaolang' might cry for her heartless girlfriend. 'Toy' and 'Brook' were attempting to entertain themselves and others with a sexy night dance. There wasn't enough time for being lonely. We were busy planning where we could visit these friends for the next holiday … TO-GET-HER made me, being a mathematician, deeply realise the geometrical difference between a plane and a sphere. The infinite extension of the plane results in an unlimited extension of loneliness (2002: 195).

This new territory was distinct from those few places such as parks, newspapers, magazines, beats, saunas, or clubs where *tongzhi* had looked for friends in the past. They do not have to appear in public where their sporadic wanders, cruises, or visits might cause their sexualities to be discovered, humiliated and corrected by someone else—including police standing up for virtuous customs (Huang 2011, 2012d). Neither did they need to spend too much time waiting for someone's reply to an advertisement 'looking for friends'. *Tongzhi* could visit and connect with each other quickly and, through online anonymity, they could now safely protect themselves from being discriminated against and disturbed by the heterosexual gaze. Not only could information, such as names, contact details or birthdays, associated with their personal identities be hidden from someone else but also their faces, body types and physical and psychological characteristics could remain unexposed and therefore unjudged.

State or public health professionals are still endeavouring to intervene in this digital sphere where they desire to promote their AIDS prevention message to possible AIDS suspects (Ko, Hsieh et al. 2013; IFRC 2015). However, their approach must be acceptable to the online users they seek to influence. Otherwise their intervention may be viewed as

harassment to 'Our Kingdom' where *tongzhi* could concentrate their resistance to acrimonious interference. The room left for an adversary to attack what they consider to be disordered or inappropriate conduct has been minimised by the collective resistance of the powerless that can be organised in a timely way to strike back. A nonheterosexual country or family emerged as Ta-wei Chi noted,

> In or after the history of being muted, *tongxinglian* would also like to have a chance to speak properly. *Tongxinglian* take the text from MOTSS as country or home, this is a nonheterosexual family where comforts and encouragement can be found and domestic conflicts can occur, as well as a nation where the dialogue and resistance can be directed against the outsider (1998: 104).

Instead of acting individually through a guerrilla approach, which could have limited impact on challenging the heterosexual order, *tongzhi* have effectively coordinated their power from the very moment the community started growing on the internet. Previously scattered comrades bridged gaps between themselves, assembled together, and began to share information, knowledge and support. Despite online interpersonal relationships being not as tangible as those rolled out in public, sexual minorities have become more visible and mobile in this relatively tolerant digital milieu.

The above qualities about cyberspace were particularly crucial for advocates—intellectuals, students from university clubs of *tongzhi*, and their sympathisers—who had to keep their actions low profile. Exploring the *tongzhi* movement in Taiwan, Yu-xuan Huang stated that, 'the identity and broader personality framed by *tongzhi* through the communal and private network has been internalised to their personal everyday lives as practices of a kind of social movement' (2006: 108). Being able to speak spontaneously on the internet has also remarkably transformed their voice from the previous passive tone constantly distorted by someone else, to an authentic one which enables knowledge about *tongzhi* to be produced reliably. In his review of the practices of NGOs, William Fisher argued:

> Changing the self and changing the society require a rejection of the representation of self-imposed relationships with others. Individuals and groups struggle for the freedom to define themselves and their relationships with others on their own terms, an effort Stokely and

> Hamilton … called 'the first necessity of a free people and the first right any oppressor must suspend' (1997: 457; see also Stokely and Hamilton 1967).

An abundance of rich information which proponents have systematically stored on the internet, and a willingness to give that information away, has fruitfully lured some *tongxue* (同學, classmates) to come online one by one to search for resources not widely available in their surroundings.[21] The *tongzhi* network burgeoned so that more were able to gather in places where they did not need to lock away or hide their photos or magazines—about *tongzhi*—in secure or other discreet places, and where they could make friends. Dingo talked about her idea for a huge lesbian website which she originally constructed for her girlfriend:

> TO-GET-HER provides the service to all Chinese lesbians and it is a media from my point of view. It allows the *tongzhi* movement and individuals to have a space to exercise [their capacity] and to coordinate relevant information. Those *tongzhi* who are individuals dispersed everywhere, can acquire rapid and direct messages … Because there's still pressure for *xianshen*, *tongzhi* is still the group of people not commonly seen and heard. As long as the existence amongst *tongzhi* can be seen and their voices can be heard, it will be positively meaningful for both *tongzhi*, in terms of their own identity, and the public understanding of *tongzhi* (2002: 185).

Although earlier advocacies organised by *tongzhi* online did not have the scale of other social movements, their efforts were not in vain but instead influenced later projects in this new democratic environment where authorities had no idea how to intervene. Whether *tongzhi* knew each other or not, ideas that could be more easily circulated and exchanged in cyberspace than in the physical world allowed members a virtual interface, such as BBS, to 'plow the seeds of tongzhi movements' (Zhuang 2002: 50).

This new democratic environment provided the opportunity for Rexian to seize the debate and to choose to be on the same side as, and to listen to, the freshly emerging community. Being born in the early eighties, having been educated since the 1990s, and transforming into an adult at the onset of the twentieth century, I was fortunate enough to benefit in no small way from the democratisation that my forerunners' endeavours achieved,

[21] *Tongxue* means classmate, although some *tongzhi* will use this as a code to signify each other.

and from the social connectivity amongst nonheterosexual populations mediated through internet. Without sweating too much, I decided to be one of the followers later linked to the fields of HIV/AIDS and the *tongzhi* community of Rexian after reading the following message on BBS:

> The courses for this two day workshop include: a brief introduction of *aizhi* and sexually transmitted diseases, the sex of gays and lesbians, and the living issues for *ganranzhe*. The topics are rich and diverse so they hopefully allow those who participate in this workshop to gain knowledge from different angles. You are more than welcome to apply if you satisfy the following criteria:
> Your identity has to be *tongzhi*.
> You are someone or a member or cadre of gay clubs who is enthusiastic about the work of *aizhi* prevention and delivering services.
> You are willing to make a promise to be a volunteer (Goffy 2007c: n.p.).

Connecting to the disconnected

> Rexian was founded in 1998 and held the belief that, 'Peer Guidance' can give you, as a caller facing problems and troubles in your life, company through the Hotline service offered by homosexual volunteers. You and I, as gays or parents of gays, are actually not alone! (Rexian 2018b: n.p.).

'Hello, this is Rexian and I am Eric, what can I call you?'[22] Over a phone call answered by a telephone counselling volunteer the caller receives a welcome greeting and a request for a name. Those words open up the conversation with someone in need of support or information regarding the above issues. Before being trained as a qualified advisor, I knew little about the discipline of and scenario for consultation. As a first rule I learnt that no one except advisors and their supervisors had access to the rooms set aside exclusively for the service. Any outsider may have known who was on duty on a particular night by seeing someone entering a particular room. However, they did not have any idea of the nicknames that counselling volunteers chose specially for the service. They did not have any information about the callers or the details of conversations they had with the volunteers. This policy was to ensure that callers were unable to discover an advisor's personal identity by inquiring for that nickname

[22] Eric is a pseudonym of the nickname that I used for my telephone counselling practice at Rexian.

when off line. Any leak to someone could risk the daily safety of volunteers and callers.

This anonymity is similar to the practice tactically exercised by netizens in cyberspace and by *tongzhi* every day to safely reveal secrets or sensitive stories. After having taken a training course for three to six months and passing the written paper and oral examination, for a short period I became Eric.[23] Accompanied by one or two colleagues on each shift, we listened to all sorts of sentiments, distress, complaints and confrontations experienced and recounted by incognito individuals living in the metropolitan area or even in the remote countryside. Unfortunately, my capacity for coping with the personal emotions in callers' stories was too weak for me to commit myself for a long term to being Eric—the person with whom callers could share their lives and to whom they transiently felt connected.[24] Following the emergence of the cyber community, this telephone service was later dedicated to serving those people who were unsophisticated in the operation of digital technology or inexperienced in computer literacy. The unexposed sufferings and unsatisfied needs disclosed in their questions relating to personal adventures into unconventional sexuality or desires could be addressed through this rather traditional form of communication. Angel is a telephone counselling volunteer at Rexian and she reflected on this hotline service:

> In contemporary society with rich resources available from the internet and after the services had been in operation at Rexian for more than ten years, those continuing to get in touch with the community or to obtain information or company through the telephone must be the population that is barely resourced in actual life. This group of callers may well be composed of individuals suffering from physical and mental disabilities, psychiatric patients, aged *tongzhi*, or residents in the regions of the Central, South and East [of Taiwan] which have rather insufficient resources compared with the North (2014: n.p.).

[23] The program is composed of two phases. It includes: 'Lectures about *tongzhi* culture that cover issues, such as human rights of *tongzhi*, the culture of the *tongzhi* community, the intimacy and sexuality amongst *tongzhi*, AIDS, family, religion, bisexuality, and transgender to allow volunteers to have a better picture of *tongzhi* culture' (Rexian 2017f: n.p.). After some fundamental knowledge has been given, the trainee has to start 'the courses of professional techniques for assisting others and empathy which are focused on the development of empathy and practising the skills. The interactive practice facilitates the volunteer to experience potential issues and cases that they might encounter when on the duty in the future' (ibid.). Once the training is completed, trainees have to pass a written examination and an interview in order to be qualified as telephone consultants.

[24] Trainee volunteers are told in the handout for the training workshop that it is quite common that volunteers have 'too limited a capability to satisfy the need required by some cases'.

Whether substantial assistance or not is provided by volunteers to callers via the Hotline, a nearly private moment and a safe space can at least be created for those left without an internet connection. It provides an ordinary choice but still fertile ground where individuals unfamiliar with the digitalised development of social interaction can orally disclose unorthodox issues. Institutional support, which the state social welfare system had failed to deliver to callers, is offered. Distress, frustration, or even joy which do not vividly translate into text, are taken seriously and listened to carefully by 'peers' or 'buddies' on the phone. This is a benefit of the 'active listening techniques' pointed out by Vinh-Kim Nguyen (2009b: 364) in his study on HIV/AIDS in West Africa. It can also be observed from Rexian's later enthusiasm for the consultation process being part of a package for voluntary and anonymous HIV-testing services. Before it undertook a deeper engagement in the health regime of HIV/AIDS and 'therapeutic activism', (discussed at length in Chapters Three and Four), Rexian imported global experience into the local environment and has been proficient in 'conveying an attitude of non- judgementality' to their callers through its telephone counselling service. In exploring how subjectivities amongst AIDS patients in West Africa were shaped in their fight against the epidemic, Vinh-Kim Nguyen illustrated a brief genealogy of these 'confessional technologies' that had travelled worldwide through the localisation of global experience:

> In the early years of the epidemic, AIDS organizations trained volunteers to work with people with AIDS: keeping them company, assisting them to negotiate doctor's [*sic*] appointments and hospital tests, even helping in everyday chores. These volunteers were called 'buddies'. The buddy system exists to this day in North America and Europe, though the demand for it decreased first in the early nineties as social services adapted to the problems faced by people with HIV and even more after 1996 when the introduction of new effective combination therapies dramatically reduced illness and mortality of people with HIV (2009b: 366).

Through their newly established connections with pseudonymised strangers whom they could never meet, social relationships outside the heterosexual network could finally be secured by those facing difficulties in finding resolutions for secrets regarding their 'illegitimate' sexuality. While the majority of the population in Taiwanese society viewed the

heterosexual reproductive relationship as an orthodoxy that legitimates most associated everyday conduct and talk, but which disdains and restricts sexual minorities, a comfort zone where no person was too trivial to be ignored gradually emerged under Rexian's efforts. Except for an unexpected suspension of three months in 2015 owing to the outbreak of a fire in Rexian's building, the service has operated for almost two decades and has always been busy. Currently, there are 20 cohorts of consulting volunteers listening and responding with empathy and without judgment to people detailing their struggles. Rexian has been reaching out to individuals with diverse backgrounds by collecting voices not only from 'homosexuals' (lesbians, gays, bisexual and transgender) as sexually disenfranchised citizens, but also from 'their parents, school teachers or professional providers of assistance', who would like to know more about *tongzhi* but are inexperienced in the digital milieu (Rexian 2017c). One of the initiators of Rexian, who has offered telephone counselling services since 1998, and in response to the occurrence of suicides amongst homosexual teenagers, spoke about the value of the Hotline services (see Figure 2):

> To me, the more I have done in the end, the more I feel that this is a very important field for collecting information from the front line … I don't really think that the telephone service could solve issues, such as the [social] predicament and problems encountered by *tongzhi*. But why has this thing been consistently there for fourteen years? It's indeed to contact [people at] the front line … (12 November 2012).

Figure 2. The logo of the hotline service
Source. Rexian (2017f). Available from: https://hotline.org.tw/event/1077 (accessed 20 November 2010).

Outreach is another arena that Rexian has harnessed to expand into the realm of the *tongzhi* community or 'Our Kingdom' by connecting the disconnected. At the time of my postgraduate study in Taiwan in 2006, I attended one of the seminars about safe- sex education still constantly being delivered by Rexian to the student gay club of the university. That was my first contact, except for coming across relevant information about it on line, with this grassroots organisation. Because of its specialisation, culture and folk knowledge of *tongzhi*, fluid or subordinate sexualities and sex are all areas that the state and public health professionals can delegate to Rexian. This includes the duty of implementing and searching out targets for AIDS programs. My motivation to attend that lecture was not simply from an interest in the topic of 'safe/protected fun sex' that was being advertised by Rexian and the student gay club where I was a member. It was also from my dissatisfaction with the heterosexual fear of being 'penetrated' by *tongzhi* and the state's impotence in the provision of sustainable sexual education for AIDS campaigns.[25] I was drawn to Rexian as it did not mute *tongzhi* comrades and volunteers from discussing sexual activities that were viewed by the public as taboo and that were often de-emphasised in official programs of AIDS control and prevention. In an analysis of sexual modernity in West Africa, Nguyen pointed out how an AIDS NGO benefited by having a culture of sexual openness especially in public dialogues regarding sexuality. He argued that

> once the group was founded, its rhetoric of openness around sexuality as a strategy for combating AIDS easily attracted funding—from international agencies that found its culture of sexual openness 'refreshing' and 'adapted' to the needs of AIDS prevention work—as well as a broad cross-section of recruits (2005b: 260).

I viewed Rexian as more than an institution; it was an intriguing social and cultural arena where volunteers could be introduced and make friends with each other, and where they could speak about whatever they wished. Before attending fortnightly meetings of the AIDS team at Rexian, I was not entirely attached to the *tongzhi* community as support from family

[25] The fear of being fucked or penetrated by *tongzhi* is one of the discourses perpetrating homophobia.

and from school was enough for me to stay alive.[26] John Erni and Anthony Spires remarked about the inextricable connection between *tongzhi* and their family life in Chinese societies. They argued:

> Sharing living space with one's grandparents, parents and siblings, and performing family duties define the typical character of life before (expected) marriage. On the social scale, this explains a total lack of such things as 'gay neighbourhoods' in Taiwan. As a result, *tongzhi* are reliant on a gay market that is never entirely able to disarticulate from family life (2001: 33).

My connection to Rexian became firmly established when its moral economy about *tongzhi* and sex enabled me to construct a clear sexuality from an undetermined one and after it successfully persuaded me to participate in the AIDS industry. So did Brian, one of the participants in this research who is working in the AIDS industry. He told me about his thoughts on AIDS:

> There wasn't any idea about it [HIV]. It was for the sake of helping. To me, that's because I didn't know anyone infected by HIV. I only had a boyfriend at that time. I didn't have sex with other people either. So, AIDS seemed [to be an issue] far away from me … I found work at Rexian interesting because it talked about sex. That was interesting, so I stayed [at the AIDS team] to help [the team]. In those days, the topic wasn't about 'AIDS and Human Rights'. It was more about health education. When you talked about safe sex, sex was mentioned for sure. That's why I found it interesting (27 Feburary 2013).

If Rexian had delivered the topic of sex in a similar manner to that of the state, I would not have joined this circle composed of social activists and sexual minorities. Neither would I have understood how most *tongzhi* in Taiwan confronted the social discrimination and stigma of HIV/AIDS in their everyday lives. At Rexian, volunteers are with each other and able to share and exchange a lot of information about where other gay guys can be found and met, how someone can behave like a homosexual, or what other *tongzhi* look like. That is 'Our Kingdom'. In Pai's account they can 'whisper to each other and exchange some secrets unspeakable to outsiders' (1983: 249). In his novel, Pai described

[26] Rexian has several teams specialising in different issues relevant to *tongzhi* populations in Taiwan. These include: Telephone Consulting, Family Services, AIDS Prevention, Gender Education, Elder LGBTQ, Intimate Relations, Southern Taiwan Branch, Sexual Rights Advocacy and Transgender. For the AIDS team, it is usually called colloquially and known as Aizhixiaozu (愛滋小組). Department of Health and AIDS was its title before being changed to the AIDS team.

moments of wild joy in this kingdom:

> On the night of the Mid-Autumn Festival, we had migrated to this basement room from all over, spontaneously forming a single body, with no concern for age or social station. Even the pain, sorrow, melancholy, and remorse hidden deep down [in] individual hearts gave way to all the laughter, the banter, the madness, and of course, the wild music coming from Yan Sanlang's electric organ (ibid.; Pai 1990: 213).[27]

The homosociality between individuals with a shared spoiled identity is hence embodied in everyday life by their occasional involvement in AIDS prevention among gay communities and by advocating social justice and fairness for *tongzhi* and *ganranzhe*. Despite their diverse social backgrounds and living conditions, the personal discrepancies between each *tongzhi* were not of concern to volunteers. What mattered to them was the kinship they could secure as part of this alternative family. 'Thus AIDS prevention efforts and the NGO mechanisms through which they were disseminated,' Nguyen argues, 'allowed homosexual men to organize a quasi public space legitimated by a culture of sexual openness within which "gayness"—in this case, one of many possible narratives of sexual identity—could be cautiously affirmed' (2005b: 266). For volunteers, it was a shelter where they could arrive after being abandoned by or excluded from their roots and where they could constantly hang out with each other for drinks or food. While the NGO could recruit and mobilise more volunteers who resonated with its agenda or moral landscape of saving *tongzhi* from the AIDS epidemic and its associated stigma. Rexian considered itself at the center of the *tongzhi* community that was growing offline.

> For a decade, Rexian has not only offered the stable service of telephone consultation but also an open and immovable space where hundreds of volunteers could gather to devote themselves to social movements and services and where [local] *tongzhi* clubs could organise meetings or social events. Ideas about Lesbian and Gay Civil Rights Movements, Taiwan LGBT Pride, the network for social movements, *tongzhi* activism, and the enforcement of the Bill were all brainstormed, composed, and generated in this space. Last year [2007], the average number of [volunteers'] meetings organised at Rexian was estimated to be at least one every two days and the average number of people coming in and out reached more than ten per day. The interpersonal relationship was connected so tightly that it became the centre of the *tongzhi* community. There are rooms for meetings, space for telephone consultations, a place for small groups, and a living room in this organisation. In addition, to being here for

[27] Instead of translating the original Chinese text into English, this quotation is cited from the English version of the novel, *Crystal Boys*, translated by Howard Goldblatt (see Pai 1990).

> telephone consultations, meetings, gatherings, work, etc., many *tongzhi* come purely to look for identity, support and more opportunities of communicating affection [with others] (Rexian 2008b: 22).

(In)extricable AIDS

'Think about the relationship between you and AIDS. The more connected to it you find yourself, the closer you should move towards me. The less relevant AIDS is to you, the further you should walk away from me.' These were the opening words to the trainees at the '2007 Taiwan Tongzhi Hotline Association—Volunteers Training Workshop of the AIDS Team'. They were spoken by Rilak (瑞拉) who was the lecturer on the topic 'To Experience AIDS'. She requested the trainees to stand up and move (based on her guidance) in order to show their relevance to AIDS. After recalling and evaluating personal experiences for a couple of minutes, some trainees quickly shifted to a position where they felt comfortable, while a few found it difficult to make a decision and walked back and forth in the room. In the end, everybody determined a spot on which to stay. Aside from a couple of people whose locations overlapped with someone else, the wide and diverse spectrum of distances between the trainees and Rilak clearly manifested how everyone quantified their association with AIDS. The emotional importance of this physical enactment of relevance is addressed in the 1993 film of Randy Shilts' 1987 book on the early days of HIV/AIDS response in the USA, *And the Band Played On*, directed by Roger Spottiswoode (1993). In this movie, a workshop in response to the HIV contaminated blood was organised at Centers for Disease Control, Atlanta on 4 Junary 1983. Government officials, agencies connecting to the industry, advocates from grassroots organisations and some other people gathered to discuss possible interventions to prevent populations at risk from donating blood. In the script of *And the Band Played On* (1993: n.p.) by Arnold Schulman, an anonymous attendee at this meeting says:

> What the hell, you can't expect us to be unemotional when at least one person is dying every day from a disease that doesn't even have a name? If the CDC can't bother to come up with a name, at least it should stop the media from calling it GRID [Gay- Related Immune

> Deficiency]! We have enough people hating gays without having the entire stigma of this disease placed on us. Especially since it's been shown that this disease is no longer merely gay related. I make a motion to officially call this disease, Acquired Immune Deficiency Syndrome or AIDS.

There was a moment when I hesitated about where to go in relation to Rilak's instruction. It was certainly easy for me to pretend a position proximal to her location as my impression of AIDS was resonant with Brian's perceptions prior to his involvement in campaigns for its prevention. He said,

> It [AIDS] is more like an issue about which a *tongzhi* would care without a strong connection to me, since there weren't any *ganranzhe* coming out around me in my life. Neither was I worried enough about my risk of getting infected [by HIV] to feel that it was really close to me (27 Feburary 2013).

The gap between Rilak and me had to carefully reflect those scenarios delivered by other earlier trainers during several previous seminars as well as the thoughts expressed by Brian.[28] If this exercise could have been conducted without participants learning about how *tongzhi* were so inextricably linked to the epidemiological and social world of AIDS, a larger gap separating myself from Rilak would have been more appropriate and would have echoed my inexperience of people living with HIV. However, after hearing that the bond between HIV/AIDS and homosexuality was tightly fastened by scientific evidence and the state's ubiquitous legitimate control over health threats among sexual dissidents, trainees, whether infected or yet to be infected with HIV, could not deliberately fake remoteness to it. The forced closeness of both caused many people categorised as 'populations at risk' to be reluctant to share either their identities or information about their illness in order not to be presumed by someone else as *ganranzhe* or *tongzhi* respectively. Tsai, Chun-mei (蔡春美) spoke about it when she was recalling an unforgettable speech:[29]

> In the past, I always asked everybody, 'What's AIDS?' And that is something transmittable

[28] The seminars in this training workshop included the fundamental knowledge of AIDS and Sexually Transmitted Diseases, safe sex for *tongzhi*, *tongzhi* communities and AIDS, etc.

[29] Chun-mei is a health professional and this citation is quoted from the script of an interview about her relationship with AIDS. During fieldwork for this study, I participated in an interview film project coordinated by Persons with HIV/AIDS Rights Advocacy Association of Taiwan (PRAATW).

> through three ways. One wouldn't die by contracting it, since medication is available to treat it. That's all I spoke [about AIDS]. But I found it a bit weird later. I didn't know any *ganranzhe*. I was really out of touch and hesitant about delivering AIDS education without knowing any of them … Among several speeches which impressed me very much in my life, I remember this particular one well … Audiences there told me a lot. They hate to tell others that 'I am a *tongzhi*' and why? 'It's because others would ask if you are infected by AIDS.' 'I really hate to tell others that I have AIDS, and why? It's because they are going to ask me if I am a *tongzhi* and I realized that, oh, both are in fact viewed as if they are tied together' (Tsai 2013: n.p.).

Tsai's reminiscences demonstrated the idea that no one interested in relationships between men could escape from being tied to AIDS, if public concerns about their dangerousness to someone's health were raised. Their relevance or equivalence to HIV/AIDS is effectively connoted by an epidemiological warning produced at the beginning of the AIDS epidemic to show 'the fact that these patients were all homosexuals suggests an association between some aspect of a homosexual lifestyle or disease acquired through sexual conduct and *Pneumocystis pneumonia* in this population' (Gottlieb et al. 1981: 251). Such a connection has been sitting restlessly at the core of the topic about targets for HIV/AIDS prevention, even after it was understood to be a blood-borne disease which could also affect heterosexual populations (Cameron 2014; Faria et al. 2014; Lee 2017; Zhou et al. 2014). However, not every *tongzhi* considers AIDS as an integral part of their lives since most of them in Taiwan have yet to personally experience how the HIV infection can impact on them and their *guanxi* with someone else. Neither have they had to emotionally suffer grief for the collective loss of beloved comrades ravaged by HIV/AIDS as survivors of LGBT communities in western countries had to cope with during the 1980s. Local *tongzhi* in Taiwan sometimes feel threatened by the once lethal virus, but since the triple cocktail therapy has been supplied for free, that threat has diminished.

Instead they often witness and hear of *ganranzhes'* frustrations about the persistent treatment and the accompanying social discrimination following a positive diagnosis. Many *tongzhi* have managed to disassociate themselves from the public health authority's scare campaign that displayed images of *Kaposi's sarcoma* which portrayed AIDS patients as those

'not only unfortunately forced to become a *ganranzhe* after contracting the disease but also to lose one's dignity, live painfully, and die embarrassingly if such a calamity is made by one's own' (TWCDC Leaflet of AIDS Knowledge and Prevention 1997) (see Figure 3). It is of little wonder that local AIDS movements have remained underdeveloped or barely organised when their understanding of HIV/AIDS has not been empirically grounded. Neither was it as vivid as that experienced by western activists—activists whose empathy was inherited from their relationships with so many dead. An inevitable future of living with AIDS for a *tongzhi* was rejected by Brian, who described the moral landscape during our interview:

> You would know that a bunch of people would have had to have done something wrong for them to get AIDS. Some said you need to sympathise with them. While others said they don't deserve to survive any longer. This was a past impression [of mine]—after all, it had nothing to do with me but another group of people (27 Febuary 2013).

There were some exceptions, like Brother Chi, who did not mind being viewed as a sexual pervert or being suspected as somebody who was infected. Instead he openly manifested his courage and individual force to demand positive education on HIV/AIDS prevention amongst *tongzhi* (Yang 2015a, 2015b). Tian, Qi-yuan (田啟元) was another amongst a rare breed of advocates calling for therapeutic, living, working and educational rights for *ganranzhe*. He 'was not assimilated into the institution' because he 'refus[ed] the medical system where he could be judged' (Huang 2012b: 40; see also Hansen 1997).

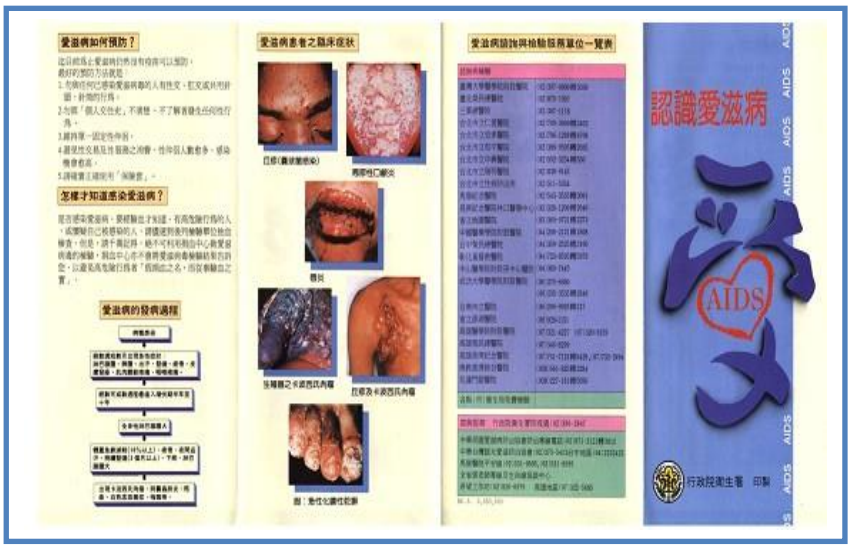


Figure 3. The TWCDC Leaflet of AIDS Knowledge and Prevention, 1997. Source. Photographed by author, 13 March 2013.

Tian, Qi-yuan refused to surrender his illness to biomedical governance. Biomedical governance is a form of biopolitcs, as explained by Michel Foucault, which 'tends to treat the "population" as a mass of living and coexisting beings who present particular biological and pathological traits and who thus come under specific knowledge and technologies' (1994b: 71). Tian, Qi-yuan's participation in an AIDS group 'Speak Out', which aimed to 'show the international society about the discrimination and oppression that the Taiwan government has been putting on *ganranzhe*' (Hansen 1997: n.p.), was viewed as an inspiration for local AIDS activism in Taiwan. Besides Speak Out, a couple of aberrant and disadvantaged groups and their supporters were in solidarity by protesting against official pathologisation, demoralisation and stigmatisation of homosexuality (Huang 2012b; Zhuang 2002). Otherwise, there were a few rare others who were relaxed about being made relevant to either gays or *ganranzhe* and who would publicly demonstrate to bring about an impartial lens that perceived AIDS as an ordinary infectious disease instead of an exceptional affliction (Epstein 1996).

An excerpt (see below), quoted from Hansen (1997), commemorated Tian, Qi- yuan as a fighter against AIDS and the state's governance of HIV/AIDS in Taiwan. The article recorded *ganranzhes'* everyday struggles when public health authorities and professionals were inclined to attribute the occurrence of HIV/AIDS to someone's transgression from social and sexual norms in addition to the pathogen. Scientific information or truth about HIV/AIDS that was oriented by social prejudices did not free Hansen, as a *ganranzhe*, from moral impunity and visibility even when the production of knowledge should be value free and most citizens should enjoy freedom of expression freshly released to society. The biased and distorted epistemology and the public fears associated with 'an infectious peril' had rather incarcerated him, other *ganranzhe*, and AIDS suspects whose sexual conduct came under the special and meticulous scrutiny of health imperatives of HIV/AIDS. Hansen (韓森) said:

> In 1986, I was at the golden age, 17, of being an arrogant adolescent, when, unfortunately, I was diagnosed as HIV positive. *Ganranzhe* at that period seemed to be in a struggle with living between death and life and they felt confused and helpless. The soul was getting dried out and desperately eager for freedom … Nothing like this had happened before. *Kongaizheng* [恐愛症, AIDS or Love Phobia] and *Kongtongzheng* [恐同症, Homophobia] were ubiquitous in Taiwanese society. The history of human beings always replays and the most disadvantaged population in each contemporary society are always blamed for those unknown diseases. Those weird populations were accused of causing strange phenomena and diseases. We seemed to live in ruins. If we were not careful enough, we would disappear or be sacrificed at the battle field. This is what happened to us at that time. Everybody had to carefully protect their identities [of being infected by HIV] from being exposed to merciless attack. But inside our hearts, we hoped someone would give us their hands. It was exactly the climate where I met Maomao [毛毛, the nickname for Tian, Qi-yuan] (ibid.: n.p.).

Before the juxtaposition of AIDS and populations at risk, *tongzhi* as well as sex workers, injecting drugs users, *ganranzhe* and many people who were epidemiologically labelled as more vulnerable to HIV/AIDS, were the already disparate, disfavoured and marginalised populations in most societies (Beyrer et al. 2013; Ko et al. 2009; Ko, Koe et al. 2012; Twu et al. 2004; Yang et al. 2008). In the era of the AIDS epidemic, these minority populations were furthermore scientifically framed by health professionals and 'hyped up' by the media as potentially hidden threats. The state did not need to make too much effort in undermining minorities, as those not submissive to social norms would be the most marginalised by society and consigned to struggle with living and being challenged by social majorities. Those who had no will to resist would either be triaged out by institutional measures, or be compelled to withdraw from competition with the majorities (Nguyen 2010; Nguyen et al. 2007). The discourse about a certain type of people being more susceptible to contracting and transmitting a lethal threat and therefore being a risk to public health caused a collective panic and turned authorities from indifference to reacting cautiously to the existence of those with HIV/AIDS. The everyday conduct of those with AIDS was highlighted and they were conceptualised as being notorious health and moral hazards, because of their indocility or poor adherence to the AIDS governance. Populations at risk (of transmitting or of contracting HIV) were projected as AIDS suspects by *feiganranzhe* who believed that their unconventional and dangerous ways had to be rectified or more or less

suppressed by justified intervention. Otherwise, social norms or values could potentially be corrupted, and everybody's lives or even global health could be jeopardised.

Tim Dean, in his analysis of the barebacking subculture in North America, noted that emphasis by authorities on the significant association between populations at risk and AIDS was similar to discourses of terrorist threats. He argued,

> In retrospect, the health commissioner's ballyhooed announcement looks similar to the federal government's elevation of the color-coded terrorist threat at strategic moments, in order to inspire anxiety, if not terror, in the population for purposes of 'social control' (Dean 2009: 13).

Framing populations at risk as a threat or as terrorists, through epidemiological methodologies, generated stigma which AIDS suspects attempted to resist. Despite this, their unsettled or contested identity was of use to those whose invisible existence was finally recognised by a public fearful of being contaminated by HIV. By identifying as an AIDS suspect, *tongzhi* and other sexual minorities are linked to the AIDS industry where their sexual conduct can be put under a microscope, discussed and underscored by authorities and society. Even if the aim is to effectively target and control HIV suspects for the sake of disease prevention, associating them with HIV/AIDS creates the discursive ground where *tongzhi* can redefine their sexual practices and their community and claim visibility, justice or compensation for their sufferings (Biehl 2004a, 2007a; Robins 2006). They are not the perpetuators of AIDS. Rather they are victims of AIDS. The rhetoric and practices about, or responses to, this epidemiological link between populations at risk and AIDS are not identical but are respectively justifiable for public health authorities, NGOs and individuals in their efforts to secure more resources and funding to survive. In his monograph addressing the history of *tongzhi* movements in Taiwan, Ya-ko Wang suggested, 'AIDS to *tongzhi* is a sharp knife with double sides. One is the part which *tongzhi* would desperately like to deny and reject—heterosexual society. The other side is the point where *tongzhi* can apply force in an attempt to enter the door of rights for *tongzhi* [and social movements]' (1999: 82).

Instead of making powerless efforts to remove the 'spoiled' label from *tongzhi*, Rexian encouraged volunteers and the community to embrace the stigma and bring *tongzhi* into visibility. The following lines spoken by Mark Ashton from Matthew Warchus' film, *Pride* (1994), illustrates Rexian's position:

> We could never drum up this kind of publicity in a million years. There is a long and honourable tradition in the gay community and it has stood us in good stead for a very long time. When somebody calls you a name (pervert), you take it. And you own it (ibid.: n.p.).

I return now to the workshop I attended. Through the practice of requiring participants to attach themselvers to AIDS via a length of string, volunteers in training or their prospective health education audiences were also expected to develop their awareness of AIDS. Whether I was willing or not, the connection between me and such a stigmatised physical disorder was virtually established when I decided to locate myself in the middle between Rilak and the end where trainees could stand farthest away from her.

Rexian believed that 'the participation of the group of *tongzhi* was the key to deciding whether AIDS prevention work would succeed or not' (Lai 2002: 72). Furthermore, 'the movement of *tongzhi* equality cannot overlook AIDS movements in pursuing the elimination of stigma and anti-discrimination' (Goffy 2013: n.p.). Goffy explained that the 'anti-stigma of AIDS and advocating the rights of equality amongst *ganranzhe* are the most important foundations that will make AIDS prevention practicable' (2010: 8). It is not clear if *ganranzhe* might feel less isolated after Rexian advocated, as below, to invert the meaning of HIV to make it positive. However, this campaign created a moral landscape where everybody was attached to the disease and stigma and where biopower, exercised by the state and NGOs, could provide for an infinite range of population control measures. Rexian raised NTD 530,908 (USD 17,700) from the public in 2016 to continue its AIDS programs after failing to secure funding from others. 'I am HIV+' is transformed as such (see Figures 4 and 5):[30]

[30] The information about the loss of funding from United Way was told to me by a senior volunteer at the end of 2016. The alternative funding from a fundraising online platform was planned to be advertised to support an

'I am HIV+' is a [slogan and] pattern brainstormed from ideas amongst Rexian's employers. Being looked at from a distance, this pattern seems to denote that 'I am a *ganranzhe*'. The idea behind this is that we wear the stigma that society has given to this disease. [Wearing it] enables us to experience and confront some possible questions, discrimination or oppression [facing *ganranzhe*]. By looking closely at this pattern [people can discover that] the '+' is composed of different vocabularies, including mama (媽媽, mothers), *qinshu* (親屬, relatives), *laoshi* (老師, teachers), or *tongshi* (同事, colleagues), etc. This is to invert what '+' originally means. As we understand that AIDS is necessarily concerned with *renjiguanxi* (人際關係, interpersonal relationships) that connects the disease with the family, the employment, the medical and nursing system, the field of social welfare, we believe that '+' symbolises more than just being infected [with HIV] or the disease. It's more about the connection within and between communities and the collective response [to the epidemic]. We can all be the most important force standing next to *ganranzhe* to support them (Rexian 2016c: n.p.).

Figure 4. A pattern of 'I am HIV+'
Source. Rexian (2016a). Available from https://www.flyingv.cc/projects/9230

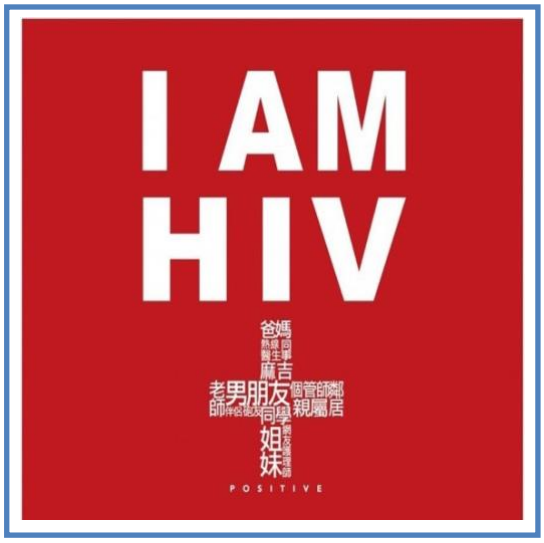


Figure 5. A pattern of 'I am HIV+'
Source. Rexian (2016a). Available from https://www.flyingv.cc/projects/9230

Summary: Rexian and the politics of spoiled identity

Rexian has attempted to harness the connection between *tongzhi* and AIDS so as to increase awareness and empathy amongst its comrades about this disease. On one hand, the message is to notify *tongzhi* to watch out for the virus as it is a threat to individual and public health. While on the other hand, it is to remind people in the community that the meaning of AIDS

interview film project on *ganranzhe's* acquaintances and research and analysis of AIDS data. More information about this campaign can be found at the website: https://www.flyingv.cc/projects/9230 (accessed 1 December 2016), The film (*回家*, Coming Home) was later produced and released on 30 November 2016 (Rexian 2016b). It is available at https://www.youtube.com/watch?v=B8oisi_KVio (accessed 1 December 2016).

goes beyond its medical interpretation and that *tongzhi* identities and their corresponding everyday lives are stigmatised by association. In addition to sending out a public health warning where *tongzhi* are recommended to avoid the omnipresent risk, the exercise of connecting oneself to AIDS tends to empower and unite them to resist the social stigma as if it was another common enemy to their lives in general. By deploying the politics of spoiled identity, individuals, whether *tongzhi* or *ganranzhe* who do not identify as *tongzhi*, share similar stigmatising experiences.

Despite diverse social and economic backgrounds that can bring each individual a unique trajectory for their life, those who have the mutual struggle of any marginalised experience are better enabled to identify and recognise each other. The marginalised minority are further allied to create a community where stigma is acknowledged by members. The 'Our Kingdom' in Pai's novel has, as a result, come into force. He wrote:

> A few timid college students who'd been afraid to come near finally couldn't stand it any longer and screwed up enough courage to walk up the steps around the pond; even some reserve soldiers showed up. So finally, on that cold, moonless New Year's Eve, under clear, starry skies, all the differences among the old, the middle-aged, and the young, the high-class and the low, the affectionate and the heartless, the suffering and the contended, simply vanished on the steps of the lotus pond of our secret kingdom that was so removed from the outside world. We stood there as equals (Pai, English translation, 1990: 323).

The focus on stigma caused by spoiled identities instead of merely focusing on sexualities or AIDS has allowed Rexian to recruit more volunteers willing to devote their time as well as to conjugate with many allies similarly disturbed by stigma and discrimination. This focus has generated more opportunities for the grassroots organisation to intervene in other fields where everyday struggles and stigma occur within Taiwanese society. *Tongzhi* have been transformed into a population of victims qualified in social justice and protection and deserving of empathy after having hidden the unspeakable parts of their lives from the public. Under a wave of 'transitional justice' in democratising Taiwan, 'spoiled identities', which had previously made *tongzhi* feel ashamed or too embarrassed to speak about themselves, are now transformed into precious evidence. This evidence proves the previous

misery of their lives in being treated unfairly and provides redress to what may afflict them. Transitional justice also forms the basis for a request for compensation from the welfare system or donations from compassionate people. Even so, the sufferings of *tongzhi* cannot be validated unless they admit their past and expose their experiences of stigma and spoiled identities to independent witnesses, such as Rexian and other NGOs where social services are delivered.

Chapter Three
The Struggle for Visibility: Shrouding *Tongzhi* with Global AIDS Discourses

> When representatives of a more powerful culture intervene to prevent the violence entailed in a subaltern culture's performance of what may be regarded as a sacred ritual, the intervention commits symbolic violence in order to forestall physical violence. Ethically it is necessary to acknowledge that, in such circumstances, one form of violence substitutes for another—in other words, that the well-intentioned abolition of dangerous practices nonetheless perpetrates a kind of symbolic harm on cultures organized around those practices.
>
> — Tim Dean (2009: 59)

Introduction

The nomenclature 'AIDS' has replaced the inappropriate invention of previous terms, including Gay Men's Strange Disease, Mysterious Gay Cancer, Gay Men's Pneumonia, Gay Plague, or GRID (Escoffier 1998–99; Jordan 2013; Smith and Whiteside 2010). However, the purposive juxtaposition of disease and homosexuality still has impact when the state's health apparatus continues to reinforce it and when the idea that *tongzhi* are dangerous to healthy others is prevalent. Simply renewing or replacing one phrase with another is not sufficient to remove the fear of contracting an ailment from anyone suspected of carrying the virus. Taiwan's AIDS epidemic emerged domestically in the late 1980s after the public health authorities had already conceptualised the homosexual community as a 'hotbed of AIDS'. Since then, local public health authorities and professionals have focused attention on the sociality amongst *tongzhi* and the disease (TWCDC 1985).[1] they were uncritical of these categorisations and did not contest the belief in the association established between the gay community and AIDS as concluded from the outbreak in North America (Pigg 2001).

[1] Because of the potential for the introduction and subsequent transmission of HIV infection in Taiwan, the Department of Health added AIDS to the list of reportable diseases. 'All suspect AIDS cases should be reported to the Bureau of Disease Control … To minimize the risk of transmission of AIDS in the United States, the U.S. Public Health Service has made the following recommendations: 1. Sexual contact should be avoided with persons known or suspected of having AIDS. Members of high risk groups (e.g. homosexual or bisexual males, intravenous drug users) should be aware that multiple sexual partners increase the probability of developing AIDS' (TWCDC 1985: 50).

Although the AIDS epidemic had not yet occurred in Taiwan, an uncontrollable epidemic was predicted to be inevitable in a society where *tongzhi* were represented as meeting frequently for risky sexual contacts. Trapped in the category of 'populations at risk', *tongzhi*, injecting drug users and sex workers attracted overwhelming worldwide and nationwide attention. It is not only pathogens amongst these individuals that are characterised as posing alarming threats to personal, public and global health but also the everyday 'recalcitrant' conduct of 'populations at risk'. On top of someone's unorthodox sexuality, the epidemiological construction of risk categories has generated a second moral rhetoric to justify prejudice by the general population against *tongzhi* and *ganranzhe*, and to do so with impunity (Fordham 2015). The public's antagonism towards the *tongzhi* community therefore comes as no surprise.

The state's indifference to *tongzhi* culture has undermined AIDS programs designed to curtail HIV transmission and its associated collective panic. In response, Rexian did more than criticise the inadequacy of the State policy. It participated strongly in the 'health regime' (Bunton 1997: 231-242) of HIV/AIDS delivering sexual health education programs for AIDS prevention and biomedical services to its comrades in need.

The ethnography in Chapter Two depicted the ways in which Rexian's volunteers were trained to learn about their own inextricable links to AIDS and also to empathise with their *tongzhi* comrades who they met mainly through the Internet or Hotline services. Rexian's volunteers' own spoiled sexual identities, in addition to being 'AIDS suspects', qualified them for membership of 'Our Kingdom'. Although *tongzhi* were compelled to adopt pseudonymous or anonymous identities to separate their sexuality from their daily lives, they assembled with the socially unwanted to mobilise a social movement for gender and sexual equality. This relied on recruiting volunteers (as peer educators whose sensitivity to *tongzhi* culture, empathy with their *tongzhi* comrades, fluency in their knowledge of HIV/AIDS, and

resistance against the state) to make the biomedical apparatus appear less coercive.

As this chapter will elaborate, Rexian's growing close relationship with *tongzhi* facilitated the state's governance of those considered sexual deviants through an expanding decentralised care of oneself. Members struggling with their visibility in the *tongzhi* community and society as a whole were enticed to share their 'unspeakable' stories and to take responsibility for their own health and that of others. Cultivating a culture of safe sex in the *tongzhi* community may have more or less turned back the AIDS epidemic. However, it has also sustained the imperative of health which homogenises the diversity of sexual practices in the community and society. Alan Petersen and Deborah Lupton in their monograph, *The New Public Health*, contend:

> The essentialism of community operates as a device that homogenises, suppresses internal differences, separates and excludes. It reflects the modernist preoccupation with the rational ordering of space in which a conception of 'otherness' can be admitted only as long as everyone knows their place (1996: 166).

In this chapter I describe my own experiences in the conscious development of empathy as a peer educator for Rexian, then outline a case study of the co-opting of Rexian's networks for the purposes of developing an online e-dating intervention, which illustrates the homogenising impulse behind the state's attempts to define and control AIDS suspects. Finally I explore the experience of *tongzhi* and peer educators through rapid testing for HIV, illustrating how this public health intervention while being sensitive and open towards the everyday struggles of *tongzhi* also extends the biopolitical apparatus of the state.

Empathetic peer educators

In company with Chi-hon (智宏),[2] I walked from the local train station and passed several department stores and hundreds of innocuous shops. For me this trip was a nostalgic visit to

[2] Chi-hon is the key informant for this study. We were both volunteers at Rexian and he later became an HIV case manager.

the city centre where my student life in high school had been spent and enjoyed. Although I was aware that we were heading to a gay sauna, it was not until Chi-hon (whom I was following), turned into a fire lane in between two terraced houses, that my curiosity and sense of adventure were piqued by this seemingly familiar but mysterious location. 'How could it be possible for anybody to find this place?' This question of mine was not really answered, and I was perplexed by the dark and narrow street in front of us. For a gay sauna, given notoriety by epidemiologists and public health authorities as a reservoir of HIV, accommodators of socially unapproved sexuality, such a discreet location was necessary. The male patrons could come and go without worrying too much about whether their attempt to practise their sexual desires would be spotted by neighbours or acquaintances. The ordinary façade was only significant for visitors who had already visited the establishment or who would like to be prospective clients of the sauna.

Chun-ju Chen in his master's thesis described the inconspicuousness of gay saunas in Taiwan in the following terms:

> As a secret sexual playground to the public, gay saunas are located at hidden loci in- between the buildings and mansions near the metro or public transportations where gay patrons can easily reach and leave … By covering their doorway gate with [a] shop's identical logo or rainbow icons, gay saunas disguise themselves to be visible to insiders only in order to avoid the ignorant intrusion of outsiders. These bounded settings separate the sexual world from the outside and provide some protection, especially for those who are closeted and cannot risk being recognised by outsiders (2008: 22).

We headed deeper into the lane. The closer we got to the gay sauna, the more my feelings of anxiety increased. I was here as an undercover consumer to investigate the quality of the HIV testing service arranged by the local health bureau.

> From late-September to mid-November in 2008, Rexian conducted a review of the quality of anonymous HIV-testing services delivered to gay communities by four local health authorities in cities, including Taipei, New Taipei (新北市), Taoyuan (桃園) and Taichung (台中), Taiwan. This assessment aimed to improve the quality of HIV-testing services (Rexian 2008a: n.p.).[3]

[3] Shun-yuan Fan (2013) discussed this project at length in his master's thesis in which he criticised the expansion of the HIV testing policy in 2007.

We disguised ourselves as customers, even though our visit was not for sharing sex with other patrons and we dressed like everyone else with our bodies covered by a towel around the waist. As I was unready to take off my shirt in the presence of Chi-hon and the HIV-testing provider, whose identities were clear to me, the idea of withdrawing from this mission suddenly flowed through my mind. This anxiety had nothing to do with any concern for the presumed higher prevalence of HIV/AIDS as warned by public health authorities, such as Shiing-jer Twu of the National Health Research Institutes of Taiwan:

> Since Taiwan is flooded with commercial sex venues, such as hotels, erotic salons, saunas, and spaces involving 'special business', and these are usually located 'underground' and cannot be effectively controlled, HIV, if occurring inside [those places] would be rapidly transmitted. Given the instance of Thailand where the prevalence of HIV infection amongst prostitutes and IDUs has significantly increased in recent years, the corresponding authorities should pay attention and give weight [to this phenomenon] (1996: 3).[4]

As I was keen to learn about the sexual dynamics between two or more men, and to thus be personally connected with strangers, I almost surrendered my reserves about liberating my body in front of my acquaintances. 'Am I well prepared for this?' 'Can the unfit shape of my body attract any person?' 'How can I compete with the muscular body that is more desirable in the market of contemporary gay culture?' 'When should I begin to take the initiative of interacting with other men inside the sauna?' 'What does good sex entail?' Questions like these, intrinsic to the everyday life of *tongzhi*, hovered in my head. Relationships, sociality, communality and even non-reproductive sex occurring at gay saunas are shrouded in the discourses of risk promulgated by public health professionals about these spaces aberrant from the heterosexual norm. Yu-lin Lai discussed how Rexian was worried that this type of information from the state's press releases could cause stigma and turn the epidemic of AIDS 'underground and hinder the work of prevention':

> Information for AIDS prevention from the government always equates *tongzhi* and AIDS and mass media always just quotes it to cause a huge impact on stigmatising the *tongzhi*

[4] This excerpt was quoted from Twu's report on the trial of the Dried Blood Spot Test conducted amongst populations at risk between 1994 and 1996. This approach, in which testing recipients could anonymously obtain kits from designated places and post them back to the official sexual clinic was concluded to be viable in encouraging populations at risk to take up the HIV testing (Twu 1996).

> community. This press release from the Centers for Disease Control, Taiwan (Taiwan CDC) was only one amongst many cases. The content of the press release indicates that '*ganranzhe* tended to have more sexual partners and more types of sexual activities which can increase the dangerous levels of being infected by HIV'. It further mentions, *tongzhi* have a greater number of sexual partners than the general population and prefer to have sex at gay saunas. It implies, the more sexual partners *tongzhi* have, the more likely they are to contract AIDS and gay saunas have become hotbeds for AIDS. Such a message, Rexian argues, gives the general population the wrong information about AIDS prevention and stigmatises the *tongzhi* community and saunas (2002: 86).

For me personally, it was scary for my inclination to emancipate my body to be viewed as a 'dangerous desire' (Dowsett 2009: 218)—in the discourse of infectious disease specialists and public health practitioners. I was uncertain of, or ashamed of, exposing my intent to have sex and I vividly experienced a sense of stigma which frightened me into nearly withdrawing from this expedition. In other words, at least for me, sexual intercourse had become reified through the conflation of the rhetoric of risk and stigma and the discursive technology of AIDS prevention.

Whether or not the spread of AIDS could be controlled by intervening in gay saunas, increasing health awareness amongst individuals by labelling them as risk groups was an effective only provoking personal fear about exposure to moral judgment and punishment. I considered leaving the sauna early disassociate myself from being an AIDS suspect that HIV/AIDS researchers could seek out in 'major spaces, such as parks, gay bars and saunas where the population of *tongzhi* get together' (Lai 2003: 10; see also Ko et al. 1995). In spite of being unable to include those individuals scared away by public health messages, Shu-fen Lai established evidence of 'risk factors' and concluded that gay saunas were 'the reference to the future of AIDS prevention and education amongst (men who have sex with men) MSM' (2003: 2). She summarised her research using targeted sample selection:

> In order to understand how the prevalence of HIV is serious amongst the population of MSM, a deep engagement with this population of MSM to establish a systematic epidemiological surveillance system is necessary. Besides that, this population can be an index to the epidemic of HIV/AIDS in Taiwan … This study is focused on offering an anonymous [HIV] testing service to Taiwanese gays and [the patrons at gay saunas] as high risk populations. Meanwhile, it adopted a purposive sampling methodology to recruit volunteers for distributing the questionnaire and interviews and identifying who is encouraged to be followed up. The transmission of HIV amongst this high risk population is anticipated to be reduced.

> Additionally, this study offers consultation to *ganranzhe* whose dangerous patterns could be corrected and who would be referred for treatment in order to break the contagious chain (ibid.).

Graham Fordham criticised a similar AIDS program in Thailand as applying 'the simplistic risk group approach and stereotyping of people likely to contract or spread HIV' and 'that was used to model the epidemic (that was adopted in AIDS control campaigns) and led to an increasing stigmatization of the members of these groups' (2015: 102). This explained why I suddenly lacked motivation and courage to walk into the sauna. Without the excuse of conducting this project which would help Rexian to improve the quality of HIV testing and consulting services, I might have sneaked away.

However, there was not enough time for me to hesitate further as Chi-hon had already stopped outside an ordinary house. 'Here we are', Chi-hon told me as he opened a glass door. It not only allowed patrons to communicate with other males but also to partition themselves from their disciplined and overseen daily routine. My tie to this gay sauna had emerged and it was not as strange and scary a place as I had imagined at all. Once we were in, I quickly discovered that it was similar to the online community where sexual minorities can easily develop companionships without being isolated. It was facilitated by anonymity whereby anybody could leave their personal identity behind and yet it was similar to the assemblage in cyberspace which also brought *tongzhi* together for social interaction as discussed in Chapter Two. With obscured identities, patrons could be free to exhibit their homosexuality with impunity. The sauna was also recognised as 'a home in which many gays in their middle or older age gather together', as Yong-ge commented in his interview with A-ma (阿嬤, Grandma) in Rexian (2010: 20–21).

By refusing to frame gay promiscuity as a problem that required special attention for the sake of disease control and which was not permitted to be spoken about publicly, Chen (2008: 62) captured cultural, social and communal sides of gay saunas in Taiwan. Chen's lens

is uncontaminated by and insubordinate to the hegemonic epistemology of HIV/AIDS. In his cultural study, patrons retained the agency that was so often alienated, medicalised and demonised by health authorities and professionals:

> The gay sauna is a place in which to explore sex and to inquire how patrons create and manage their own erotic performance. It builds on the communal space where sexual behaviour, identity, techniques and etiquette can be shared and refined. It helps gay men envision a sexual world outside the restrictive boundaries of homophobia, discrimination and violence. To most patrons, it offers an escape from the oppressive aspects of daily life and evokes feelings that express a sense of belonging and identity. Hence, patronising gay saunas is one of the resistant means against sexual restrictions (ibid.).

Nevertheless, I was conscious of not being entirely anonymous. I was unsettled by the anticipation of being glimpsed by somebody known to me or to whom I had to disclose myself. After taking off my clothes, showering my body, and hustling around the interior of the sauna to briefly grasp the pattern of the flow of lust in this 'sexual communitas' (Chen 2008: 61–65), I failed to perform as either an attractive candidate to be chased, or a confident hunter, to prey on the luscious flesh. My unease at displaying my nude body also disqualified me from passing the rite of passage at the gay sauna where *nantongzhi* (男同志, male comrades, homosexual males) could temporarily withdraw from public debate about restraining their sexual conduct. Even so, my faking it as a sauna patron, whose ability to play freely and anonymously was supposedly facilitated by the absence of AIDS prevention programs, had satisfied my curiosity and desire to pry into this erotic garden where carnal interpersonal relationships could occur.

For Rexian, this visit was a field trip where volunteers could learn how homosexuality was being performed and what a gay sauna could mean to senior *tongzhi* not proficient in accessing online spaces. The volunteers could further sense the fear of being stigmatised by the HIV-testing service that was meant to be nonjudgmental. Chi-hon and I would hence transfer this empirical knowledge to our cultural capital entitling us as health buddies or empathetic peers to 'explore and examine someone's sexual life'. Ling-ya Chen (2013)

derided herself as a *guaiayi* (怪阿姨, strange untie) when she reflected on her duty as an HIV case manager to scrutinise whether behaviour amongst *ganranzhe* needed to be changed (Huang 2014c).[5] My lived self was not unleashed or transformed from the body politics in which individuals are framed and disciplined (Chen 2008; Scheper-Hughes and Lock 1987). However, by personally rehearsing those worries that patrons would struggle with about outsiders witnessing their performances, Chi-hon and I were experiencing their hardship when trying to make friends. We and other participants in the project were henceforth believed to be capable of mastering empathy.

Empathy is a skill that the mindful providers of HIV-testing services require their workers to hold in order to earn the trust of populations at risk, so that they might be more willing to reveal their sexual history and contacts when undertaking HIV testing. In order to draw in more sexual minorities to the health regime of HIV/AIDS, the state heavily depends on the alliance with NGOs such as Rexian where volunteers are systematically trained to be professional in establishing reciprocal relationships with *tongzhi* through effective counselling techniques. Shu-fen Lai collaborated with the Taiwan Love and Hope Association (TLHA) for one of their pilot studies designed to build evidence for the expansion of anonymous HIV testing amongst MSM in Taiwan,[6]

> Concern about exposure [privacy] caused male *tongxinglian* to feel doubt about the HIV testing services delivered by official authorities. However, it would be more viable if NGOs trusted by *tongzhi* could facilitate [HIV testing]. Therefore, this study cooperated with a grassroots organisation, the Taiwan Society of Preventive Medicine—Taiwan Love and Hope Association. This study had communicated with the owners [of gay saunas] first. After their consent was obtained, there were periodical HIV testing services provided. During the service, researchers were in company with volunteers and social workers to deliver consultations and health education that was expected to open the hearts of testing participants (2003: 41).

[5] Lin-ya is nurse and also a volunteer trained at Rexian before she became an HIV case manager.

[6] A brief history of the expansion of HIV testing is listed by Huang: 'On the other side and from an historical point of view, we observed from the state's HIV testing policy and statistics that the population for HIV screening has been gradually increasing: the surveillance on populations at risk (1984), blood donors (1988), men of conscription (1989), prisoners (1990), new recruits of military service and foreigner labourers (1991), anonymous testing, the trial for pregnancy screening (2000), patients contracting sexually transmitted diseases (2003), drug addicts in the clinics of drug rehabilitation, men out of service, and the suspects of illicit drugs (2004), pregnancy screening (2005), the expansion of harm reduction (2006), and HIV testing week for all (2006)' (2012c: 99).

Translating connectivity to risks

As highlighted previously, the importance of educators being able to empathise with their client base cannot be overstated. Such empathy is not only applicable to the management and administration of AIDS programs, but it has a practical impact on improved compliance amongst *ganranzhe* towards their treatment and AIDS governance. At the other end of the scale there is extensive pressure on governments to come up with a macrolevel approach to address HIV/AIDS issue in any community and society. Identifying and pursuing individual carriers and determining the most appropriate method of isolating them and other potential suspects are considered priorities before the deployment of empathy at the forefront of any program.

The argument for promptly pinning down 'patient zero', the HIV carrier on which available social and biomedical resources should be concentrated, lies in the belief and fear that HIV cannot otherwise be eliminated in a timely fashion. Deducing the association between vulnerable individuals, cultural attributes, their locations and health or life threats is framed by health professionals as necessary for solid public health interventions. This has been criticised as being arbitrary because it leaves factors which can generate and structure someone's susceptibility and sufferings as irrelevant and unresolved. An investigation into the culture of the affected community is urgently called into action in order to make HIV/AIDS programs more culturally appropriate (Farmer and Kim 1991; Parker 1993; Ten Brummelhuis and Herdt 1995; UNESCO 2001; WHO 2011).

Most epidemiological studies do not address why participants were forced to separate their lives from society and why marginalised individuals had to cultivate new territory and develop subcultures for themselves. Neither do these studies foster a milieu where affected populations are able to be free as social majorities from struggles with 'anonymity, privacy, and safety'. Instead, the 'anthropology lite' (Fordham 2015: 12) cultural approach instigated

by the health regime of HIV/AIDS is another technology tactically applied by the state to quickly map out how and where AIDS suspects have expanded and shifted their social networks to in-between spaces such as parks, saunas, the internet and now mobile devices.[7] Nei-yin Ko, Chia-wen Lee, et al. raised their concerns about the internet,

> As at the end of October in 2013, men who have sex with men (MSM) accounted for more than one-third (44.3 per cent) of HIV/AIDS cases in Taiwan. The internet provides anonymity, privacy, and safety for MSM. It has become a new venue for facilitating sex networking among MSM which facilitates the transmission of sexually transmitted diseases and HIV (2013: 4).

The state's interest in ministering to recalcitrant individuals and controlling their mobility is disguised by state representations that it is willing to understand what matters to populations at risk, including *tongzhi*. This strategy has attracted more local NGOs interested in developing unique forms of subcultures through grassroots mobilisation to serve as the state's nodes to 'stimulate effective local participation and set objectives that contribute to the political empowerment of marginalized groups' (Fisher 1997: 455).

Being the first officially established *tongzhi* NGO whose approaches are validated and trusted by *tongzhi*, Rexian has been generally acknowledged by the state as the representative of the *tongzhi* community. It has taken a leading role in advocating AIDS prevention and safe-sex education. For health authorities and professionals Rexian represented access to a pool of 'AIDS suspects' that it could cast its net over in order to reach populations at risk. For *tongzhi*, Rexian has become a hub where they can exchange knowledge. In his study of NGOs in a West African metropolis, Vinh-Kim Nguyen pointed out:

> As a node in these social networks, the organization is also a focal point for the transmission of knowledge about the social worlds that intersect there. Within the space of NGOs such as Positive Nation, AIDS had been somewhat of a social leveler, bringing together wealthy, middle-class, and poor Ivoirians in the same social space, much as religion might. As a result, the NGO allows knowledge about different social worlds to flow where they might otherwise

[7] Nei-yin Ko, Chia-wen Lee et al. identified their research project discussed in this essay as an ethnographic study. They argued, 'Popular opinion leader (POL) is a community-level intervention. The message about reducing risks can be circulated in MSM communities through ethnographical investigation, confirmation, enrolment and training the key opinion leaders. To encourage safe sex to become the norm amongst the gay community has been acknowledged by the Centers for Disease Control and Prevention, USA (USCDC) as the effective intervention' (2013: 10).

not (2005b: 264).

Similar concerns were raised during my fieldwork by friends and volunteers at Rexian when a research project into AIDS prevention attempted to collect data from several NGOs and *tongzhi* health centres where some *tongzhi* could be found.[8] That study aimed:

> to develop an Internet popular opinion leader intervention, Master of E-Dating, and to evaluate the effects of the 'Master of E-Dating' on reducing unprotected sex with online sexual partners and increasing the rate of condom use and HIV testing and serostatus disclosure (Ko, Lee et al. 2013: 4).

There were two problems with this research design—each typical of research at that time on AIDS suspects. The first was selective sampling and improper generalisation. Some members of the AIDS team questioned whether the methodology which was being applied in this study would be used to generate a universal view about sexual relationships between *tongzhi* through selected evidence from a few groups. The research team was advised that *tongzhi* culture was diverse, and that the institutional habitus at Rexian had taken shape dissimilarly from those in other communities. Although the target group for the research were online users of Facebook, cyber chat rooms, or social networking apps, the researchers conducted focus groups in physical sites (the NGOs) which most online users could barely visit (see Figure 6). The gate to MSM in 'Our Kingdom' was opened for AIDS research as a depoliticised form of biopower by the health partnership between NGOs and Ko's recruits who had once been Rexian's volunteers or comrades-in-arms. A Research assistant for this study had previously been active in the AIDS team at Rexian.

[8] Since 2010, TWCDC began to establish *tongzhi* health centres in collaboration with several AIDS NGOs in Taiwan. Those include Light of Friendship Association of Taiwan (LOFAA), Taiwan AIDS Foundation (TAF), Taiwan Lourdes Association (TLA), and Taiwan Love and Hope Association (TLHA) (Huang 2014a: 135). When I volunteered at Rexian between 2007 and 2010, Rexian was on the list of organisations with whom TWCDC was considering cooperation. This idea was contentious in the AIDS team and Rexian decided not to participate in this project. Taiwan AIDS Foundation (TAF, 台灣紅絲帶基金會) was founded on 25 March 2005 in Taiwan. There are seven objectives of TAF: (1) train AIDS prevention volunteers; (2) respect and care for homosexuals via development classes and activities; (3) train 'Red Ribbon' AIDS educators; (4) public health education and assistance for ameliorating drug dependency in drug addicts; Employment support for rehabilitated; (5) promote National HIV Testing Day; (6) provide one-to-one AIDS consultation and point-of-care testing; (7) in harmony with AIDS prevention worldwide, develop local strategies from a global point of view (TAF 2018).

Figure 6. The advertisement for 'Masters of E- Dating' on the internet (Rexian 2013: n.p.).
Source. Available from: https://m.facebook.com/TaiwanHotline/posts/277988569002769?tn=R (accessed 19 November 2013).

The second problem was the failure to fully inform participants that they were participating in research. A discussion about *wangluyuepaodaren* (網路約炮達人, Masters of E-Dating) was planned to begin one evening at seven o'clock at Rexian. Most of the volunteers had not been properly informed that its purpose was to be a focus group for a research project. They instead viewed the discussion as a panel to share opinions and exchange ideas between each other in a regular meeting of the AIDS team. When the research assistant spread messages around inviting more participants who were not supposed to be present at the routine conversation between members, the volunteers for the AIDS team became concerned. 'Why would the schedule for the AIDS team's meeting become an occasion for a research project to collect data?' 'We are having a meeting for the AIDS team? Would the context of our conversations and discussions become part of the research project?' 'Is TWCDC going to publish findings from the study at a press conference?'

Similar comments, following Goffy's questions in a conversation thread on Facebook, compelled the research assistant to confirm:

> [t]his is indeed one part of Nai-ying's research project. Yet, it covers topics: (1) to convey negotiating techniques and ideas possible for anyone to communicate and negotiate with sexual partners about safe sex (such as wearing condoms and having HIV-Tests) before hooking up, and (2) that each small group will have discussions to talk about the possible scenarios occurring during hooking up and personal unique negotiating skills … The format of

> 'the discussion group' is one of the reasons why this misunderstanding (or it shouldn't be called a misunderstanding but rather our ignorance) occurred. Organising it as a discussion group, rather than a seminar in which information is only conveyed in one direction, is to allow exchange about the skills for negotiating safe sex [between participants] within the group by listening to experiences from each other. However, as its orientation was not really clarified and there wasn't any explanation, it could be viewed as a focus group to collect information (field note, 9 April 2013).

He subsequently circulated the message below to potential participants:[9]

> This is one part of a research project conducted by Ko, Nai-ying (柯乃熒), the professor of the Department of Nursing in the National Cheng Kung University (國立成功大學), this year [2013]. It aims to widely collect the thoughts and opinions from *tongzhi* communities, whether someone has the experience of hooking up or not, to understand how safe sex could be practiced more by *tongzhi* communities. A better skill for negotiation about playing safe and pleasurable could be further developed. During the entire discussion, we are not going to film or audio record, but will take notes with paper and pen. After getting consent from participants, we are hoping to post an organised note on any relevant social networking platforms in an appropriate way. Also, the opinion leader will be requested to deliver those messages in order to allow more people to know possible techniques for negotiation for E-Dating (網路交友, translation) (CPSW 2013: n.p.).

Despite the research integrity being in dispute and the application of dialogue and brainstorming from prospective respondents still being obscure, the participants gradually entered the big classroom at Rexian's office for the focus group. The chair of the AIDS team had advised volunteers that they were not obligated to participate in the study, and many who had decided to skip it were waiting in the lounge for the regular meeting rescheduled for nine in the evening. I was not keen to go either due to my concern that my involvement, and personal views and reflections on ideas from other participants could be in the end decontextualised. My presence risked being an endorsement of any mistranslation of social relations between *tongzhi*. Neither would I like to see any information collected within the 'community of Rexian and other Civil Society Organisations (CSOs)' be misinterpreted as a common view or the culture in general of the 'community of the internet' in which each *tongzhi* developed their own personality and experienced culture in a diverse manner.

[9] This 'Note' which I quoted from Rexian (2013) in this excerpt was not in place before the research assistant was criticised as not being able to clarify whether engaging on line with *tongzhi* for the 'Masters of E-Dating' was part of a research project. He added the note afterward.

Although I was still perplexed by many aspects of this investigation, and felt reluctant to share my ideas, I could not hold myself back from finding out how it was being carried out. Instead of contributing my personal opinions and feedback on the E- dating culture with other volunteers, I was more interested in observing how voices in this study were going to be heard, guided, privileged, ruled out and interpreted. I supported Professor Ko's endeavours to comprehend this overlooked community from a cultural angle beyond a biomedical perspective. Yet, this intervention that aimed to introduce safe-sex strategies to be embraced by *nantongzhi* was ultimately a social apparatus which the state could use to control sexual dissidents. A 'one size fits all' principle that could be applied to every single *nantongzhi* or MSM in the push towards AIDS prevention and surveillance was the final goal for this study as one of Ko's reports proposed:

> The *qianguize* (淺規則, implicit rules) of E-dating for MSM seeking online sex partners were: using condoms was a basic rule, but unprotected sex can be negotiable; HIV/AIDS is a joykill [*sic*] topic; unprotected sex is possible if he is a potential stable partner; and unprotected sex is unavoidable when combined with crystal methamphetamine … MSM using the internet to seek for sexual partners are exposed to high risks for acquiring HIV/STD infection under the implicit rules of E-dating for MSM seeking online sex partners in Taiwan. The study evaluated the feasibility and effectiveness of a community-level intervention for MSM and its findings can help further researchers and policy makers to design other Internet-based HIV/STD prevention programs (Ko, Ko et al. 2012: 4–5).

'[You can find them] at any Kylie Minogue concert', was a response from one of Rexian's employees to a health public official who had no idea where *tongzhi* could be found for HIV-testing and safe sex education. 'Could you please let me know her phone number?' was the subsequent sincere request. This clearly demonstrated the officer's desperate chase for a target for AIDS prevention. S/he had a total innocence of *tongzhi* culture. In order to better identify, locate and connect with more AIDS suspects, and to deliver them orthodox information and knowledge about HIV/AIDS and safe sex, the state and public health professionals were in need of Rexian's support to approach and manage these 'threatening' subjects.

By resorting to Rexian's capability in mobilising *tongzhi*, a number of research

subjects could readily be persuaded and recruited to validate, reproduce and perpetuate the epidemiological association between AIDS and *tongzhi*. The recruitment of research participants for the epidemiological study could be subsequently deployed to turn them and other social 'deviants' into AIDS suspects. However, through an alliance between public health academics and NGOs, an authorised limited 'right to learn' about the connections and sexual histories amongst *tongzhi* has evolved. AIDS research has hence gone beyond the extent of producing knowledge. After translating *tongzhi* connections as a risk, AIDS research serves as an authentic though less coercive mechanism behind which the state can hide its power to observe the community of populations at risk and to exploit their privacy in the name of delivering scientific verities and health. The sociality organised under Rexian's effort of gathering *tongzhi* into the community has been unexpectedly abused by the state when health advocates from NGOs endeavour to do health professionals a favour through translating their cultural knowledge into risks and by delivering AIDS programs.

Belief in consensus

Transplanting globalised programs for AIDS prevention and control into culturally incompatible realms has been criticised for not only being ineffective in tackling the epidemic, but also for heaping fear and stigma on *ganranzhe* and AIDS suspects (Butt and Eves 2008; Liu 2011). As a study of local culture was believed to bring a 'quick fix' to address failure and the negative impacts of such programs, AIDS experts or specialists began to appropriate cultural solutions, not embedded in critical awareness of the local or communal context (Coreil and Mull 1990). Sociologists and anthropologists have long carried out their research through social and cultural lenses. Once ignored by epidemiological, public health and biomedical professionals, solutions focusing on local practices have become the subject of special attention. However, these tended to be biased in favour of experiences or *habitus* which were then contextualised as risks to impose upon *tongzhi* the belief that as AIDS

suspects they needed further intervention. 'In the setting of international health programs,' Stanley Yoder argued, 'administrators use evidence of local beliefs to explain behavior far more often than insights offered by ethnographic research showing the complexities of decisions about treatment choices or the use of health services' (1997: 132–33). This sort of empirical observation has been selectively discarded whenever it failed to frame someone's 'unprotected sex' as resulting from a dangerous 'set of beliefs, values, and individual goals' (ibid.: 135).

Although the research team discussed earlier managed to take cultural explanations more seriously, I worried whether they sought to enrol only participants who would reinforce the implicit rules of behaviour elaborated by Professor Ko's research team. In this instance, a consensus that is not necessarily compatible to everyday life and sociality amongst MSM was sought, ignoring the diverse social backgrounds and fluid agencies between individuals. By purposefully disregarding the heterogeneity of *tongzhi*, a false unanimity within the *tongzhi* community was posited. Mary Douglas warned about this as follows:

> As a community reaches for cultural homogeneity, it begins to signpost the major moments of choice with dangers. The signs say that certain kinds of behaviour are very dangerous. That means that the community has reached some (probably temporary and fragile) consensus in condemning the behaviour (2013: 27).

In all, there were 15 attendants in the focus group for *wangluyuepaodaren.* They included 12 voluntary participants, a research assistant and two professional psychologists who announced that, for the next two hours, they were going to facilitate this 'focus group' as part of Ko's study on E-dating culture. One facilitator immediately corrected himself after being called out by the research assistant, who refused to call the gathering a 'focus group' but rather a 'roundtable' for participants to exchange experiences and ideas. Attendees were told that this research project was the second of four phases of a 'community-level interventional study' that commenced in 2012. Details of the study was not clarified to the attendees, apart from the fact that their discussions would be recorded, analysed and stored.

The research assistant, who apologised for delivering confusing messages over the previous weeks, aligned himself with his colleagues, and did not explain how the findings of the study would be applicable to the community.

The community application remained obscure until the report was finally released:

> This is a community-level interventional study. It is going to evaluate the efficacy of the intervention to 'the E-Dating Culture' pre- and post-tested by a Quasi-Experimental Research Design. The discussion of 'Master of E-Dating' will be devised and proposed by cooperation with the professionals and [answers from it] will be organised as 'Sexual negotiation skills in the Master of E-Dating'. Also, cartoons of 'Master of E-Dating' are going to be produced. Through interventions, such as the discussion of 'Master of E- Dating' and the cartoons of 'Master of E-Dating', which will be shared with the Facebook group, *Aizhiweizixunhezuoshe* (愛滋味資訊合作社, Information Corporative of Love Taste), and other online platforms, and after 'Master of E-Dating' has been executed for six consecutive months, a survey of E-Dating behaviours amongst the online community will be conducted again and compared [with the pre-test] to evaluate the efficacy of the intervention to 'the E-Dating Culture' (Ko, Lee et al, 2013: 12).

My criticism of this report, which homogenised the *tongzhi* community, cannot deny the fact that it endeavoured to hear diversified voices through productive discussion. Claiming that someone's contingent social interaction was an avoidable foreseeable and preventable act in order to legitimatise 'a persuasive model of behavior change' (Yoder 1997: 131) was problematic. However, not advertising the gathering as a research, clearly breached research ethics in the first place. No matter how much the researchers stressed the importance of the intervention into the E-dating culture amongst MSM seeking sexual partners online, volunteers left the focus group room doubting its credibility. Indeed, one of them withdrew himself from participation soon after learning that it was an academic study instead of an informal seminar where he had been expecting to share or listen to some interesting stories. The remainder of the research participants were coached to engage in this focus group as summarised by Ko, Lee et al:[10]

> Further to the host focus groups' design to communicate HIV risk reduction endorsement messages to peers during E-dating. Intervention was carried out for six months from April to September in 2013 (2013: 4).

[10] The report of this study was released in the end of 2013. 'Focus group', a term that was rejected by the research assistant, was clearly stated in the English abstract.

> Exercises in the 'Master of E-Dating' group lasted two hours and were organised to encourage participants to open a dialogue about safe sex [with their sexual encounters] before engaging in any sexual intercourse. Mimicking scenarios of hooking up can facilitate the conversation between participants so they can come up with possible responses for instigating sexual negotiation skills (ibid.: 44).

As for me, I believe that unpleasant or unconventional ideas and practices usually treated by researchers as too insignificant to be analysed or to be beneficial, could actually be decisive to the success or failure of a program. During the focus group I found myself raising critical suggestions, such as 'whether this was a focus group or just a panel' or 'what information was going to be collected and how it was going to be conducted'. These questions were never seriously answered. I believe that if this discussion was really an interactive roundtable, welcoming debate as much as possible, those in charge of the project should stay open to a broad range of arguments from discussants. It was their responsibility to ensure that confusion was resolved and to make sure that research participants were adequately informed about the nature of their involvement.

Disappointedly, the research team became mired in repetitive, vague clarifications. They were there to chat with attendees, gather whatever arguments supported the implicit rules of E-dating, and to send those back to the research team for further compilation. They showed no signs of dealing with the inadequacy of collecting data from only a few *tongzhi* whose recommendations were appropriated to influence the entire *tongzhi* or MSM community.

In order to quickly complete their task that had been assigned by Professor Ko, two facilitators shifted the focus of the discussion away from untangling the ambiguity of this survey. Attention was redirected to a series of inquiries designed to develop instructions that would 'assist members to turn to the negotiation of safe sex before making love feasible (in practice)' (Ko, Lee et al. 2013: 14). Participants were subsequently invited to introduce themselves and imagine that they were 'normally hooking up in everyday life or even about to do so later' (ibid.: 44). Being experienced or inexperienced in this substantial practice made

no difference to the exercise. One could not disassociate oneself from the exercise as researchers plotted replies into their hypothesised scenario where a sexual landscape was statistically and statically choreographed by epidemiological evidences into 'black boxes' (Latour 1987: 1; Pigg 2001: 526). As an epidemiological association between AIDS and *tongzhi* had been established, *tongzhi* were not required to be having sex with each other or to have come through the 'breeding subculture' (Dean 2009) to sense their closeness to it. They were sexually affiliated or entangled with one another in the AIDS biosociality mapped by a belief in their inevitable link to communicable disease or higher vulnerability to HIV (Halperin 2007; Morales 2006; Race 2009; Young 2016).

Even if some of their lives had been devoid of sex, holding membership in the community or population at risk still qualified them to contribute to developing a 'norm of safe sex'. A health code may be preached in a collective and enforceable manner once responsibility for the community and hence public health is transferred to research participants identified as the producers of the consensus. Notwithstanding, 'cultural and political philosophers', as pointed out by Liu 'have long recognised that the discourse of the human often represents the hegemonic values of dominant groups, rather than what is human or universal' (2015: 144), and the duty of delivering a health campaign can still be assigned by the research team to someone willing to take up this heroic role.[11] In this project, the participants were identified as 'popular opinion leaders' and granted the power to be digital vanguards for the online security of AIDS:

> Traditionally, communicating a new concept in a general society usually takes quite a long time for adaptation. Through sharing and interaction on social networks, the intervention from popular opinion leaders can speed up communication. Also, through exchanging, posting,

[11] Since AIDS is a contagious and highly stigmatised disease which most people, including health professionals, would like to avoid, anyone not afraid of confronting the threat by treating *ganranzhe* patiently and compassionately is viewed as being brave. They are usually enthroned as heroes not only fighting against HIV as the enemy but also saving someone from death. A Taiwanese nurse, Chuang, Peing (莊苹), is one amongst many considered as local heroes in the Taiwanese AIDS industry. She was winner of the Medical Contribution Award in 2012 for her devotion to *ganranzhe* and HIV/AIDS (Xu 2012; Zhang 2012). However, her reputation was jeopardised in 2018 when she was found to be responsible for leaking personal information of thousands of *ganranzhe* which had been provided to the public health authority in Taiwan (Wang 2018).

> sharing and discussing information between online participants and netizens, the sharing of AIDS information and the *consensus of safe sex as the norm for the community* can be reached … This makes 'popular opinion leaders' more influential than the general campaign for prevention and control. Popular opinion leaders refer to seniors experienced, charming and persuasive in the community. As knowledge is mostly from their own or friends' experiences, the information which they share is better acceptable to peers in the community by comparison to being delivered through a general campaign for control and prevention. Comrades in the community feel similarly towards such experiences and hence take notice of the advice and reminders from popular opinion leaders [my emphasis] (Ko, Lee et al. 2013: 23).

Participants were requested to complete the following sentences, which included 'I am…', 'I feel that sex to me is…', 'My favourite dish is…', and 'What I value most during E-dating is…'. The facilitators discovered that the participants were mostly concerned with better communication about sex, rather than setting up hook-ups on line. Instead of understanding why those answers were elaborated, and in which context these could occur, they composed a seemingly reasonable argument which I found fallacious.

> Rexian's volunteers might have certain resources and be in another condition [of meeting gay friends], thus participants would hence consider that the first step of meeting friends [online] was to enjoy the conversation between each other. Further action [body contact] would take place later. Yet, those outside Rexian's context were not in that situation. That's why great dialogue was not their first consideration (Field note, 19 April 2013).

It is true that there were cultural and capital discrepancies between Rexian and the local *tongzhi* community. If the research team accepted its own critique that attendees of this focus group were different, why were participants not recruited from groups where members had richer e-dating experiences than Rexian's volunteers? I made a sharp comment, 'So, why are you guys collecting data here? For the research methodology per se, the field outside Rexian is where this study should be engaged.'

In response, a researcher said, 'Even if you have not had such experiences, your empathy [can be harnessed] to reflect on those experiences that you don't have.' In other words, Rexian's empathy training could be co-opted by researchers, with peer educators being re-case as expert advisors. How is it that being empathetic to the depiction of someone's story and their request for emotional support could be harnessed for the state's health control? This was certainly not what Rexian taught its volunteers as part of their service during telephone

consultations. Nor was it the intent when volunteers were trained to understand the feelings of callers discussing their everyday struggles or sufferings. Their empathy was thus exploited by researchers whose interests were to persuade research participants in the focus group to support a fictional consensus designed to reduce public distrust and antagonism towards an authoritative health regime.

Expanding decentralised governance

The large portion of funds raised through fundraising or donations, and through finance from the United Way of Taiwan, has created within Rexian a moral economy and political independence from the Government.[12] It has been able to reinforce this autonomy by hiring relatively few paid staff and mobilising their *tongzhi* comrades to be 'volunteers as responsible citizens for public service provisions on a regular basis' (Lacey and Ilcan 2006: 40). Within Rexian, there are a rich number of AIDS suspects who are potential recruits for trials into public health interventions, and volunteers, proficient in *tongzhi* culture and delivering social services, who may also be trained as mobile health educators. Nai-ying Ko et al. suggested that to 'penetrate into the male homosexual community' is 'the most effective method of collecting accurate and in- depth data' (1995: 46). By offering survival kits to *tongzhi* who like to look after their comrades, the cultural barriers confronting heath authorities, experts and advocates of AIDS control, are removed. The everyday life of bisexual males and *nantongzhi*, categorised as MSM and hence part of a population at risk, can be better investigated, attended to and further monitored by the health regime of HIV/AIDS. In her analysis of risk in relation to blame, Douglas posed her warning about such a 'cultural project':

> It will become clear that the cultural project to form the city is no gentle, academic game, but a

[12] United Way of Taiwan was established in 1992 and it became a member of United Way International in 1997. After it collects donations from the public, its funds are allocated to projects of social importance selected by the committee and which are applied for by CSOs. Rexian's Hotline Service has received funding from United Way of Taiwan for many years.

> desperate struggle, a life and death struggle. Let us be careful not to idealize the community. It does not always deal kindly with its members (2013: 104).

Ostensibly, transferring partial power to NGOs willing to govern everyday life and health amongst *tongzhi* has broadened the coverage of the fight against AIDS. The more health administrators can partner with grassroots networks in order to forge a joint force, the greater cultural influence they can leverage. This will inevitably expand the state's moral quarantine over the socially unwanted (Huang 2014a). 'Although NGOs endeavor to eliminate AIDS stigma by educating the public that the transmission of HIV is not viable through the everyday contact,' Hans Tao-ming Huang pointed out, 'they have been concurrently more or less taking part in the neoliberal form of regime under the state's dominance to be responsible for oneself' (ibid.: 138–39). On one hand, health education (Figures 7 and 8), free condoms, booklets (Figures 9 and 10) and a website (Figure 11) for disease control which are distributed, published and managed by community members, have brought their comrades closer to the state's campaigns. On the other hand, Rexian's advocacy for and delivery of anonymous HIV-testing and counselling programs further reaffirms to *tongzhi* the urgency of paving for themselves the way to a therapeutic future. The seeming inevitability of AIDS can be insured against if the *tongzhi* follow their peers' advice by strictly adhering to recommended therapeutic or pharmaceutical governance (Biehl 2006). In addition to advising *tongzhi* about their rights of equality in accessing health infrastructures even before being diagnosed as *ganranzhe*, Rexian's involvement in the management of AIDS suspects has shaped their benevolent mission of a 'therapeutic citizenship' (Nguyen 2010: 212) accountable to charity. In our interview, Goffy spoke of Rexian's HIV-testing service:

> In terms of front-line service delivery, that's the simplest way to not only get donations but also to allow people to clearly understand what you have been doing. HIV testing is exactly an example of that and service delivery itself is not the objective. Even though the AIDS team has spent so much time and put in lots of effort, the service is still open for only two days per week. Service is only available when a phone call is made for a booking two weeks in advance … Do you know why blood is now all sampled by professional medical laboratory

scientists?—since we seriously realised that we have been ceaselessly criticising that policy [about AIDS]. The critiques from TWCDC about us would be overwhelming if we didn't do that properly (12 November 2012).

Figure 7. I delivered sexual health education to a class of high school students, 12 September 2013.
Source. This photo was taken by another volunteer who attended this class at a high school in New Taipei. Permission to use the photo was granted.

Figure 8. Another sexual health education seminar was delivered in a university students' gay club, 7 December 2012.
Source. The photo was taken by a volunteer who attended the seminar with me in Taipei. Permission to use the photo was granted.

Figure 9. The booklet of *Safe Sex amongst MSM*, comic edition, published by Rexian. Source. Photographed by author, 11 October 2013. Used with Rexian's permission.

Figure 10. The booklet of *Safe Sex amongst MSM*, photographic edition using live models, published by Rexian. Source. Photographed by author, 11 October 2013. Used with Rexian's permission.

Figure 11. The front page of *EnjoySex2008* from 2008 to 2010 (Hsin-hua Chang 2008). *EnjoySex* was the website for sexual health education amongst MSM. This project was funded by TWCDC. In 2011, the website was renamed SongYY (爽歪歪) after funding ceased.
Source. *EnjoySex2008*. Available from https://www.coolloud.org.tw/node/31067 (accessed 17 April 2018).

'Voluntary unlinked anonymous testing' was argued by Shu-fen Lai to be 'a trustworthy screening approach for populations at risk' (2003: 43–44). Since Professor Ko brought this practice to Taiwan from the US in 2003, after she had completed her overseas doctoral study there, it has been one of Rexian's most profound engagements with the *tongzhi* community (Chen 2014). Unless HIV testing providers failed to ensure anonymity amongst testing recipients and hence the confidentiality of their personal information (Kassler et al. 1997; Ko, Hsieh et al. 2013; Myers et al. 1993), Rexian did not critically examine the practice overly much. Rather, volunteers that had been coached to be peer educators advertised and delivered their 30-minute anonymous HIV- testing service at gay saunas, clubs, Rexian's offices and to other AIDS NGOs. Even though they may have been assigned to the same mission as that executed by official health facilitators (of identifying *ganranzhe*-to-be from the community), Rexian staff's less judgmental approach to stigmatisation, discrimination or illegitimate sexual orientation has shadowed this purposive sorting of the contaminated from the normal. Douglas noted,

> Homosexuals are told to organize themselves into segregated mini-communities of their own, thus providing the centre community with a sexual cordon sanitaire. All of this organizing effort is supported by blaming procedures: the population at risk is divided into those needing care and protection, and those needing forcible detention (2013: 115).

This reputation for being compassionate, understanding and intimate with *tongzhi* or sexual minorities is generated from the empathetic counselling techniques learnt for and employed on the telephone. For Rexian, volunteers are expected to harness these techniques in order to reduce a caller's anxiety about seeking assistance regarding their unorthodox sexuality or their uncertainty about health. As for AIDS professionals, an inclusive climate where peer educators are capable of comforting someone experiencing insecurity about being infected with HIV is indispensable to the process of risk assessment (Lorenc et al. 2011; Mimiaga et al. 2007). Once testing recipients are able to confess their sexual history comfortably, censorship over their everyday conduct may paradoxically be exercised through

care about their health and empathy with their stress. Rexian underscores the need to show camaraderie and to offer companionship to those *tongzhi* being counselled during HIV-testing:

> From the establishment of this organisation in 1998, Rexian has been giving a hand to innumerable numbers of *tongzhi*. It accompanies everybody in worry, sorrow, fear and growth. Through the sharing of many stories about everyday life, Rexian always carefully, patiently and cautiously attends to and supports all *tongzhi* as friends when they are facing a variety of problems. Therefore, during anonymous HIV testing, Rexian stresses the importance of pre– and post–HIV-testing counselling. The testing provider will certainly be together with you to help you understand problems, to discuss any related solutions and to offer each friend a personalised link to resources. In the future, Rexian will continue to cooperate with other groups of *tongzhi*, AIDS or gender and sexuality and providers of medical and therapeutic services where they are friendly. Hopefully, Rexian can allow every single *tongzhi*, as a friend, to attain the respect which they deserve, and their personal rights and privacy are protected (Rexian 2017d: n.p.).

Vinh-Kim Nguyen (2009a), in research into 'mass HIV treatment in Africa', analysed such practice as the 'enrolment of large populations into emergency programmes' (ibid.: 198). He argued that this mass enrolment resembled the state apparatus and added that 'colonial rule and military occupations do this to control populations; treatment interventions do it to keep them [HIV-infected people] alive and to generate evidence that they are doing so' (ibid.: 207). However, intervention by NGOs is constantly idealised or romanticised when nonstate sectors are viewed as the humanitarian suppliers of welfare and psychological aid to AIDS suspects or to sexual minorities in need of health and social support. By not disclosing the full scope of social and structural determinants that hinder *tongzhi* from reviewing their health status in order to protect their privacy, the state can attribute their struggles merely to their spoiled identities. The complexity of the causes behind their sufferings is hence homogenised.

In a paper reviewing health inequality, Vinh-Kim Nguyen and Karine Peschard argued that, 'Rigid notions of causality—such as that implied by terms like social determinants—may oversimplify what are highly complex biosocial interactions between environment, culture, diet, and history' (2003: 452). For Hans Tao-ming Huang, the ethics of protecting someone's spoiled identity from exposure or being tracked by the state, incubates a form of neoliberal

governance where the *tongzhi* community is responsible for itself and AIDS suspects can spontaneously but not passively participate in the health regime. He contended,

> The advent of anonymous HIV-testing is embedded in deep AIDS stigma and the distrust and fear which individuals were feeling towards the state as an administrator and a care provider. For the state that always would like to increase the HIV-testing rate and clearly understands these structural factors, the policy of anonymous screening has the advantage of promising and guaranteeing the privacy that allows someone to actively come for testing after *breaking* their *psychological barrier* [emphasis in original] (2012c: 115–16).

After going through the training workshop for delivering HIV-testing services, peer educators are supposed to know how to make testing recipients relax. Any visit to the service is assumed to be availed by an individual uncertain and anxious about their HIV status (Deblonde et al. 2010). Interacting with a stranger authorised to assess their previous sex life, and to announce their likely diagnosis based on the test result, is argued to impose an emotional burden on the testing recipients (Myers et al. 2003). In order to lessen that stress, HIV-testing providers are advised to establish a mutual and reciprocal relationship with recipients so they may feel respected and at ease (Luzi et al. 2010). A positive rapport between the provider and the recipient is believed to be decisive in relation to whether the former is trusted by the latter or not (Kamb et al. 1996; Obermeyer and Osborn 2007). By assuring that secrets will not be leaked to any third party, volunteers set up a friendly milieu where testing recipients are encouraged to share their sexual experiences in as much detail as possible and without too much reservation. Insufficient or inaccurate knowledge about sexually transmitted diseases (STDs) can be identified by peer educators who can correct any misconceptions. Furthermore, the 'practical, personalized information on safer sex and/or safer IDU strategies' (Worthington 2001: 6) can subsequently be tailored to each visitor whose level of exposure to venereal diseases is evaluated based on their personal sexual confessions (Manning et al. 2007; UNAIDS 2004; Worthington and Myers 2002). Through a short counselling session, and before the recipient gives consent to the rapid test, a persuasive message about not recommitting to any unprotected sex is suggested to those recipients whose sexual conduct is judged to threaten

individual and public health. Shun-yuan Fan discussed this issue in his analysis of the ways that the HIV- testing policy was scaled up amongst gays in 2007, in Taiwan:[13]

> As a liminal period between the campaign [of prevention] and the treatment, the HIV testing service is an intervention where providers can engage to encourage and correct behaviour amongst recipients after they share an understanding about AIDS knowledge and sexual patterns and experiences. Besides being motivated to change, testing recipients are transformed by having gone through the process of sharing their experiences with others (2013: 20).

Following the pre-testing consultation, those who decide to get tested meet with a qualified medical laboratory scientist. Several drops of blood, taken from their fingertip, are sampled for the test. The result usually takes another 15 to 20 minutes until the immunochemical reaction has been completed by the rapid testing kit. Dialogue will be continued with recipients who request additional psychological support or AIDS information. Meanwhile, volunteers will explain the window period where any infection occurring within 90 days prior to the test cannot be detected. If they are concerned that another unsafe sex episode which might have exposed them to risk during the window period, testing providers will suggest or even arrange another check- up. Informing recipients about the possibility of getting a false negative or positive is also necessary as the specificity and sensitivity of the testing kit has its limitations (Greenwald et al. 2006; Lalkhen and McCluskey 2008).[14] Further investigation by superior technology in a designated hospital for HIV/AIDS is recommended to those who still have doubts about the accuracy of the rapid test kit and/or where a quick diagnosis appears to be positive. The referral session or post-testing counselling lasts at most another ten minutes and is summarised by Anna Maria Luzi et al.:

> If the test result is negative, post-test counseling focuses on prevention and on helping the individual to identify reasons for discontinuing at-risk behavior, by activating 'life skills'. If the test result is positive, post-test counseling focuses on providing support to the individual

[13] 'Pre-testing consultation is around 15 to 20 minutes. Blood test and the waiting time for the result is about 15 to 20 minutes. Post-testing referral is 10 minutes or so. Tests: AIDS and Syphilis' (Rexian 2017e: n.p.).

[14] Sensitivity and specificity are clinical terms to evaluate how accurately a test can 'identify those patients with the disease' and how correctly it can 'identify those patients without the disease' respectively. Being false positive means 'the patient does not have the disease but the test is positive'; while for false negative, it means that 'the patient has the disease but the test is negative' (Lalkhen and McCluskey 2008: 221).

> and on either providing care at the healthcare facility or referring him/her to a specialized facility. Finally, if the test result is undetermined, post-test counseling focuses on containing the individual's anxiety, managing his/her feelings of uncertainty, and repeating the test. Diverse [*sic*] interviews may be necessary while waiting for the test result (2010: 47).

This is the standard guideline which instructs HIV-testing providers how they should react according to the various testing results. It does not appear too complicated and most of Rexian's peer educators have been constantly applying it ethically during post-testing counselling. They rarely ever found themselves in a dilemma unless witnessing someone's positive result.

My only experience of revealing to a recipient a positive result occurred when I conducted field work for this study in 2013. Even though volunteers are always reminded to prepare for this scenario, I was badly affected when informing someone that their initial diagnosis was positive. What a counsellor has to disclose and what a recipient must acknowledge is not simply a matter of them just being infected. There is also the message informing them of their irreversible infectious state, the discrimination they may experience and their new pharmaceutically governed life. If I had not previously learnt of the struggles which *ganranzhe* have to suffer socially and bodily, the standard guidelines would have been be practical enough for me to merely engage in relating experiences which place others at risk of becoming HIV positive and which is mostly for the sake of disease control. However, HIV infection is an illness which 'refers to how the sick person and the members of the family or wider social network perceive, live with, and respond to symptoms and disability' (Kleinman 1988: 3–4), and which 'can, for some, make life matter' when they are (re)connected to something other than treatments (Kleinman 2006: 141; see also Biehl 2004b: 476). As I was aware of Kleinman's words, this public health measure which left one's rich sexual, social and experience of ill health biomedically and epidemiologically homogenised began to disturb me. It felt quite unethical to be a peer educator who was privileged with access to another's critical changing point in life, but who merely diminished the HIV infection as a preventable

and manageable condition or disease. My reaction to it was quite similar to a reflection from my colleague who also found it challenging to witness when someone tested positive. He recalled:

> I began to have my own SOP [standard operating procedure] (for HIV-testing): public health knowledge, analysis on investigation of sex, requesting the blood test, the imagination of being infected, informing the result and a review. Of course, this is not that rigid but is adjusted accordingly to each recipient … To be honest I considered that (his) risk was very low as he always wore condoms with his sexual partners and when he was hooking up. Also, he had done the test before national service. Hence, I had an intuition that he should be negative … However, this testing kit really made a joke of me. One and half bars appeared (see Figure 12).[15] Of course, I couldn't believe it and just wondered what was going on. But I immediately asked the recipient if he would like to confirm it again. After getting consent, a qualified medical laboratory scientist came to take the sample again. He was very nervous. And I became nervous as well as I didn't want to make a mistake. I asked him again if he had had high risk behaviour in the past two years. How could he be positive when he claimed to always put on the condom? But what was the point of asking this question? (14 March 2013).

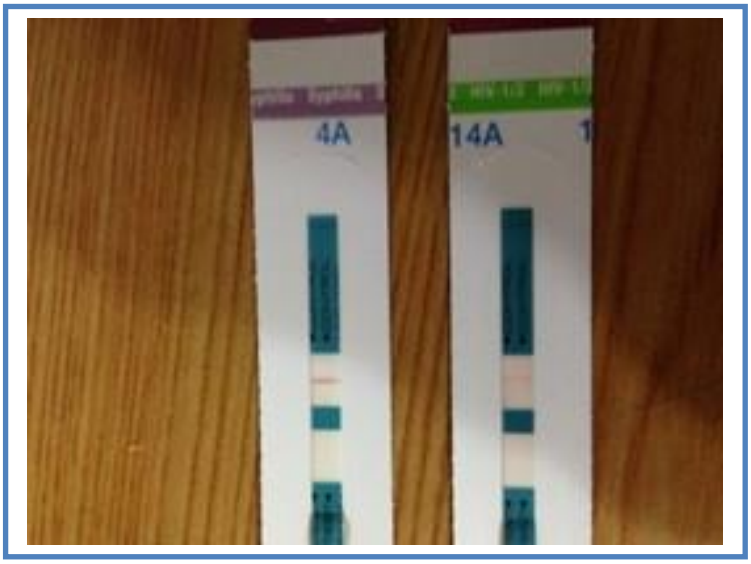


Figure 12. This photo shows the rapid tests for HIV and Syphilis. One bar on each strip represents a negative result. A positive result will result in another bar appearing on the bottom window of each strip. Source. Photographed by author, 19 March 2013. This photo is used with the permission of the subject who was taking the test.

[15] To read the result of the rapid test and see if it is valid, a bar must appear in the control window. Otherwise, the recipient will be requested to do a second test as the testing strip is not valid. If a bar is also seen on the other window, that's a positive result. If not, the diagnosis is negative.

The struggle for visibility

In the face of the AIDS epidemic, where one's failure to comply with a code of safe sex cannot be endorsed, testing recipients do not always admit their erotic experiences to peer educators. Many of them are wary as to whether the educator will be hostile to certain of their behaviours which might be prone to spreading HIV. They are not entirely frank about their sexual practices. Tim Dean, investigating the barebacking subculture in North America argued, 'When sex between men is reduced to issues of viral transmission, it is no longer treated as sexuality: the overwhelming focus on prophylaxis suppresses considerations of fantasy, of intimacy, and of pleasure' (2009: 11). During testing, recipients can also observe if the listeners are paying attention to their stories or if they are only parsing the content of the narrative about alarming health risks that are in need of public measures to rectify their lives. After testing, some who do not feel offended, but respected by testing providers during the consultation, can become excited and passionate about this topic. By not being judged as reckless because of their unprotected sex with others, testing recipients are more willing to reveal their previous involvement in controversial behaviour, such as having sex while on drugs, barebacking practices or participation in an orgy. I made the following note about this issue after delivering health education, a consultation and the screening technology to a client at the HIV-testing service at Rexian:

> This evening, a testing recipient mentioned issues about drugs, including ecstasy, ketamine and weed … Those are all considered very risky for HIV transmission under public health categories and are outlawed. It prompted me to assume that he could have been infected already. This prejudice oriented the dialogue between us. Also, I was worried about whether I could deal well with someone's reaction to a positive result. While from this experience, I found myself not really interested in talking about how HIV is transmitted or any knowledge relevant to it. I preferred to just listen to sexual experiences spoken by testing recipients or to know if they felt scared of a possible positive result and the subsequent impact on their everyday lives. Before the test, he didn't acknowledge too much about his sex on drugs. He began to disclose more during the waiting time for the result. Some scenarios occurring at an ecstasy sex (ES) party were mentioned: participants put on only masks and their undies and on a table, there were around 300 to 400 pills of ecstasy and bricks of ketamine. Our relationship seemed to get closer after he disclosed this information. The reminder of our conversation, such as being aware of his physical and mental condition affected by drugs, being careful of overdosing and being accompanied by someone he trusted, became more meaningful to him

then (19 February 2013).

During counselling, testing recipients do not invariably react in a manner anticipated by health professionals and testing providers as they endeavour to address anxieties about becoming a casualty of their behaviour and their coming personal health crisis. Neither would the testing recipients like any of their experiences to be viewed as 'a case of pathological self-destructiveness or, at best, gross irresponsibility on the part of those who should know better' (Dean 2009: 2). 'The client found an anonymous and cathartic site where she could "deposit" her secret and leave behind suggestions of incest.' This is an example provided by João Biehl, Denise Coutinho and Ana Outeiro (2001: 91) about Mulata's testing experience in Brazil, where many shared with testing providers their unbridled sexual interactions with others. They preferred to contextualise how that interaction could bring values beyond personal indulgence in relaxation, pleasure, content, frustration or pain (Gauthier and Forsyth 1999). The engagement in risk had brought cultural capital to one of the research participants in this study, Michael, who was associated with 'play[ing] (sex) with more *youcai* (優菜, someone better than oneself) by consuming amphetamine'.[16] Their uncompromising acts without regard to the health threat or taboos were to free themselves from barriers so as to establish with each other the collective and communal relations not enforceable through institutional recognition (Shernoff 2006). Dean observed a collective implication occurring from abandoning the imperative of health:

> The pursuit of pleasure defines a collective entity rather than defining merely certain individuals … Fucking without protection concerns less selfish gratification than 'allegiance to the subculture,' as Morris puts it—allegiance, that is, to an entity beyond the self. In bareback subculture, promiscuous sex thus entails a particular kind of fidelity. Fidelity to the subcultural ideal of erotic pleasure necessitates betrayal of the mainstream cultural ideal of health—or, more precisely, betrayal of a distinctly medicalized understanding of what counts as health (2009: 60).

[16] Michael is one of the research participants in this study. He shared this view with his HIV case manager who asked why he wanted to have sex on drugs and how he felt. *Youcai* literally means a nicer dish or a better cup of tea. *Tongzhi* in Taiwan use this term to refer to someone who has a better quality of appearance, shape of body or other characteristics.

In this respect, the less I was concerned with calculating their vulnerability to contracting HIV and syphilis, the more testing recipients confessed previously concealed parts of their carnal lives to me. Reminding them of how they were vulnerable to AIDS and encouraging them to reduce harm was not often practical when 'the ethics of erotic contact involves far more than hygienic practices of "safe sex" or disease prevention' (Dean 2009: 181). It was indeed that amongst many recipients, fears of contracting HIV were more or less alleviated by peer educators trained to be empathetic to their emotions and to be intelligent about imparting AIDS knowledge. Replacing those fears with accurate information about the disease could also put an end to stigma or discrimination engendered from recipients' presumed insufficient or incorrect understandings of the epidemic. However, insisting on the health imperatives in order to improve their awareness of the risks did not engender in them a deeper social connection which many had desired to prioritise over their own health condition. They otherwise spent more time elaborating how they innovated and remained in their relationship with others and lived up to their own will by not subjecting themselves to health mandates and fears of AIDS. In their study about someone's reluctance to attend the clinic for HIV testing in Brazil, Biehl, Coutinho and Outeiro argued the point succinctly: 'At stake was also an unwillingness to submit to new behavioral controls inherent to "successful" AIDS prevention' (2001: 103). Gregory Tomso pointed out this form of queer ethics on sex is either 'life-affirming' or 'life denying' for survival.

> At stake is not only the health of gay men, but their very survival, a survival that exceeds the medical sense of the body's living or dying and entails the more symbolic, metaphysical sense of belonging to the describable and representable world (2004: 104).

In other words, what testing recipients presented to peer educators were not necessarily their sins or crimes which scholars have argued by drawing on Michel Foucault's ideas about govermentality through confession for one's transformation (Biehl, Coutinho and Outeiro 2001; Chiu 2006; Foucault 1978, 1991; Nguyen 2010; Patton 1990; Sheon 1999). Peer educators had no need to deploy persuasive techniques to encourage anybody to open up

about their past. Testing recipients, by placing themselves in a voluntary and anonymous space similar to the virtual space where their stories and identities were protected, were able to make their sexuality visible without fear of too much discrimination. By liberating themselves from secrets that emerged when their voices were suppressed by the moral call of safe sex, their everyday recalcitrant lives were affirmed and respected by their comrades who joined closed institutions and clubs to learn alternative sexual practices. Brian, a Rexian peer educator, said, 'When you talked about safe sex, sex was mentioned for sure. That's why I found it interesting' (22 February 2013). On one hand, testing recipients were facilitated to be in the process of self-fashioning through the sharing of personal sexual practices. On the other hand, their desire for those experiences ended up being unspeakable and unthinkable outside 'four walls' or 'the sheets' (Parker 2009: 113), or the personal, and the 'biomedical terrain where their experiences were sequestered' (Giddens 1992; Huang 2014a: 123; Ning and Ho 2012: 195–204).[17]

Richard Parker studied sexual culture in Brazil and spoke about this privacy: 'In private, or when hidden, then, the character of sexual life is fundamentally transformed' (2009: 113). He contended, 'One encounters a freedom of sexual expression that would be strictly forbidden in the outside world, in the public' (ibid.: 113–14). I argue that introducing pseudonymous and anonymous measures to protect one's safety and lock one's confession in the health regime of HIV/AIDS has facilitated self-governance. In addition to generating places where one can speak freely and exhibit oneself, it gives rise to a boundary where one has control over one's conduct, mobility and speech. One can only be outspoken in such

[17] Parker pointed out what one of his research participants, João, told him, 'There are so many phrases … 'Beneath the sheets, anything can happen.' Or, 'Within four walls, anything can happen.' There is also 'Within four walls everything is possible!' There are also sayings like 'What would these four walls say?' or 'The walls saw, but they can't talk.' Because the only evidence is that there are the four walls. You understand? And the walls aren't going to talk. So, you can do everything. The woman doesn't just fuck with her legs open. She sucks cock, she gives her ass, she creates positions. Understand? And not just women. Men too. Women or men—really, these phrases don't refer to just one sex' (2009: 113).

circumscribed spaces where one is unidentified or unwillingly disciplining oneself to be reticent in circumstances where certain behaviours are forbidden. Jen-peng Liu and Nai-fei Ding examined how 'the rhetoric and politics of tolerance and reticence retained seemingly old powers while articulating new disciplinary and rhetorical forces' (2005: 30) to shape queer politics in Taiwan. They expounded, 'Those who tend toward feelings, acts and words out of line, not befitting their place and role in the received order of persons and things, are commanded to a self-disciplining reticence' (ibid.: 35).

The drive for control over oneself does not completely lie in personal transformation by abandoning or embracing one's spoiled identity and past. Individuals are always censoring themselves as they know how presenting silence in public can protect their privacy from unnecessary intrusion. They, if needing an audience, can link their experience to biopolitics where the confessional technology is enacted and where few authorised persons will be witnesses. The 'tolerance and reticence as a dominant aesthetic-ethical value', raised by Liu and Ding (2005: 30), has left testing recipients no place but the HIV testing service where they can enjoy freedom of expression. Foucault illuminated the deception of confession:

> The obligation to confess is now relayed through so many different points, is so deeply ingrained in us, that we no longer perceive it as the effect of a power that constrains us; on the contrary, it seems to us that truth, lodged in our most secret nature 'demands' only to surface; that if it fails to do so, this is because a constraint holds it in place, the violence of a power weighs it down, and it can finally be articulated only at the price of a kind of liberation. Confession frees, but power reduces one to silence; truth does not belong to the order of power, but shares an original affinity with freedom (1978: 60).

Peer educators cannot avoid delivering to testing recipients the imperatives of health intrinsically attached to biomedical technology and public health services. No matter how my approach of downplaying the aspect of risk reified in Jacques Derrida's ethics of 'permitting to *let* be others in their truth' (1978: 146), the direction of any conversation between both is predetermined. Their interaction was determined when their role in the relationship was cast as being one to monitor and supervise the other, and that other cannot acquire available resources unless obeying the former. Despite some testing providers not intending to impose

such an imbalance of power, they are almost incapable of departing from preaching health essentialism concerned with one's life and wellbeing. After the consultation and after the HIV testing has been carried out, any further dialogue has changed from being about testing recipients about their past sexual practices, into the recipients being subjects requiring biomedical appraisal and public health management.

Despite Biehl, Coutinho and Outeiro commenting, 'It is very difficult to put desire and social values into risk exposure categories' (2001: 91), peer educators do not have to judge whether they are told the truth about someone's previous sexual experiences. The power to decide whose exposure to risk was highest, and whose risk was lower had already been embedded in the testing technology for HIV-infected or contaminated blood. Those claiming themselves to be innocent of unprotected sex were not believed when their specimens tested positive. One of Rexian's testing providers questioned a recipient after the test, 'I asked him again if he had had high risk behaviours in the past two years. How could he be positive when he claimed to always put the condom on?' (14 March 2013).

Whether this detection of HIV could be so arbitrarily attributed to sex without a condom or more carefully to a collocation of sources, or 'lifestyle' (Babich 2015: 21; Duesberg, Koehnlein, and Rasnick 2003: 386–88), this detective measure, or technological prosthesis as it is called by Michael Fischer (1999: 467), dismissed the recipient's empirical experience.[18] The reading of the scientific testing instrument, to identify terrors almost unquestionably, had not only conjured up the epidemiological association between the

[18] Babette Babich analysed the debate about the cause of AIDS: 'In the case of AIDS, it is useless to us (qua adherents of modern institutional medical science) to think that the "cause" of AIDS might correspond to the whole or part of the collocation of causes. Duesberg hypothesizes, causes bearing on the weakened immune system, or what he calls "lifestyle", i.e. including drugs, high-frequency sexual activity, more drugs, extreme dieting, more drugs, exercise, more drugs, nutrition, or lack of the same (dieting), etc. We need because we simply must have a specific causal agency, like HIV, in order that we can develop a specific drug protocol or vaccine to fight it. And the pharmaceutical industry has developed on the basis of the same schema. Thus, the holy grail, so it is supposed, would be a vaccine or other medical treatment against HIV, i.e. either in advance, or prophylactic, or post hoc, a "cure"' (2015: 21). See also Fischer (1999) for a discussion about technological prosthesis.

infection and someone's irresponsible behaviour but also reinforced it. Aside from harnessing the test result to identify if someone was becoming a *ganranzhe*, the testing provider imposed another ethical application on this biomedical apparatus by which the integrity of someone's speech was adjudged. The technology, which can discover whether someone is an HIV carrier of an asymptomatic health condition, was used to criticise a person's conduct and sexuality flaws even if they had an upright appearance. It is as if AIDS education has successfully prompted everybody to assume each other or oneself to be an AIDS suspect or immoral being. The only way to declare oneself clean or guiltless is to walk into an HIV-testing service as a trial and obtain a negative result in order to prove one's negative virtues. Blake Scott explored the implications of HIV-testing and mentioned that,

> the HIV test serves as the ultimate confession, the ultimate diagnosis of a person's sexual normality. Even beyond inartistic proof of the testee's serostatus, test results are often viewed as transcendentally fixing either cleanliness or HIV on a person … In many people's minds, a test result of 'negative' establishes someone as permanently clean and safe (2003: 105; Scott cited Cindy Patton 1990: 119 in this excerpt).

Peer educators, I propose, can at least ethically return to testing recipients their confessions about or openness to their sexual conduct. Testing is a window for encouraging recipients to reflect on who they are. It is not for someone else to investigate how suspicious they look by translating the results into predictable and preventable risks. Reducing their coercive impact on testing recipients and minimising the health message during the counselling process may not help peer educators save individuals from exposing themselves to the chronic illness once viewed as fatal. However, it can more or less facilitate them to address the testing recipients' struggles with trust, recognition, connection and visibility which Yu-fan, A-hon, Xiao-zheng and *tongzhi* have attempted to secure in their everyday lives.[19] Although their search for the above values has made many of them vulnerable to HIV/AIDS and has infected some, those values have also sustained their will to stay alive by

[19] Xiao-zheng, Yu-fan and A-hon are research participants in this study and their stories are discussed in Chapters Five, Six and Seven respectively.

establishing *guanxi* (關係, social relations) with others. Through sharing their boundless sex stories, testing recipients are often after another opportunity to connect with someone mindful and trusting as they recount their everyday experiences. Without being forced by testing providers to also epidemiologically categorise and view themselves as threatening (which has deprived them of being trusted, recognised by and connecting with, healthier others), they feel like being embraced by society again. Even though interpersonal interaction at the place where HIV testing practices are conducted can be momentary, the positive focus on the everyday struggles that matter can at least open an alternative dialogue. This is to discuss what survival strategies can be mobilised once they resume their everyday struggles.

Summary: Shrouding *tongzhi* with global AIDS discourses

AIDS programs delivered by Rexian are culturally sensitive and appropriate. However, Rexian's agreement regarding a public health discourse about stigma and discrimination has enabled the state to more easily and vastly intervene in the everyday lives of AIDS suspects, including *tongzhi*. Even though they did not plan for this, Rexian and the state have converged to hold the same view which Fordham noted when reviewing Thai AIDS literature:

> People's fears about possible stigma and discrimination, should they be HIV positive and their condition become known to others, might deter them from taking an HIV test … Delayed testing due to fears of stigma and discrimination inhibits the optimal effectiveness of ARVs, which require that HIV-positive persons commence an ARV regimen at an early stage (2015: 99–100).

For the state, the concern is about the effectiveness of recruiting more sexual dissidents into its prevention program as part of a subtle state apparatus aimed at controlling sexual mobility and conduct. The state worries if that arbitrary approach might stigmatise the targets willing to enrol in the health regime for HIV/AIDS in Taiwan and the whole program might deteriorate. For Rexian, framing a similar statement calls for authorities to remove stigma and discrimination as barriers to health amongst the populations at risk. It also

attempts to mobilise *tongzhi* to resist measures which may bring the community into disrepute and which might adversely affect their lives. The same campaign offers the opportunity for both to work as a duo or 'partners in health' (Farmer 2003: 93; see also Kim, Farmer and Porter 2013: 1068).

Despite the state paddling the projects or programs of AIDS prevention towards its paternalist goal of eliminating the virus and protecting public health, Rexian's volunteers are able to refashion those in a decentralised, empathetic and more liberal manner better accepted by the public. Being able to comprehend how interpersonal relationships between *tongzhi* are shaped, Rexian has established a closer connection with disadvantaged individuals in an attempt to create a friendly nonheterosexual community. A larger number of volunteers can be mobilised when this grassroots organisation functions as a partner with the system.

As the state has the power to control the dispensation of medication (e.g. the triple cocktail therapy) and most of the social infrastructure which many *tongzhi* may need, it holds a powerful advantage for taming *tongzhi* and the Rexian organisation itself. Once Rexian fully understood that everyday life for *tongzhi* was manoeuvred by state supervision, it no longer dared to criticise this pharmaceutical form of coercion—something which it once resisted. It realised that the *tongzhi* community could potentially face uncertainty about its future as the state could threaten to repeal their rights of free access to the triple cocktail therapy. Through the rhetoric of risk, Rexian's positive cultural advocacy and support for biomedical technology ironically became associated with the state apparatus. Not only could the daily lives of sexual deviants be overlooked by peer educators through the expanding decentralised governance, but also everyday experiences amongst *tongzhi* were homogenised or even shrouded by the global AIDS discourse.

Chapter Four
The Struggle for Certainty:
From Queer Rebels to Pharmaceutical Conformists

> Unfortunately, while Taiwan does everything in its power to accord with World Health Organization policies and agendas on HIV, these would be more effective were it not for China's repeated obstruction of Taiwan's meaningful participation in international bodies. Accountability, in other words, is more than just an individual responsibility.
>
> — Ministry of Foreign Affairs (TWMFA) (2006: n.p.)

Introduction

In this chapter, the focus will move to Rexian's participation in the pharmaceutical governance of AIDS in order to secure certainty for those with an inevitable future of living with HIV. I will illustrate how this social body, which used to challenge the state's policies on marginalising sexual minorities, has softened its critical views since it began to see many of its friends diagnosed as HIV positive. Extending from previous discussions about Rexian's emergence and its active engagement in AIDS control and prevention, I further explore the local development of *tongzhi* culture in relation to the changing global AIDS discourse. Far from emancipating themselves from the state apparatus, *tongzhi* in Taiwan have been integrated into the neoliberal governance of AIDS. They are compelled to take responsibility for their own and public health in order to retain their therapeutic citizenship and hence access to the free supply of antiretroviral drugs (ARVs) controlled by the state. As the title to this chapter suggests, Rexian and many of its followers, are transformed from queer rebels to pharmaceutical conformists.

Instead of romanticising Rexian's compromise of adopting safe/protected fun sex as an alternate paradigm without sacrificing sexual liberation amongst their comrades, I argue that its programs for AIDS control and prevention redistribute taboos among culpable subjects by denouncing risky sexual behaviours. *Tongzhi* who are as yet to uncontaminated by HIV face prejudices and stigmas about their sexual orientation relocated to practices of unbridled

sex. The gap that separates HIV carriers remotely from healthier others is hence reinforced.

Rexian participates in using the rhetoric of love to soften public opinion and criticism of any operation that divides individuals by framing *ganranzhe* as harmless victims in need of humanitarian aid. Rexian's volunteers were assimilated into the health regime of HIV/AIDS after being trained as amateur activists in the movement to de-stigmatisation of sexual orientation. The state relies on Rexian's translation of the official/international languages of HIV/AIDS, the universal value of human rights and vernacular knowledge of sexual cultures. The state governance of AIDS is not trivialised but intensified through the harmonious relationship which Rexian endeavours to establish with health professionals, other AIDS NGOs, AIDS suspects and *ganranzhe*.

Despite enduring conflicts, Rexian's in-between and changeable positions in the face of contesting AIDS paradigms have turned certain social actors from being strangers antagonistic to each other to sometimes being negotiating partners. With rich knowledge of and sensitivity to *tongzhi* culture, peer educators trained at Rexian have effectively persuaded their comrades to come closer to the public health service where state force and authorities are omnipresent. The connectivity amongst sexual minorities is a resource to facilitate mapping, rendering people trackable, when those minorities are encouraged to protect their own health and the health and lives of others by disclosing their sexual histories and contacts. The solution to someone's everyday struggles is mostly limited to the temporal relief of pharmaceutical and social services instead of dealing with the broader political–economic inequality in which their sufferings are embedded. While AIDS suspects and HIV carriers may be less uncertain about their present everyday lives, the certainty of their future, nevertheless, lies in the political decisions managed and wielded by those in power.

'By assimilating queer subjects into prescribed notions of what constitutes a human person,' Pertus Liu argues, 'these projects place the human at the center of a rights movement

that further alienates and disempowers members of the populations who are already marginalized by the assimilative politics of gay normalization' (2015: 146). As 'queer subjects continue to find strategies of survival and self-articulation in the interstices of competing political systems' (ibid.: 141), Rexian's deliberate actions in making *tongzhi* inseparable from a spoiled identity in relation to the uninterrupted supply of medications and social services, I argue, has strengthened the kernel of the state's power. The state continues to generate stigma that excludes AIDS suspects from their surroundings where healthier others can continue to associate the socially unwanted with unpopular subjects so as to hold their advantages in society.

Bridge with AIDS

At one of its periodic meetings in 2007, Rexian's newly recruited members of its AIDS team and I were asked by seniors about our motivations for volunteering. We were also requested to contribute ideas for the 2008 annual agenda. No one volunteered any answers; as freshmen we were too timid to open our mouths. The chair decided to break the silence by throwing to everybody some impromptu questions seeking replies with at least a 'yes', 'no' or a brief answer.

'Does anybody expect to make some visits to Guanai?' he asked. Guanai is a prominent nursing home where social workers, nurses and volunteers provide intense care for bedridden *ganranzhe* and HIV-infected children. The home had attracted a great deal of public attention arising from an incident where its establishment was opposed by residents in the local neighbourhood. The chair presumed that someone might be motivated to visit. I personally had been perplexed by the huge media coverage that the journalist reported about the antipathetic reaction against the disease and proximity to *ganranzhe*. This was precisely what had driven my enthusiasm and what had brought me to take part in AIDS voluntary service. Thereby, I did not hesitate at all to say 'I do' by raising my hand.

Other grassroots organisations, such as Xiaolou, the HIV/AIDS Rights Advocacy Association of Taiwan (PRAATW), or Guanai, had been working in the field where violations of human rights amongst *ganranzhe* were being addressed and managed. The convener of our AIDS team had to apologise for not being able to satisfy me and the others who had been intending to put our expectations into practice. Instead, the new recruits were expected 'to provide consultation on sanitary and safe practices in the gay community and to oversee the state policies on [AIDS] prevention', as listed on Rexian's official website. The role description includes,

- Lecture series on sexual health and AIDS prevention in the gay community;
- College campus AIDS lectures;
- Anonymous consultation before and after AIDS testing;
- AIDS telephone consultation service;
- Support groups for foreign HIV carriers;
- Professional AIDS training for social workers;
- Maintenance of SongYY AIDS prevention website (Rexian 2018a: n.p).

By engaging largely in AIDS prevention, Rexian occupied a socially respectable position and was held accountable for extricating AIDS suspects from becoming *ganranzhe* and transmitting HIV to others. Such an approach, which deliberately left substantial everyday life experiences and struggles amongst *ganranzhe* excluded from its institutional agenda, has facilitated the state to lower expenditure on treatment amongst *ganranzhe*. The concentration on developing the capacity of handling AIDS is to support Rexian's comrades whose vulnerability to the epidemic was ineffectively highlighted by the state and by the media's moral demonising of them as sexual deviants.

Since the beginning of the 2000s, volunteers have been delivering services that encompass the distribution of public health education to students' clubs in universities and to the community. Rapid HIV-testing, with consultation and referral, and condom distribution at gay venues are also Rexian's programs for AIDS prevention. By taking up the facilitating role, Rexian does not merely harness those services as a means through which *tongzhi* can

receive the message about staying vigilant about the health threat posed to them. Additionally, its commitment and dedication 'to achieve equality and provide resources for the LGBT community through creating public dialogue and gender inclusive sexuality education' is carried out in its actions (Rexian 2017a: n.p.). As a local pioneer, campaigning that 'there isn't any highly dangerous population but rather highly dangerous behaviour', Rexian has been able to replace the former with the latter as its substantial contribution to AIDS eradication. Goffy explained this proposition guiding volunteers to execute AIDS prevention projects which have more or less reshaped the public view about the epidemic:

> Safe sex is more important than sexual identity … It doesn't matter whether one is monogamous, polygamous at a home party, homosexual or heterosexual. Any [sexual] acts involved in wearing no condom are all dangerous behaviours. It's meaningless to emphasise which sexual identity is easier to get infected [by HIV]. More people hence ignore the importance of safe sex as they believe that they won't get infected. AIDS prevention cannot just focus on the statistics about the infection of HIV. It should pay more attention to the corners invisible to AIDS prevention (Rexian 2008a: n.p.).

This orientation of reinterpreting risks of HIV infection has been Rexian's strategy for curbing or even reversing public discrimination against *tongzhi* who are already burdened by the weight of their sexual identities. In addition, Rexian sought to more accurately reflect the established aetiology about AIDS by 'saying that AIDS affects all, not just homosexuals, was seen as a way to reduce the stigma associated with the disease' (Carrillo 2009: 34). Rexian believes that 'opposing prejudice as the scope for the social movement' and 'resisting against the categorisation of populations at risk,' are 'the fundamental principles for the control of AIDS' (Goffy 2010: 1–2). Far from disrupting the correlation between their comrades and the health threat, Rexian has highlighted AIDS's lack of discrimination with everybody, including *tongzhi*, by emphasising a person's sexual conduct instead of their identity. Furthermore, *tongzhi* in Taiwan became more symbolically affiliated with their foreign predecessors by practising the culture of safe sex developed in the western gay community which travelled to other societies. Steven Epstein noted the transition of AIDS discourse from risk groups to risky practices:

> The solution was not to avoid the risk groups, AIDS educators asserted, but to avoid the risk practices—principally, sex without a condom and the sharing of syringes. Given the near-total protection of the blood supply with the advent of the antibody tests, AIDS advocacy groups could plausibly claim that it was easy to protect oneself from getting AIDS. More radical public health measures such as quarantine were therefore unnecessary (1996: 96).

The sexual liberation movement which had been active before the advent of the AIDS epidemic might no longer be replicated by worldwide *tongzhi* without a fear of death—presumably caused by unrestrained sex. However, *tongzhi* in Taiwan have earned membership to the western gay brotherhood where their local imaginary kingdom is bridged as one of its enclaves. No matter how they disconnect from orthodox society, the overseas expansion of their network has become illimitable through embracing the same vision of homosocial development evolving around the globalised social movements for sexual minorities and *ganranzhe* (Hsu 2016; Shi-lun Huang 2012). Despite placing less emphasis on taking care of *ganranzhe*, Rexian has responded quickly when it comes to health rights and the future of AIDS and when the health condition of their uncontaminated comrades might be affected by HIV carriers. A call for bridging the gap between local and international communities regarding policies for AIDS prevention and control was made in 2011 by a group called Taiwan AIDS Action (TAA) with whom Rexian and many local AIDS NGOs became allies. Mobilised against an insufficient budget for AIDS treatment and prevention, this alliance stated:

> The International AIDS Conference, 2010, in Vienna declared that 'the treatment of AIDS is the effective strategy for control and prevention.' This year, 2011, the conference of the International AIDS Society (IAS) … in Rome also officially affirmed that 'Treatment as Prevention (TasP)' is the international vision for AIDS control and prevention. In the past, Taiwan was one amongst a few of the earliest countries in the world to deliver [*ganranzhe*] free access to AIDS drugs and treatments. In a similar manner to the program of harm reduction on HIV-infected IDUs, the policy of free treatment for AIDS has controlled the epidemic. This achievement has attracted international attention. Other countries also compliment and admire Taiwan for the care it provides to *ganranzhe*. TasP indicates that expenditure on the treatment amongst *ganranzhe* is vital within the national budget of AIDS control and prevention. TAA worries if there's no solution to dealing with the problem that occurred in the kernel of that budget, it will bring harm to the nation and society. It will cause Taiwan to pay higher costs in facing the next wave of epidemic (TAA 2011c: n.p.).

In response to deficient funding for its increasing expenses on highly active antiretroviral therapy (HAART), the Taiwan Centers for Disease Control (TWCDC) announced a proposal suggesting a co-payment for medications from *ganranzhe* (TAA 2011d). Thirteen years after the triple cocktail therapy was introduced into Taiwan and when it became freely prescribed in 1997, this provisional plan to modify the scheme began to concern diagnosed HIV carriers, health professionals, social workers and AIDS activists. As the state in Taiwan had already started delivering costless medical services, such as HIV screening and azidothymidine (AZT), to AIDS patients even before the discovery of HAART, the message of a shrinking subsidy generated a ripple of collective fears (Huang 2012a; Taiwan Government Information Office (TWGIO) 2002; Ministry of Foreign Affairs (TWMFA) 2006). They were afraid that if many receiving treatments could barely afford to maintain their pharmaceutical regime, and as a result developed drug resistance then they may lose more pharmaceutical options to treat the infection (TAA 2011d). Not only would prolonged longevity be threatened by unpredictable uncontrolled HIV in their bodies, but also the unsuppressed virus might alarmingly cause further transmission and breed an epidemic in the broader population (TAA 2011c, 2011d). 'To exempt free access to the therapy for *ganranzhe* would force many of them to discontinue their drugs,' Nai-ying Ko (2011) contended. It could bring adverse consequences such as 'the losing of social productivity owing to sickness and to greater infectivity resulting from the irreversible high amount of viral loads' (ibid.: n.p.). Based on an interview survey, Lazyball reported the uncertainty which *ganranzhe* expressed after the news was released:

> Many NGOs and patients had a backlash against the news revealed last year about the co-payment for AIDS medications. The associate director of the Taipei Branch, TLA, said that a portion of *ganranzhe* wouldn't take the medication anymore. They talked about that in an emotional manner after hearing the information. Other patients started to feel worried about their future and indicated that it's time to save money … Chen pointed out some discoveries from a previous investigation done by TLA about *ganranzhe*. Amongst 407 patients interviewed, one third have income below 10,000 NTD (USD 340) monthly. It's hard for them to find jobs because of the social stigma and health conditions brought about by the disease, so they are in financial difficulty. They are unable to buy their own medical insurance because of

> AIDS and have to support themselves by themselves. She worries if co-payment is enacted in the future, many patients will have to look everywhere for the money for the treatment. It will lower their willingness to get treated (2011: n.p.).

AZT was approved by the Food and Drug Administration (FDA) in 1987 and the following year it became available in Taiwan (Huang 2012a). From the records of TWCDC, there were only four reported cases of AIDS between December 1984 and February 1988 when the first antiretroviral drug was yet to be officially accessible (TWCDC 1990). Except for this period, the struggle over survival amongst the local community of *ganranzhe* arose more from social rejection or disapproval than from pharmaceutical inaccessibility as their rights to biomedicine had been legitimately protected since 1991.[1] Article 10 from the *AIDS Prevention and Control Act [1990]* states: 'Competent health authorities at various levels shall notify individuals, who have been tested and have a confirmed infection of HIV, to proceed to designated medical care institutions for care at no cost and regular examinations for symptoms; when necessary, they may be forced to do so or be isolated' (Lo 2010). Over the history of the AIDS epidemic in Taiwan, there have been numerous stories of *ganranzhe* being refused treatment by dentists, afraid of the potential health risk of any HIV-infected blood after 'getting close', or by unfriendly health professionals who have avoided getting close. It has not been unusual to hear that *ganranzhe* were disqualified from the uptake of life-saving pills in a similar manner to patients in those countries where health infrastructures and the supply of medications are scarce (Biehl 2004a; Kalofonos 2010; Miller 2016; Nguyen et al. 2007; Sullivan 2011). Anticipated death and jeopardized health did not haunt *ganranzhe* until they were notified they may be required to share the cost of their subsidised treatment 'as the responsibility which practitioners of unsafe sex shall take', journalist Shu-ren Li (2014) suggested. TWCDC explained,

> In order to achieve the aims of removing stigma from the disease and achieving health

[1] To the end of January 1990, the accumulated reported cases of AIDS in Taiwan reached 18 whilst there were 134 persons diagnosed as HIV positive. From 1984 to the end of 1988, there were 65 individuals infected by HIV.

> equality, viewing AIDS as a chronic disease in general is the trend of the current epoch. Instead of passively receiving therapy, patients should actively get involved in the whole course of the treatment and should be obligated to perform the duty that belongs to them. Besides being compliant with medical advice from doctors so as to avoid drug resistance, they should contribute an affordable small amount of therapeutic cost. Therefore, when *ganranzhe* seek medical services, it's going to follow the mechanism of National Health Insurance (NHI) in which co-payment and deductible [expenses] are in effect. It also applies for those in financial disadvantage to be exempted from the co-payment. It's almost the same as the current NHI in which there's no plan for charging a co-payment that is too high (2010a).[2]

Despite their divergent moral views, and despite having different political agendas concerning AIDS, the state, NGOs and *ganranzhe* converge in agreement over reinforcing the rhetoric about drug resistance and therapeutic rights. The state frames this scientific interpretation of the mutated virus as the personal retribution which follows one's failure to take responsibility for caring for personal and public health by adhering to its free and benevolent therapy. It adds the claim that the taxes from the uncontaminated social majority could be better allocated to others in need. A punitive measure requiring irresponsible patients to partially remunerate for their treatment is hence justifiable. Recalcitrant individuals are compelled to obey the biopolitical order which takes hold of their lives through this policy of pharmaceutical distribution. For *ganranzhe*, it matters because they worry that their lives will be jeopardised if they miss any doses of their prescriptions. They learn from public health authorities, HIV case managers and/or medical doctors who transmit this message about how drug-resistant strains of HIV could result from their carelessness. Their fears of facing the discontinuation of their pharmaceutical prescriptions that are determined by the above professionals, also explains why *ganranzhe* held back from challenging the state's surveillance which was disguised as a merciful intervention into their everyday lives.

For NGOs, being arbitrators between the state and individuals in need (Nading 2013) meant that a moment for exercising advocacy for human rights against state violation

[2] National Health Insurance has been implemented in Taiwan since 1 March 1995. There have been three transitions of the source for the disbursement of AIDS therapy since 1984. It was not until 1997 that the TWCDC covered the cost from its general budget. Between 1997 and 2005, the NHI was responsible for it. TWCDC was in charge again from 2006 to 2014, but it has been in the hands of NHI since 2015.

emerged. Volunteers and activists seized upon it and acted to mobilise *ganranzhe* and AIDS suspects whose lives could be threatened if they failed to underscore the significance or seriousness of resistance to ARVs. This was their first experience at organising collective AIDS activism in public. The mobilisation of TAA had facilitated NGOs, including Rexian, in Taiwan to 'bridge the policy of AIDS control and prevention with the international [standard]' (TAA 2011a: n.p.). The call for NGOs to participate in the state governance of HIV/AIDS was hence relatively unchallenged and supported by the public. An anonymous AIDS practitioner shared the following view:

> I strongly hope that NGOs need to understand and get involved in the mechanism of purchasing medications and negotiating the price. The purpose is not for supervision. People delivering services at the forefront and who advocate for connecting [*ganranzhe* with] resources under such conditions … need techniques and knowledge to establish a secure net for [*ganranzhe* as] friends confronting the impact of adherence to medication regimes after the [policy regarding] co-payment. We absolutely don't wish to see wanton and pervasive effects [coming from this amendment] to weaken their will for survival and to threaten their lives. To campaign for decreasing the burden of the cost of drugs by not transferring it onto *ganranzhe* is worth being emphasised and attention is necessary. (TAA 2011c: n.p.).

In his analysis of AIDS activism in South Africa, Steven Robins observed that 'the extremity of "near death" experiences of full-blown AIDS, followed by "miraculous" recovery through ART, can produce the conditions for AIDS survivors commitment to "new life" and social activism' (2006: 314). So can the anticipation of death experienced by *ganranzhe* in this study. A *ganranzhe* shared his opinion, 'With money, the medication is taken. Without money, the medication is ceased. It's just a rotten life. Once everyone develops drug resistance, no one needs to go to the clinic anymore' (TAA 2011b: n.p.). However, *ganranzhe* were particularly visible when the state promise of free access to triple cocktail therapy was likely to be breached. It engendered public concern about the possible impact of the withdrawal of free therapy. Would HIV carriers cease their pharmaceutical regime so as to generate an unrestrained virus and cause another rampant AIDS epidemic? The politics of the lives of AIDS suspects and *ganranzhe* were brought to the fore again by healthier others in fear of losing their own lives. 'The distribution and use of ARVs make

certain populations visible to the state', João Biehl argued about global AIDS treatment, and 'these drugs are also the means through which grassroots groups take on and improvise the work of medical institutions' (2008: 101). Through the biomedical industry, Howard Chiang addressed how visibility amongst social minorities in Taiwan is made possible through the desire to be on a par with the West. He wrote:

> While biomedical technoscape in Taiwan is certainly part of an attempt to catch up with the West on the international stage of science, there are many refractory 'others' that inflect and are indexed through these technological assemblages—conditional vectors and variables made differently visible within a trafficking of subimperial politics (2017: 473).

Governance of 'love'

Official translations for Chinese characters depicting AIDS in Taiwan are pronounced *Aizhibing* (愛滋病). It literally means 'love', 'nourishing' and 'illness'—by dividing this vocabulary into its three constituent characters—ai (愛), zhi (滋) and bing (病). With the pronunciation of 'S' sounding similar to 'Si (死)' in Mandarin and 'Death' in English, another local name for AIDS, *Aisibing* (愛死病) is an illness called 'Love to Die' or 'Love-Dying Disease'—which was once circulated in the media and during legislative deliberations (Chi 2015; Damm 2016: 76; Huang 2011: 76–81; 2012a; 2012d: 103–106; TWLY 1987).[3] It denotes a manner where conservatives attribute an inevitable death and adversity to someone's 'promiscuous or unorthodox love' (Jiang 1989: 21). Despite its accuracy in depicting AIDS as incurable, it is no longer appropriate to advance this view when advanced biomedical therapy has replaced the high mortality rate which used to characterise the former prognosis for this disorder. However, the domestic formal term of AIDS, *aizhibing*, can still yield an interpretation that *singai* (性愛) as in sex (sing)/love (*ai*) can transmit a virus

[3] In 1987, at the 14th sitting, the 80th session of the 1st appointed dates (from 5 May 1948 to 30 May 1990, and members of Legislative Yuan were first democratically elected on 2 December 1989 for the 2nd appointed dates), one of the members spoke, 'Everybody should be aware of the danger of "Aisibing" … calling the public to learn accurate information about the prevention of "Aisibing" … As a member of the Legislative Yuan, it's of great urgency to call for the legislation of "Aisibing"' (TWLY 1987: 8).

between individuals to breed the malady (Huang 2012d: 103–106).[4] Ta-wei Chi contends, 'Aisi [愛死, Love/Death] and aizhi [愛滋, Love/Nourishing] which the Taiwanese have adopted as their rendering for AIDS give rise to an association with 'Love' and 'Death' not conveyed from the original text' (2015: 75). The title and description of Rexian's program, 'Corner to Meet Love: The Project of Zero Distance to AIDS', which I illustrated at the end of Chapter Two can exemplify how a terminology can gain meaning after translation (see Figure 13).

> Corner to Meet 'Love': The Project of Zero Distance to AIDS hopes that everybody can view AIDS from a different angle and permit more people to change their perceptions so AIDS is no longer a strange and scary noun. We can only really feel that AIDS is not so distanced from us by meeting AIDS in everyday life and by getting more people to think and talk about it in order to increase public understanding and discussion about AIDS and *ganranzhe*. Change and support from everybody would be a huge power to back up *ganranzhe*. Accumulation of a change in perception is the only trend to reverse social discrimination (against AIDS and *ganranzhe*) (Rexian 2016c: n.p.).

Figure 13. Corner to Meet Love: The Project of Zero Distance to AIDS (Rexian 2016d).
Source. Taiwan Tongzhi Hotline Association. Available from: https://hotline.org.tw/event/794 (accessed 1 December 2016).

'AI' in the translocated context of the AIDS epidemic further serves as a pun, homonym and a metaphor. In English, it is the abbreviation of 'Acquired' and 'Immuno.' While in Chinese, it is transformed to mean 'love', 'virus' and 'I'. Those meanings, not harboured in the English term, have opened a broader discursive ground for Taiwanese society to discuss the epistemology of AIDS from the local point of view. Hans Tao-ming Huang argued that sexual modernity in Taiwan is in a social and political climate constituted

[4] *Sing* and *singai* both refer to sex often unseparated from love when people talk about it.

by 'a feminist sense of hope, an optimism gesturing towards a new era when the feminine virtue of love replaces masculine aggression, a future where equality rules' (2011: 143). In this sexual modernity, to interpret AIDS in the name of love has become particularly popular. 'Believe Love, Our Hearts are Always There' (相信愛，我們的心都在), 'Family Has Love, AIDS is Gone' (家中有愛，愛滋不在), 'Taiwan Nourishes Love, Hand Care of Love' (台灣滋愛，愛滋手護), 'Establish the Caring Net of Love' (築起愛的守護網), or 'Check for "i"' (為 i 篩檢) in which 'i' stands for both 'me' and 'ai' (愛) as 'Love'. These are all slogans for public events celebrating World AIDS Day or programs for expanding HIV-testing in Taiwanese society (Huang and Chen 2012). 'Love' has been applied ubiquitously for most occasions concerning HIV/AIDS. This includes another three projects—'Master of Sex/Love', 'Go Together with Love' and 'Narrating Love'—all of which I was involved with. I named the last two projects that involved PRAATW and Rexian when I was undertaking field work. I drafted an abstract for a forum which Rexian's AIDS team had organised to cast light on a topic often overlooked concerning everyday life amongst partners of *ganranzhe*:

> **Go Together with Love—Days to Accompanying *Ganranzhe***
> What do 'I' think as the partner of *ganranzhe*?
> At the moment of being told, what flashed through my mind is …
> I am emotional, too. There are struggles as well.
> Besides his worries and helplessness, what I indeed need to face are …
> My worries, my helplessness.
> I thought that substantial actions could prove my acceptance …
> However, at that moment of action, I consciously hesitated and resisted.
> There is a subtle change to our relationship.
> Life is not exactly the same as it was in the past.
> I am very close to AIDS, whilst it is not easy to cross the line.
> I would like to tell you a story which is mine and his as well by sharing my experience of accompanying my partner as a *ganranzhe*. I also hope that the affections from the partner of *ganranzhe* can be heard and construed.

In the name of love under which AIDS campaigns operate, AIDS suspects and *ganranzhe* are framed as people whose vulnerabilities and afflictions are not pardonable and are not able to be pacified unless normative love is called into operation. The customary love

or care from uncontaminated others is championed as a remedy believed to be capable of easing one's sufferings and misfortune. Blatantly regarding someone's love as too deviant and dangerous to be endorsed, infringes upon human rights. It is more compassionate to gently suggest one walk away from such perils and reintegrate into social relations approved by heterosexual hegemony. On one hand, atypical love generated by *ganranzhe* or AIDS suspects is morally and scientifically determined to be a risk which incubates the transmission of HIV. Therefore they are in need of public health monitoring and control. On the other hand, their physical sufferings and social struggles are noticeable. By sentimentalising those experiences, the state and NGOs can forge a humanitarian landscape to draw upon and to pioneer public sympathy on matters regarding AIDS. Love, as an indisputable force, has hence been called from the health regime of HIV /AIDS in Taiwan to softly oblige individuals whose resistace and discrimination against AIDS suspects and *ganrnazhe* are otherwise too militant to be humanitarian, to demonstrate their compassion. Resorting to the rhetoric of love also lays responsibility on anybody whose love for members of populations at risk can be appropriated as the prosthetic moral arm in support of AIDS control and prevention.

Anita Lacey and Suzan Ilcan mentioned:

> As advanced liberal enabling states retreat from the provision of social services, volunteers and voluntary organizations are increasingly called upon, by these very same states, to deliver a wide array of services. Individual citizens are in this way responsibilized for the welfare of others. This process of responsible citizenship is furthered by extending a sense of individual reward for those who volunteer to meet this need and imbued responsibility (2006: 47).

Composing the public seminar, 'Go Together with Love' for Rexian was my attempt to highlight those undervalued voices talking about everyday interactions between themselves and their infected partners. However, to welcome AIDS with love instead of challenging how sexual moralism can unequally shape everyday lives amongst individuals may not ease struggles generated from public health interventions. Peter, one of the guest speakers at this

event, shared his view on being the negative partner of a *ganranzhe*.[5] At the time I noted, 'In such a relationship experience, he deeply understands that knowing and accepting AIDS doesn't entirely mean completely embracing AIDS' (7 May 2013). What comes after 'a substantial (intimate) action, such as kissing or having sex, is usually a hesitation which brings out a moral dilemma' (ibid.). Simply speaking of love without acknowledging how it can be interpreted dissimilarly between *ganranzhe* and *feiganranzhe* could have paradoxically intensified stigma, discrimination and inequality facing both AIDS suspects and *ganranzhe*. Tao- ming Huang and Po-his Chen analysed how, on World AIDS Day, 'the Red Ribbon', equipment for NGOs and the state in Taiwan to bring about public awareness on AIDS, 'morphed into the circle of humanity that claims, as a gesture of social inclusion, to safeguard people living with AIDS/HIV'. They argued, 'This affective climate of compassion is nothing but the product of a melancholic state that fosters intense sexual moralism' (2012: 10).

The more love that the health regime of HIV/AIDS can leverage to deliver ostensibly altruistic services to targeted populations, the higher moral ground it can hold to set its neoliberal governance and management of someone's sexual conduct free from scrutiny. Through its collaboration with NGOs, the state can broaden the meaning of love to disguise its moral agenda, not in line with international standards of human rights, but to actively isolate AIDS suspects and *ganranzhe* as 'them' from the healthier population 'us'. 'On behalf of love which enables "them" to accept medical surveillance and administrative control,' Tao-ming Huang and Po-his Chen criticised how, '"we" are hence able to dispel the AIDS shadow representing "them" so as to live more relaxing and comfortable [lives]' (ibid.: 22). A syllabus for AIDS education planned by health authorities and delivered by NGOs to high school students in 2013 featured love and AIDS (see Figures 14, 15 and 16).

To understand love and to understand AIDS control and prevention is to really love oneself

[5] Peter was one of two interlocutors invited to this open seminar to share their experiences of being in a relationship with a *ganranzhe*. Prior to the talk, the organisers, including me and the other volunteer at Rexian, had a preliminary conversation with them so as to develop a theme and topic for their stories.

and love others … The general population is full of fear and panic towards *ganranzhe*. In fact, HIV cannot be transmitted to others through ordinary contact, such as kissing, mosquitoes, hugging or shaking hands. *Ganranzhe* are living around us. We should hold attitudes, more caring and more tolerant, to stay together with them. Society is hence full of love. It can also enable them to face HIV with more accurate attitudes in order to stop the further transmission of HIV (11 September 2013).

Figure 14. Sex and Love for Adolescent Health: To understand love and to understand AIDS control and prevention is to really love oneself and love others.
Source. This is a selected slide from a PowerPoint file made by the Department of Health Bureau of New Taipei City. It was projected on (11 September 2013) at a workshop where employers and volunteers from AIDS NGOs in Taiwan were trained to deliver sexual health education in high schools. Used with permission.

Figure 15. Self-control to care and protect health
Source. This is a selected slide from a PowerPoint file made by the Department of Health Bureau of New Taipei City. It was projected on (11 September 2013) at a workshop where employers and volunteers from AIDS NGOs in Taiwan were trained to deliver sexual health education in high schools. Used with permission.

Figure 16. The most beautiful person is someone who loves oneself
Source. This is a selected slide from a PowerPoint file made by the Department of Health Bureau of New Taipei City. It was projected on (11 September 2013) at a workshop where employers and volunteers from AIDS NGOs in Taiwan were trained to deliver sexual health education in high schools. Used with permission.

Love oneself, Love others

It is a punishable offence someone to fail to disclose 'information regarding the sources of infection or contacts' (*HIV Infection Control and Patient Rights Protection Act [1990]* Taiwan. Amended 11 July 2007).[6] Tracking down the sexual contacts of *ganranzhe* has become increasingly and intensively enforceable by health professionals and experts who deploy the rhetoric of love. Although 'the HIV-positive individual is located as the natural delegate of risk management' (Race 2001: 179), not only by law but also through the biomedical production of 'undetectable subjects', many do not like their sexual partners to be disturbed by health professionals. Hence, influencing their emotions towards someone's health and life is the alternative that the state harnesses to further trigger solicitude towards those uninfected. Persuaded to love someone by taking care of everybody's health condition, many *ganranzhe* are compelled or inclined to notify details about their sexual partners whose

[6] In Articles 12 and 23 of the *HIV Infection Control and Patient Rights Protection Act [1990] Taiwan* (Amended 11 July 2007), 'The infected have the obligations to provide information regarding the sources of infection or contacts; when under medical care, they shall inform the medical personnel that they have been infected with HIV … A violation of … Article 12 … is subject to a fine of NTD $30,000 up to NTD $150,000.'

untraced greater exposure to HIV is of concern to public health authorities.

In 2013, the Taiwan AIDS Nurses Association (TANA) executed a pilot project, 'HIV Case Management and Strengthened Partner Service Program' (Chiou, Chen and Tsai 2013; Chiu 2015; Taiwan AIDS Nurses Association (TANA) 2013). Its aim was to reach and 'deliver service to sexual contacts [of the newly diagnosed and reported cases] in numbers at least two times more than the amount of the newly diagnosed and reported cases (of AIDS)' (ibid.: 30). Whether or not *ganranzhe* had rendered details about their sexual contacts (at least two on average) to their HIV case managers, a moral presumption about their promiscuity supported the nurses' goal and hence an increased scope of health surveillance. In addition to HIV carriers, whose mobility was restrained by their pharmaceutical regime and state supervision of their virus status, movements amongst AIDS suspects connected to *ganranzhe* also became trackable and visible through the governance of love.[7] 'Taking advantage of the standpoint which grassroots organisations held,' the author of the TANA proposal hoped to 'remove the official colour [from the project] so as to assist cases to attend the clinic' (Chiou, Chen and Tsai 2013: 29). However, this was not about improving the quality of everyday lives amongst *ganranzhe* or even AIDS suspects. Rather, it was for the state to chase and track personal information by which a network or community of risky individuals could be mapped and surveilled to validate the rightness of watching over the socially unwanted. A report about this public health intervention noted this methodology:

> It's possible … to collect information about each partner. It includes name or nickname, birthday, age, address, the place where they met or interacted, reachable phone numbers (mobile phone, home, office and etc.), e-mail, MSM or identification of the website used very often, career, the working place, the bodily characters of sexual contacts, condition of the family, the history of violence, any circumstance of taking drugs, dates when the first and last risk behaviour occurred, the kind of contact, how safe sex was practiced (providing the occasion where they met if that was with casual partners), and the type of relationship with the partner … It is expected to increase the numbers of sexual partners with whom we can get in touch (Chiou, Chen and Tsai 2013: 15–16).

[7] The current archives for recording and tracking information about *ganranzhe* are: 'The National Notifiable Diseases Surveillance System (NNDSS)' and the 'Chronic Infectious Disease Follow-up and Management System–HIV and case management subsystems' (Lo et al. 2015: n.p.).

The moral practice of loving others and oneself in response to a local mission of fighting the AIDS epidemic is hence nothing less than a colonial-like apparatus through which cartography was at work to govern the colonised (Pels 1997; Stone 1988). In 'Globalizing AIDS', Cindy Patton succinctly raised this point: 'The colonial subject (or homosexual or prostitute) is presumed to be infectious, while the coloniser (or "mainstream" person) is presumed open to infection' (2002: 39). From this aspect the governance of AIDS is a legacy of colonialism (Huang and Chen 2012; Liu 2017; Nguyen 2005a; Patton 2002). NGOs in Taiwan involved in the health regime of HIV/AIDS are playing double roles in a similar manner to that of missionaries serving the state in power and the local representatives for subalterns. Vinh-Kim Nguyen perceived that NGOs 'were representative, and even expressive, of preexisting communities. Thus, NGOs and CBOs could be used to target interventions at these communities and mobilize a response to the epidemic' (2005a: 129).

Social workers and voluntary labourers devoted to the community are trained and skilled to be culturally sensitive and trusted to deliver humanitarian services with appropriate empathy to members of 'Our Kingdom'. They are authentic spokespersons whose everyday experiences can speak of unorthodox love and everyday struggles amongst their comrades. Love becomes not simply a matter of how people can appreciate, care and look after each other. It is a mechanism that individuals in power can use to insidiously turn their subordinates into uncoerced subjects in support of a greater health imperative so that they become willing to divulge secrets about their comrades. 'It's to help cases to disclose the names and contact information about all the people with whom they interacted [through means including sexual behaviour and sharing of needles] by harnessing this counselling skill', Taiwan AIDS Nurses Association (TANA) wrote in the proposal (2013: 20). An HIV case manager also shared her views on this project, 'No matter how the contact reacted, sharing and honestly disclosing [the truth about your infection] are ways that his/her health is

cared for [by you]' (3 October 2014). The following paragraph is from my field notes. It is a reflection on an HIV-testing program advertised through the word of love and organised by collaboration between TWCDC and local AIDS NGOs in 2017.

> Ironically, in order to encourage people to get tested or to discover more of the so-called hidden *ganranzhe* who have been infected but who have yet to become aware of it, the HIV-testing program in 'Check for "I"' prepared some gifts as incentives to attract visits. The gift included an amulet commonly seen in Japanese temples and which contained a QR code-labelled tiny card (see Figure 17), and two ok-bons (Ok 繃 , Band- aids) one with the message 'I KNEW MYSELF, DO YOU KNOW YOURSELF' and the other one saying 'KNOWING YOURSELF, KEEPS YOU SAFE' (see Figure 18). By scanning the QR code, the owner of the amulet is directed to the website, 'LOVE MYSELF'. The meaning which the official attached to the two ok-bons was—'after you finish testing, sticking the ok-bon on the wound, where the blood [sample] has been collected, it is [a way] to cheer yourself up for completing a healthy matter!' (LOVEMYSELF 2017). After testing, recipients will get an amulet which has been circled by the provider around an incense burner and hence is blessed by god so as to have double protection for health and peace (see Figure 19). However, this has a completely different meaning for *ganranzhe*. By reading the message 'To get HIV testing can protect your health and you can also earn a gift to get peace,' Yu-fan felt uncomfortable. He said, 'It's as if bad luck comes if you don't take and wear [the gift] and get tested' (10 March 2018).

Figure 17. The amulet for making good affinity and the card with the QR code with a sentence that reads: 'Get blessed by the scan'.
Source. The amulet was kindly given to me by Yu-fan who is the protagonist in chapter six and who requested it for me from his HIV case manager. Photographed by author, 10 March 2018.

Figure 18. Band-aids of LOVE MYSELF
Source. These bands were kindly given to me by Yu-fan who is the protagonist in Chapter Six and who requested these for me from his HIV case manager. Photographed by author, 10 March 2018.

Figure 19. The blessed amulets
Source. LOVEMYSELF 2017. Available from: https://web.archive.org/web/20171028150045/http://www.lovemyself.org.tw:80/articles/51 (accessed 17 December 2018).

In other words, one's infection of HIV is demonised as a bad spirit which healthier others can avoid only by having the HIV test to receive '*enmusubi omamori*' (結好緣御守, the amulet for making good affinity). That is a spirit-blessed gift symbolising that *feiganranzhe* can be safe from *ganranzhe* and the subsequent bad luck associated with contracting the virus. When one had achieved the 'LOVE MYSELF, CHECK for "I"' and received the gift blessing or had the ok-bon put on their wound, their rejection of the virus had

unexpectedly attributed bad luck to *ganranzhe* who were stigmatised by that symbolic label. Under the rhetoric of love, those who did not get tested were assumed to have loved themselves insufficiently and they were not blessed for turning threats away.

Framing harmless victims

Rexian's capacity to productively mobilise, and hence culturally and convincingly influence, their *tongzhi* comrades without fear or favour has been invaluable in AIDS prevention and control. A relentless criticism on the discriminatory manner that the state-enacted policies can be imposed has tended to encourage individuals to access official public health programs. Encouraging the practice of fun safe sex, while still leaning on a behavioural model, is more appealing to the public. Despite its objection to the state apparatus which has tabooed and demonised unrestrained sexual interaction, the cultural and epidemiological paradigm which it advocated to protect sexual freedom and public health enriches the ramifications of biomedical governance (Escoffier 1998– 99). This was particularly so when such services were shaped and delivered by NGOs who could empathise and empower AIDS suspects as if they were loved and embraced by society. However, there was not too much support for volunteers to be deeply engaged in learning about the struggles and stories of HIV carriers before Rexian's active engagement in the alliance with TAA for free treatment. During the first decade of Rexian's institutional development, the lesser participation in the community amongst *ganranzhe* contrasted sharply with its greater focus on those who were yet to become infected.

Framing *tongzhi* as epidemiologically identical to everyone else with regard to their susceptibility to the disease redistributes responsibility and hence stigma from uncontaminated people to those infected through their 'conduct at risk'. It was not until Rexian's volunteers started to experience their close friends being diagnosed HIV positive, and that experience was brought back to meetings, that they began to find it necessary to gain

a deeper understanding about their infected comrades. The AIDS team started to address topics about everyday life amongst *ganranzhe* more frequently than during my volunteering time at Rexian from 2007 to 2010. After my return and learning of the above changes, I wondered why there was such a contrast between these two foci that was apparent to me as someone who had been absent from the network for nearly two years. A volunteer shared with me the conflict which he experienced on seeing some of his friends suddenly diagnosed positive. He said,

> They all clearly understand the context of safe sex and can tell you the logic of protecting oneself. Most people do not say, 'I am the person who advocates BB (Barebacking)'.[8] Also, they are individuals who know that practicing safe sex is necessary. If those well-educated persons are all infected, is it really useful for us to talk about this [safe sex]? That was my conflict then (27 February 2013).

A visit to Guanai was finally carried out during my return to Taiwan at the end of 2012 to conduct field work for my study. Volunteers from another team at Rexian (Elder LGBTQ) had organised a couple of trips to keep an aged *ganranzhe*, Uncle Lee, company since he was under medical treatment and AIDS therapy in hospital. After learning of his sexual orientation and his unaccompanied circumstances, the doctors contacted Rexian to ask if peer companions could possibly be arranged to assist him. He was later discharged from hospital and referred to Guanai. Rexian's volunteers took that as a precious opportunity to get closer to a *ganranzhe* and therefore scheduled times for available volunteers to establish a relationship with him. Advised of his story, I was particularly excited to join the visiting group, especially as that was exactly what initially motivated me to get involved in the field of HIV/AIDS. Permitted to be one of his visitors, I was able to witness the trajectory of Uncle Lee's recovery from initially being paralysed in bed to eventually being able to take the Metro unaccompanied. The changes in his condition all occurred during the time of our connection. A friendship between us was established from our first meeting—recorded in this field note:

> Opposite the entrance to well-known tourist night market, Goffy and I stepped off the bus after

[8] BB is the abbreviation that the *tongzhi* community in Taiwan uses to refer to barebacking sex.

> a short journey that departed from our first stop near Rexian. We didn't have any plans to cross the road for the street food, merchandise, or games as it was still too early for vendors to open their businesses and for the crowds of visitors to gather. We did not plan to take part in the everyday local commerce occurring that day. Although our trip was through one of the busiest neighbourhoods in the capital city of Taiwan, Taipei, our plan was to visit Uncle Lee. It took us a couple of minutes to arrive at the destination before Goffy stopped in front of an apartment. We saw some people chatting, smoking, or just sitting in the forecourt of a unit on the ground floor (27 November 2012).

Without Goffy's directions, it would have been so easy for me to get lost amidst this labyrinthine area where so many households, including Guanai, are located. Anyone passing this nursing home with no clear signboard would have paid little attention and missed it. Guanai, which accommodated 10 to 20 bedridden *ganranzhe* with poor mobility together with qualified nurses and social workers, has a low-profile exterior resembling other terrace houses in the area. Guanai provides inmates with safe shelter and isolates them from some populist objections and discrimination in a similar manner to what they experience in cyberspace and saunas—both discussed in Chapters Two and Three. Indeed, Guanai's neighbours once requested that it be moved out from the Zaixing Community (再興社區) where one of its establishments has been located since 2005. However, their legitimate right of residence was later adjudicated by the Second Instance Court in 2007 which ruled the request of eviction as unjust.

On one hand, advocates for human rights saw the court ruling as a cheering success for the domestic AIDS Movement and they attributed it to the timely enforcement of the *HIV Infection Control and Patient Rights Protection Act*. On the other hand, to transfer more severely sick patients to a new establishment and to replace them with infected women and children downplayed the threatening side of AIDS. Harmless victims of AIDS were hence crafted so that Guanai secured public compassion and support to override the unfriendly outcry from their opponents (Chen 2007; Huang and Chen 2012: 29). 'Guanai has shown courtesy,' said Yang, the officer in charge of this place, when speaking to the press. She added, 'The nursing centre in the Zaixing community has been transformed into a space

taking in only single mothers infected by HIV through drug addiction and AIDS suspicious babies' (Chen 2007). To depict AIDS as an unfortunate illness by using innocuous females and infants has more or less purified this demonised disease so that AIDS can be seen as more forgivable than blameable. 'Compassion', which Didier Fassin succinctly remarked of the political implication of AIDS posters in South Africa in his monograph, and 'especially when it is directed toward children, has undeniable efficacy in swaying public opinions' (2007b: 4).

In the face of *feiganranzhe's* fear of, and opposition to, their closeness to *ganranzhe*, Guanai protected itself from being judged and attacked by antagonists. It diverted public attention away from AIDS as an immoral disease through the politics of *hanxu* (含蓄, reticence) that encourages individuals to hold their dissatisfaction with the surroundings and others back or to store the discontent up (Ding, Parry and Liu 2007; Liu and Ding 2005). Despite this incident which contributed to an advancement in social justice and to the declining rejection of *ganranzhe*, AIDS patients cannot secure a tranquil inhabitancy in an ordinary neighbourhood unless they can represent or camouflage themselves as harmless victims. Through dialogue with Gilles Deleuze's theoretical works on subjectivity, Biehl et al. argued that 'grasping subjectivity as becoming—rather than structural dependence—may be the key to anticipating, and thereby making available for assessment and transformation, the futures and forms of life of emerging communities' (2010: 337). Otherwise, their threats have to be removed to somewhere away from the public or to an area where *ganranzhe* can be centralized. As recorded by Wen-nan Shi, a spokesperson for the Zhaixin community, Chen, Ai-lu (陳愛潞), suggested this solution after losing a lawsuit,

> 'Loss is the loss and just let them keep staying!' 'Of course, [we are] worried about getting infected!' The neighbours living next to Guanai at Zaixing community can only quietly accept the result of this verdict … The spokesman, Chen Ai-lu, from the community indicated that there's no one to control *ganranzhe* getting in and out of the community … She said that many residents would like to move away from the community. However, the housing price is so high in Taipei city, where could they move? Not to mention that no one dares to buy a house here when an abundance of *ganranzhe* are concentrated in the community. One of the residents asked how anyone would react if this population was living next to your family.

> Would their excrement when cleaned out be infectious? It all worries people. The government should take responsibility to find a centralized place for AIDS patients but not let one community to take that solely! (Shi 2007).

Prior to this, *ganranzhe* had consistently faced refusals to share the same territory or communal space with other members of society. In addition to the above lawsuit the National Taiwan Normal University (國立臺灣師範大學, NTNU) refused Tian, Qi-yuan's enrolment in 1987 (Hansen 1997; Huang 2012a). The exemption of HIV infected males from National Service was enacted in 1989 (ibid.). In 1994 a ten year old girl who was infected with the virus was requested by the parents of her classmates to transfer to another school (ibid.). Dentists could also deny *ganranzhe's* treatment with impunity before the legal protection of rights amongst *ganranzhe* was amended in 2007 to ameliorate their sufferings and struggles. This everyday violence against human rights was once 'normal'. Until AIDS suspects and *ganranzhe* are seen as harmless victims in a similar manner to patients in Guanai, they will be endlessly viewed as unpredictable irredeemable perpetrators and experience struggles over social exclusion even in the pharmaceutical and lawful age of AIDS.

Uncle Lee (李伯伯) would not have liked me to record and write about his everyday life at the beginning of this research. He was at that stage a harmless victim attempting to keep the virus in his body under control, learning again to walk. Biomedical therapy prescribed by his medical specialist and attentive nursing care delivered to him at Guanai might have saved his life. The key that enabled Uncle Lee to be so determined to get his body rehabilitated was his belief in strolling around or living with us like a family. 'Goffy, you, Rob and I, four of us could rent an apartment to look after each other in the future,' he said (25 August 2014). Uncle Lee usually told us about his blueprint for a household where the inhabitants could gather regardless of their diverse ages and kinship.[9] In an interview, Chao-lin Yang, who had been meticulously watching over Uncle Lee's health, pointed out how

[9] Rob is one of Rexian's volunteers who regularly went with me to visit Uncle Lee.

social connections could be more vital than a pharmaceutical network to the lives of *ganranzhe*:

> In an institution, I still follow the principle of caring and nursing. As it's a halfway home, I don't wear the white robe of a nurse. That looks as if they are in hospital. In terms of interaction, since most cases are older than me, I view them as the seniors in my family and take care of them … The diseased part of HIV/AIDS can be easily controlled by treatment. It takes only one, two, or three months. While after that, making it possible for him to return to the community or even the family from the temporary shelter is much more difficult (2013: n.p.).

Unclosed gap

Whether they are infected with HIV or not, most members of populations at risk are still concerned about being too close to the virus as they wish to keep themselves from being stigmatised and marginalised by society. By not revealing to others the controversial and devalued portion of their everyday lives, many have managed to appear as someone less vulnerable to contamination. This may have kept people from being demonised, but limited the force to be mobilised for effective AIDS activism. Rexian, as a highly visible *tongzhi* organisation, sought to close the gap between contaminated and uncontaminated in order to recruit more volunteers and to mobilise their comrades into social activism in support of equal rights amongst *tongzhi*, *ganranzhe* and other social minorities. Enabling more *tongzhi* to reach an epiphany of understanding of their association with AIDS and to be less afraid of coming out are major challenges for Rexian. By emphasising that a common experience of stigma is shared by AIDS suspects, Rexian has marshalled its assemblage to rally against social discrimination. In the call for *tongzhi* to act, Goffy noted the double stigma facing them:

> The equation between AIDS and *tongzhi* has deeply affected the process of self- identification amongst many male *tongzhi*, especially adolescents new to homosexual life and those who connect to the community without any support. It is as if they will be given a label of double stigma—*tongzhi* = AIDS and AIDS = a terrifying dishonourable disease—if they admit to their *tongzhi* identity (2010: n.p.).

Through regularly enrolling fresh members as homosexual peer educators, the cohort advocating for human rights for PLWHA and suspects at Rexian has been growing.

Volunteers from the AIDS team work with colleagues from different groups and collaborate with independent activists interested in endorsing social justice and equality for sexual minorities. In alliance with AIDS NGOs, biomedical professionals and public health authorities, they have been able to take part in programs for AIDS control and prevention among the *tongzhi* community that has been emerging since the late 1990s in Taiwan. Rexian introduced its AIDS team, in which I once participated and which was largely composed of *tongzhi*, in an advertisement designed to attract people to AIDS activism:

> Since the discovery of AIDS, *nantongzhi* have been encountering social stigma. The condemning and moralising policy of [AIDS] control for so many years has been ineffective in decreasing the prevalence of HIV infection amongst *nantongzhi*. Rexian believes that an understanding of the importance of safe sex is the best way to reduce the risk of becoming infected. In 2003, Rexian established an AIDS team in its organisation. The team's key work, in cooperation with other local NGOs and organisations for AIDS control and prevention, is to organise seminars about safe sex within the community and to publish a booklet on safe sex (Rexian 2006).

Instead of rendering the state the only authentic apparatus addressing this epidemic in Taiwan, Rexian utilised its position to represent the *tongzhi* community and to share their business with health authorities. As its volunteers usually come from, belong to, listen to, or are closely associated with their comrades and AIDS suspects, Rexian occupies a mediating position between the state and the populace. Additionally, with its grassroots followers and mobilised volunteers it can claim autonomy from the state in its intervention strategies. As Rexian grew, the government no longer was the sole player intent on developing the power of governance of AIDS. Rather, when stressing the value of human rights, providing relevant social and humanitarian services, and resisting heterosexual orthodoxy, Rexian was transformed from underdog to a formidable force. Such a transformation created a place for it to shape the programs, policies and governance of HIV/AIDS which could impact on everyday lives amongst the general population, especially those epidemiologically targeted, in Taiwan. This could not have been achieved without arguing and reinforcing the inseparable connection between *tongzhi* and AIDS. The following advertisement, spread by Rexian in

2007 to exhort *tongzhi* to get involved in the social movement for HIV/AIDS prevention, appealed directly to me to become a member of the AIDS team. It urged,

> We need more volunteers to pay attention to issues of AIDS when the number of *tongzhi* infected by HIV is increasing. In order to train more volunteers concerned with the propagation of prevention and the offering of services, Rexian periodically recruits new volunteers into the Department of Health and AIDS [later renamed the AIDS team] from the *tongzhi* community. It hopes that more friends interested in AIDS issues and who feel like making contributions to the *tongzhi* community may systematically learn relevant information and knowledge through this training workshop for volunteers (Goffy 2007c: n.p.).

Sufficient backup psychological support from the community are needed to sustain social movements. In the 1990s, the so called *tongzhi* community was still underdeveloped. It was impossible for advocates to call up sufficient members of the population to build a viable movement. Neither could they be unconcerned about exposing themselves to stigma in a society where *renjiguanxi* (人際關係, interpersonal relationships) are tight and closed. Unless a person is prepared to be a target of the first shot from anyone who might be toting a gun, it takes great courage for a *tongzhi* to stand in front of a huge crowd.

One individual who did stand out was Brother Chi who had the courage to confront negative critiques and discrimination against his sexual orientation. He is briefly mentioned in Chapter Two of this dissertation.[10] In order to encourage more people to pay attention to social minorities, at the annual gay parade he always rushed to, searched for, and occupied a position where he would receive most attention from the public. He even stood on the top of the Mass Rapid Transit (MRT) entrance and climbed onto the roof of several business buildings and apartments, to passionately and proudly wave on supporters at the rally with a big rainbow flag. In addition to those actions, well known within the contemporary *tongzhi* community, an article about him recorded some of the other contributions that he made to AIDS prevention and control in Taiwan. It said:

> Every time I thought about Chi, Jia-wei, the scenario involved him carrying a donation box to raise money for AIDS patients. This always came into my mind. Whether in hot summers or

[10] In 2017, Brother Chi was awarded the 9th Presidential Cultural Reward for his contribution to 'Social Reform'.

> freezing winters, he was standing on the street or the flyover to ask for donations. People passing by mostly kept away from him and viewed him as if he had the plague. He had been coming out at that time and was the first one in Taiwan … Chi, Jia-wei was young then to fight against the entire world. The society and the mass media more or less saw him as a trouble maker. No one wanted to attentively understand his courage of coming out and his mission of protecting AIDS patients (Yang 2015b: n.p.).

When fighting against the discrimination of *tongzhi*, Brother Chi also faced criticism from members within the *tongzhi* community who felt disaffected and conflicted about his involvement of *ganranzhe* (Huang 2012a; Wang 1999). Juan-xiu Liao wrote about grassroots campaigning chiefly conducted by Brother Chi including details of his prvocative act of bringing three infected *tongzhi* into court. Liao noted:

> On 25 June 1989, Chi, Jia-wei took a masked *ganranzhe* who came out there [about being infected by HIV]. Hansen saw it as well on the TV and the newspaper. He felt so uncomfortable with this report. He thought that since that was coming out, why should a mask be put on [his face]? By wearing the ugly paper bag, it made people consciously feel AIDS was a dishonourable disease … From 20 July 1994, Chi, Jia-wei began to lodge accusations against three AIDS patients who had breached the AIDS Prevention and Control Act … it undoubtedly reinforced the homophobia and AIDS phobia in society. Also, the long term efforts made by activists of AIDS prevention and control were damaged heavily (Liao 2000: 61–62, 225–43).

A *ganranzhe*, Lin, Jian-zhong (林建中), who was the first to appear in front of the mass media in the history of AIDS in Taiwan, also spoke about his refusal to participate in a fake homosexual marriage planned by Brother Chi in his book, *On this Road: The Autobiography of Lin, Jian-zhong as the HIV Carrier First Exposed to the Public in this Country* (這條路上：國內首位曝光愛滋病毒帶原者林建中親筆自傳). He had initially promised to take part in a fake marriage but subsequently withdrew owing to his concern that it might reinforce stigma against *tongzhi*. Lin wrote:

> Chi proposed a case of homosexual marriage in 1994, while the correspondent found no legislation for it and nobody had ever done this before that we could find. Chi organised a press conference to speak in front of the mass media. He said that he could get me to register for a fake marriage if it was necessary to create a precedent … However, I felt something was wrong after thinking about it for a while and I was in a dilemma. I told my friend [about this] and we discussed the problem while searching for a solution. They all disagreed with me. One of them said, 'When you stood in front of others, didn't you keep emphasising that the public should not make AIDS and homosexuality equivalent? If you took photos of the marriage, wouldn't you slam your own mouth by making homosexuality and AIDS equivalent?' That sounded right … I only tried to be kind in order to fight for others in the community to have a relaxing sky. That's why I said yes earlier. I didn't want my foolish actions to make the public

> in society make homosexuality and AIDS equivalent again. The only thing I could do was to break the promise of a photo shoot (1995: 246–47).

In a social climate where *ganranzhe* in Taiwan were more demonised and marginalised than *tongzhi*, Rexian's efforts, discussed at length in Chapters Two and Three, on linking both together have turned the collaboration between each other into a viable partnership. Rexian's strategy of sharing common experiences of being discriminated against and stigmatised by the majority, gave birth to a moral landscape where *tongzhi*, AIDS suspects and social minorities were able to critically examine the health regime of HIV/AIDS in Taiwan. In so doing they spoke for the populations at risk and the already infected and called for a public AIDS movement and reforms where necessary. Being infected by HIV or not was never a selection criteria for Rexian when seeking participants to be involved in their AIDS programs or movements. What was needed was that participants felt an association with AIDS and could embrace the stigma of being *tongzhi* or AIDS suspects, or even not being afraid of exposure in front of others, *feiganranzhe* could still make a contribution towards AIDS policies or the health of the *tongzhi* community.

After receiving workshop training, illustrated in Chapter Two, and when I joined the AIDS team, I sensed the close distance between *tongzhi* and AIDS. I gradually learned the skills of being empathetic about the stigma of AIDS encountered by *ganranzhe*. However, consciously or unconsciously, I sometimes distinguished between them. This was evident when I decided to tell others about my obsession with men or my study of HIV/AIDS. I was always careful with my words and thought about them in advance in order to avoid the person, to whom I was speaking, from linking me with the other identity. I do not like to label or to place myself into any category and hence call myself a *nantongzhi*. Neither have I been infected with HIV yet. When explaining to my mother about my AIDS research, I tried not to mention that my research participants are all male. I would like AIDS brought back to the issue itself and am careful not to give her any prompt which may allow her to associate my

research participants with homosexual thinking. It worked quite well except for one time when I forgot. She then asked me if 'he [one of my research participants] is a homosexual' after I told her that I was going to interview a male *ganranzhe*.

However, as I attempted to clearly address the difference and relationship between *tongzhi* and *ganranzhe*, I held *ganranzhe* and *feiganranzhe* apart from each other. In reality, since my everyday life experiences were quite distinct from the everyday encounters of *ganranzhe*, I could not dare say to a *ganranzhe* that, 'We are the same!' Until someone has substantially suffered from physical disability and changes in their everyday life, it would not be possible to place experiences amongst *ganranzhe* in line with those *feiganranzhes* not taking anti-HIV medication. Even though they are epidemiologically similar, *ganranzhe* have to feel worried about their collapsing social relations caused by social stigma and discrimination against their infection. These are negative feelings which *feiganranzhe* would be less likely to suffer. Whether the distance between a person with HIV/AIDS and a *ganranzhe* is near or far, it cannot be concluded from a *feiganranzhe's* point of view. Only *ganranzhe* can realise how dissimilar they are when *feiganranzhe* seek to convince *ganranzhe* they both share similar experiences of being stigmatised. After getting close to so many trainees not infected with HIV, a *ganranzhe*, who once participated in a training workshop for volunteers of Rexian's AIDS team, told me how he felt the difference between him, as a *ganranzhe*, and the other participants, as individuals uninfected with HIV:

> I found that people coming here were nearly all *nantongzhi* and *nutongzhi* (女同志, lesbian). I feel that it was like a family. Here, I could be very proud to open up about my own sexuality without any fear and I could even chat with them about the world of my intimate relationship, because they were all like me. Before taking part in this event, only Chi-hon, Yi-tsun (奕村), my cousin, and two of my sister-like friends could listen to my thoughts about intimate relationships. Even with my best classmate who I had known since high school, I had to change the gender of someone I like to female. I couldn't dare let them know so I camouflaged myself as heterosexual. Here, I didn't need to disguise myself so that I could tell them straightaway about the situation of my intimate relationship … As a *ganranzhe*, I was in a group of people to discuss issues regarding HIV/AIDS. Most of those people there, were not *ganranzhe* (of course I was not sure who was and who wasn't). It seems to me that I was the only person, who discussed with everybody about this disease relevant to me and from the angle (of a *ganranzhe*). However, they didn't know that I'm a *ganranzhe*. During the

> discussion, we also talked about many specific terms regarding AIDS, such as cross-infection, the advocacy for human rights … etc. I felt that it was so obvious that my understanding of AIDS was much better than that of others. When they were giving opinions, they didn't sound certain about whether they knew it or not (10 October 2013).

The struggle for certainty

Apart from going to a sauna together to scrutinise the quality of the HIV testing service provided by the local health agent, Chi-hon and I had never met at Bawhe (包盒).[11] We mostly saw each other at periodical meetings of the AIDS team at Rexian's office in Taipei. We attended when our postgraduate education was in progress—to learn critical thinking on biomedical science for me and social science for him. Four years after the report, '2008 The Evaluation of HIV Screening Service at Gay Venues' (explored in Chapter Three) was released by Rexian around International AIDS Day, we again saw each other at a restaurant near the gay sauna that was a fantasyland for *nantongzhi* and where we had conducted an investigation on HIV-testing service (Rexian 2008a). Although each of us had pursued different career paths, we remained active in the field of HIV/AIDS and the AIDS industry (Altman 1998; Butt and Eves 2008; Liu 2010). We were no longer voluntary labourers and family-supported students with spare time to devote to unpaid work. Building on our volunteering experiences in the AIDS team, Chi-hon had become a contracted professional HIV case manager and I had commenced my research using an anthropological lens. Both of us intended to get more deeply connected with individuals, other than *tongzhi* (who were considered by the health regime as AIDS suspects) and *ganranzhe* and those whom we had less opportunity to meet and learn from at Rexian. Our same intention to listen to muted *ganranzhe* brought us to this reunion at the end of 2012 to exchange and integrate our views, whether similar or in opposition. Chi-hon elaborated on what drove him to be in the state service for AIDS governance:

> Every time I visited the prison, they [prisoners] always felt that I was an unfriendly person.

[11] Bawhe is a pseudonym for a city in Taiwan.

> Because the title [of my position], they could recognise which department was conducting the interviews. Some people at the beginning were rather hostile (to me), while some didn't care at all. Part of the reason why I went to the prison was indeed because it was required by the public health authority. However, I did that also out of willingness. All I wanted to do was to listen to and accompany him/her. When they [the public health authority] demanded that I do something, I only chose those activities which made more or less sense to me. For example, [the advice that] he/she should go to see the doctor (7 November 2012).

My pre-existing connection with the *tongzhi* community and Chi-hon, means that my study is undeniably shaped by my relationship with them. They quickly introduced me to many of my research contacts whose stories have also changed my interaction with Rexian. As for Chi-hon, trained to be sensitive and empathetic to social minorities, he was able to harness official resources to work closely with infected IDUs and male adolescents whose resistance against the state was softened by the art of his communication. Our past as peer educators advocating for human rights oriented towards AIDS control and prevention was juxtaposed with his up-to-date experience at a local health bureau and my burgeoning, but still immature, anthropological understanding of global health. Despite our common interest in addressing someone's infectious life, our dissimilar professional development gave rise to contesting approaches that each of us defended by criticising and critiquing the other. Whilst I was privileged to observe the complexity of individual daily lives by gradually staying clear of participating in local AIDS governance, Chi-hon remained closer to governance programs where he could mobilise first aid to soothe someone's physical and social sufferings. This rivalry lies in our contradictory beliefs. His position was similar to the point that Didier Fassin borrowed from Norbert Elias (1956) when trying to comprehend researchers' silence on the AIDS controversy in South Africa, 'This issue was a matter for urgent activist "involvement," not analytic "detachment"' (Fassin 2007b: 10). Mine was the reverse. The only similar criticism that we shared after evolving into each of our own roles was of Rexian's position. Chi-hon complained:

> Yes, I was quite emotional toward Rexian for a period of time. When I came to a foreign place [outside Taipei] to work by myself, I tried to look for assistance. However, they would refuse to cooperate with me for many things just because I, [Chi- hon] was an official representative

> who should be avoided so that their [Rexian's] own stands wouldn't be sacrificed. What I would like to do is to place myself in their [official] position to see something that we didn't discover and which we couldn't challenge before. [Only through the connection between each other] would it be possible to change AIDS policy. I really feel that it would be a huge weakness if you, [Rexian], made a clear cut ruling on this relationship (7 November 2012).

In the contested hierarchy and dynamics of the power relationship between stakeholders and targeted individuals, one's trajectory in the health regime of HIV/AIDS is the historical product of competing global and local narratives. When analysing the 'experiences and politics of AIDS in South Africa', Fassin viewed history as 'not merely a narrative or the sum of competing narratives. It is also what is inscribed within our bodies and makes us think and act as we do' (2007b: xix). No matter how the inconsistencies in our transition become apparent, Chi-hon and I are still anchored with the history of this unrecognised sovereign nation-state where individuals have to make extra efforts to scramble for legitimacy and validity. The conversation lasting for five hours between us was not merely to confirm him as one of the key informants to this dissertation. We were also reflecting on our own experiences as the methodology was being practised meanwhile by my research participants, such as A-hon, Yu-fan and Xiao-zheng to 'attest to one's existence' (Fassin 207b: 23).

In the constant uncertain state of relating oneself to global villagers, the nation, the society, the community and anyone within the same political landscape or other entities, Chi-hon and I had at least recognised each other. Additionally, we were trusted by his cases and my research participants who believed in our views about HIV/AIDS and whose struggles for recognition, trust, connection, visibility and certainty were unpacked to challenge the biomedical status quo of AIDS knowledge. When he was sharing with me his dilemma of working between *ganranzhe*, NGOs and the state, it was more than a window through which he guided me to look into and to explore the micro and macro politics of AIDS governance in Taiwan (Nading 2013). It was further an invitation that called me to recognise his efforts on doing something good about AIDS. The tension between stakeholders was dismantled when

he excoriated state irresponsibility for imposing this duty onto HIV case managers:

> [To execute] many policies are like this: as long as they [TWCDC] demand us to do [something], we have to do everything. Once problems occur, those are our responsibility but not theirs. They would just say, 'See, grassroots organisations are now censuring [us]. That's you who haven't done your jobs well. Please explain to me what is going on!' Made (馬的, Damn it)! You [TWCDC] are the kernel of those troubles (7 November 2012).

Alex Nading explains, 'The work of CHWs (Community Health Workers) entails managing a tension between the bureaucratic gaze of the health ministry and the contingent return gaze of the community' (2013: 88). Regardless of being manoeuvred by central authorities and misunderstood by locals as a scapegoat responsible for the failure of AIDS policies, Chi-hon can always show his resilience by rededicating himself to *ganranzhe*. He felt humiliated when 'many people [especially health agents working in the level of districts or counties] taking their work seriously have never been supported and acknowledged' (7 November 2012). He continued, 'Not only do the state magistrates not affirm [their efforts], but also every NGO blames [them].' However, Chi-hon also admitted that 'my passions were all returned by seeing cases one by one in front of me and starting a conversion with them about these things' (7 November 2012). The legitimacy of accessing a prison and of retrieving personal information from the National Notifiable Diseases Surveillance System (NNDSS) and the Chronic Infectious Disease Follow-up and Management System—HIV and case management subsystems had warranted him the authority to become a bridge to those in need. He described his position to me:

> The other case managers and I are funded from the budget of TWCDC to serve the role of improving the quality of the HCMP. Therefore, we came here [to the local CDC in Bawhe] as someone assigned from the centre. In principle, we could work for anything regarding the management of cases. Our supervisor hence let my colleague and me get focused on issues about it. We had never been on administration duties. It was rather uncommon. I have begun to do it lately because there was a shortage in the workforce. You have to think about that it [as this team] had only four people who were responsible for the entire jurisdiction of Bawhe in the past. Although there are still municipal Public Health Centres below this level, they are not specialised for AIDS (7 November 2012).

Chi-hon's struggles with being unrecognised by his supervisors at HCMP, his friendships with some NGO staff, and even with a few of his cases did not stop him from

becoming popular amongst *ganranzhe*. On the contrary, the more institutional challenges he could bring to public attention, the tighter and friendlier social relationship he established with AIDS suspects and *ganranzhe*. They would rather bet their credits on someone whose critical and resistant mannerisms were not as intimidating as those of the health authorities. They felt reassured of better anonymity and quality of pharmaceutical life. Chi-hon's propensity to openly distrust the state AIDS policies and programs have convinced them that HIV case managers can provide social welfare and aid to support their lives.

Crucially, Chi-hon was not there to call for a vague or impractical campaign of 'Getting to Zero-Zero new HIV infections, Zero discrimination, Zero AIDS-related deaths' (UNAIDS 2011a). Instead, he took action to make himself available as often as possible to anyone who reported to him about their difficulties of dealing with issues regarding their infection, their therapy or their affected life. He did not merely sit in the office and tell them where to go and what to do. I often saw him riding a scooter to meet with his cases in person and to help them solve their problems together. As I mention in Chapter Six, Chi-hon did not just orally advise Yu-fan how he should apply for an exemption from National Service but he personally walked with him to the local office to lodge the application. What he delivers to his patients is certainty in their pharmaceutical supply and certainty for survival in a social condition where HIV carriers and AIDS suspects have to receive unequal treatment from uncontaminated individuals. His value was seen by those who substantially benefited from his efforts especially when public health bureaucrats failed them. Chi-hon called one of his bosses a 'bitch who did not take *ganranzhe's* daily life and social relationships with someone else into account' (7 November 2012). She took advantage of Chi-hon's positive relationships with *ganranzhe* for her own achievement. He said:

> She abused her power and told us to conduct the survey questionnaire for her own research project. I then said [to my case], oh, this is for someone's study and if you don't want [your matters] to be learned by other people, you just fill it in casually. I kept saying that I could help you to tick it if you don't know [how to do]. He said yes. I started to help him to tick erratically and he signed it for me. I am [the creator of the fake information]! … The fact is

> that TWCDC is really shameless. Let me tell you the truth. The statement which they [TWCDC] made to outsiders, to NGOs, to the public, and people inside the local public health bureau is so different. That's really unbelievable (ibid.).

The tie between Chi-hon and his cases no longer confines each of them to the status of a provider of service and beneficiaries. It has modified into some form of social relationship closer to friendship, brotherhood, sisterhood or kinship. A reciprocal interaction takes shape to obscure the hierarchy inherent in this determined unbalanced power relationship in which discredited HIV carriers can only be subsidised through the hands of HIV case managers. As many are not comfortable with speaking to health authorities, those less likely to be subject to the health regime of HIV/AIDS in Taiwan began to spontaneously reveal to social workers like Chi-hon their stories which they did not disclose to the tracking system for AIDS control and prevention. The roles which HIV case managers can perform are hence as malleable as those of the voluntary labourers at the NGOs where Chi-hon and I were trained and where we also occupied a fluid position in between the state and the community. That ranges from being a sister, a brother, or any other family member to a friend who can be trusted and who will guard them without judging their pasts or be disgusted with their suffering.

Once a *ganranzhe* has an indivisible dependency on both their therapy and their HIV case manager, it is usually harder for them to refuse a public health assessment requiring them to detail their sexual contacts and history which they had previously rejected confessing. HIV case managers who can transcend their relationship with *ganranzhe* and even AIDS suspects, I argue, have facilitated 'love' which obligates their patients to become responsible for their own and others' health.

By bridging social services with biomedical and public health management, Chi- hon's socialist views on delivering universal care to *ganranzhe*, whether biomedical or social, are obvious. However, this is also a neoliberal form of AIDS governance to reinforce the disproportionately distributed power between the managers and the managed and where the

responsibility of managing PLWHA and suspects is relocated to him and those in need (Huang 2012c). In his article discussing 'Marxist approaches to the sociology of health', Kevin White commented, 'The state regulates the struggle between antagonistic classes, either by repression or concession, but does not weaken the continuing domination to the ruling class' (1991: 33). Reflecting on his routine interviews with imprisoned *ganranzhe*, Chi-hon's curiosity over one's injecting life instead of their infection has opened broader room for public health interventions and the state's governance on anybody's health and social mobility. He pointed out:

> I would use *dage* (大哥, Aniki or Big Brother) as the nickname to call them and it sounded quite different (to them). 'How did you get in?' I asked. They would subsequently tell me. He said, 'Why did you ask for this?' 'Nothing, I am just curious,' I replied. Most of them were imprisoned because of *dayao* (打藥, injecting drugs). I continued, 'What (drugs) did you inject?' 'What was that feeling like?' 'How much did you inject each time?' 'Could you please describe what that felt like? I really want to know!' 'Where did you do this? That seems to be fun.' 'Isn't that expansive?' … I feel that they then became more willing to reflect on the questions demanded from TWCDC. For example, 'Why didn't they see the doctor?' 'Why didn't they make contact with the public health system?' 'Why didn't they tell their families?' etc. They did not necessarily follow it, but they would start to think, I reckon. Why were people in prisons always the population being ignored? The disconnection from many people is because no one wants ever to hear [what they said]. Being in my position, I have to do it [for control and prevention] (7 November 2012).

Summary: From queer rebels to pharmaceutical conformists

By delivering free ARVs to *ganranzhe* and harm reduction to injecting drug users (IDUs), and by ostensibly enforcing human rights to protect HIV carriers, local health professionals and authorities have been actively compliant with universal standards or values. They self-dubbed Taiwan as one of the leading countries to effectively act in response to and controlling the epidemic (Cohen and Gay 2010; Fang et al. 2007; Fang et al. 2004; Lu et al. 2006; Mathers et al. 2010; Yang et al. 2008). Such achievements had facilitated local AIDS governance to stand out from other societies whose failures are rooted in the unevenly distributed political economic power around the globe (Brown 2015; Gill and Benatar 2016). However, *ganranzhe* began to feel worried about their access to therapy when Treatment as Prevention (TasP) was

added into the global paradigm of AIDS prevention in addition to safer sex.

Although the prescription of ARVs can be more concentrated among HIV carriers, prompting everybody, disregarding their detected viral loads and CD4, to seek a pharmaceutical regime as soon as possible after being diagnosed, increases pharmaceutical expenditure. In response to this unexpected financial burden, the state decided to enforce ways in which its mercy could be allocated in a less costly fashion. The acceptance of *ganranzhe* is hence no longer unconditional. The triple cocktail therapy, coupled with state policy and scientific evidence of drug resistance and pharmaceutical adherence, turns out to be the modern *gu* (蠱, venomous insect) that will be discussed in Chapter Five to compel *ganranzhe* to obey health imperatives. In order to remain healthy and peaceful, those people, whether they are yet to become infected with HIV or not, have to follow the governance and take HIV-testing regularly or furthermore consume ARVs as a prophylaxis before becoming infected. Otherwise, they will not be blessed and protected by the divine power encapsulated in the state gift—the amulet of making good affinity to stay away from HIV, *ganranzhe* or even AIDS suspects.

Through the governance of AIDS, on behalf of love—to love oneself and to love others—the state continues to be allied to AIDS NGOs and thus to leave the responsibility for coping with personal and social sufferings to its citizens. It delineates boundaries to exclude those with any moral or physical deficiency out of the territory where normal and healthier citizens are living their everyday lives. Individuals subject to the ruling power do not need to completely follow orthodoxy. However, they will not be loved, cared for and empathised with by the masters unless they stay in the special administrative region where a law exclusive to *ganranzhe* restrains their rights. They will be disqualified from those exceptional courtesies for therapeutic citizenship and they will have to suffer everyday struggles with their survival if they behave in a manner that threatens social norms or orders. Transforming oneself from a

queer rebel to a pharmaceutical conformist is not a transition which any of them would desire to follow but it is a change which some of them have been compelled to adopt.

Chapter Five
The Struggle for Connection:
Fear of Longevity in the Pharmaceutical Age of AIDS

> [T]he underground had potential to reveal unsuspected truths about the way society really works outside the speeches of politicians and the self-serving pronouncements of the financial community. If immigrant nannies worked off the books for the yuppies who bought the high-priced condos, if low-income black drug dealers served white hedge fund traders, wasn't it possible that the whole vast global city was actually knit together by the invisible threads of the underground economy?
>
> — Sudhir Venkatesh (2013: 60)

Introduction

The HIV Case Management Program (HCMP) was first trialled in Taiwan in 2005 and 2006. In 2007 it was launched as an official program which people were expected to enrol in after they were diagnosed as HIV positive. State officials, public health experts, biomedical professionals, social workers and grassroots organisations collaborated to look after populations at risk. In the name of delivering urgent support to relieve the social and physical struggles facing *ganranzhe* during their everyday life, the state governance of individuals affected by or susceptible to HIV had been intensified. In addition to expanding its biomedical network which was established by the above stakeholders through their ties to NGOs, the HCMP framed *ganranzhe* as inseparable from their pharmaceutical regime. By discussing how the public health rhetoric of adhering to antiretroviral drugs (ARVs) has shaped their social relations with others, this and the following chapters elaborate on how PLWHA are further marginalised by programs for AIDS prevention and control.

In this chapter, I witness Xiao-zheng's struggles and aspirations throughout his life, before and after contracting HIV and after starting ARVs. He was diagnosed as a *ganranzhe* in 2000. His request for sexual health education to be delivered to his family—whose response to his diagnosis was horror and rejection—was declined. As a result, the fragile consanguine *guanxi* with his family members was not restored. Social stigma and

discrimination against *ganranzhe*, in his story, were not ameliorated, even though stakeholders in the health regime of HIV/AIDS publicly avow a position that delivery of accurate knowledge and information is central to addressing stigma (Feng et al. 2009; Lee, Fu and Fleming 2006; Yu et al. 2018).

Xiao-zheng's untreated HIV infection exacerbated the social inequality which he had experienced even before becoming a *ganranzhe*. Despite having a chronic health condition which was controlled by ARVs, his physical and social sufferings deepened after his enrolment in the HCMP where he was, in effect, incarcerated in the therapeutic network of the local AIDS industry. His concerns with his unstable everyday life and broken social relationships with others were not addressed by policies and practices enacted by public health, biomedical and social services to meet the needs identified for *ganranzhe*.

Reflecting on Xiao-zheng's ongoing struggles embedded in his humble living conditions and the therapeutic regimen of HIV/AIDS, I argue that a *ganranzhe's* subjectivity is shaped by the state apparatus producing and controlling dependent citizens. Lives of *ganranzhe* are only worth saving if they choose to be obedient to a pharmaceutical and health imperative. The global AIDS discourse on drug resistance has facilitated the evolution of lifesaving pills into a modern form of *gu* which permits the state to scientifically and legitimately restrict mobility amongst *ganranzhe* and AIDS suspects. As free access to these costly biomedical products is controlled by the authorities as their benevolent and humanitarian response to the AIDS epidemic, any indocile cases, usually those suffering poverty, are governed and punished by the mechanism of access to ARVs.

Xiao-zheng refused to allow his health, body and everyday life to be monitored and disciplined. He manipulated the blood testing process and his medication dosage regime in order to reach the standard necessary to be subsidised by the state. Regardless of his inconsistent dosing, Xiao-zheng always kept his weakened immunity and the virus within his

body from further deterioration by timely taking ARVs before the periodical medical examination. As a result, he was not viewed by health professionals as one of the *bupeihegean* (不配合個案, the indocile cases) that could set him apart from those dependent on their pharmaceutical regime. Thus, control over his life, whether to live or to die, remained in his own hands.

In connection with Xiao-zheng

At around the half way point in my interview with Dr Li (李醫師), an infectious diseases specialist, Xiao-zheng raised his concerns about the many *ganranzhe* who had not adhered to their ARV regimen and who had yet to disclose their HIV infection to their family. Xiao-zheng was an assistant in a documentary interview project conducted by Persons with HIV/AIDS Rights Advocacy Association of Taiwan (PRAATW) in 2013 and where I had met Dr Li. He was also a registered patient in the hospital where Dr Li was working.

Xiao-zheng said that he would like practitioners who specialised in public health to help thaw the frozen *guanxi* that existed between him and his father and sister, and which certainly mattered to him (Kleinman 2006). Xiao-zheng had hoped that correct knowledge and information regarding HIV/AIDS from public health authorities would help restore their frayed relationship. However, his request that this public health education be delivered to his parents and relatives was refused by a bureaucrat.

I did not anticipate that Xiao-zheng, a new stranger in my life, would suddenly thrust his question, though relevant, into the conversation between Dr Li and me. If I did not take his questions to Dr Li seriously, he would have experienced yet another rejection. Instead of stopping him from interrupting the interview, I wondered why he spoke of his experiences on this occasion but not during his regular visit to the clinic. My interview with Dr Li lasted for three hours. However, my connection with Xiao- zheng was just about to begin. Before we headed back to our respective places, he told me that he was going to be imprisoned for a

short time as he was charged with stealing. He shared with me that the disclosure of his infection had caused him to be coldly treated by his family. We made a deal to meet each other again once his state punishment was completed. Two weeks after Xiao-zheng was released from the Detention Centre, we were chatting at his hometown, Dean (De) (德安).[1] He had lived in Dean, for the most part, for 38 years.

Fragile consanguine connection

Xiao-zheng had lived in Dean, his mother's hometown, since he was born rather than growing up in Huanan (華南)[2] where his father and most of his paternal relatives had settled and where his ancestral line in a patriarchal society customarily belonged. As his mother was not used to life in the countryside where her in-law family was located, she moved back to Dean before giving birth to him. Her decision to remain apart from Xiao-zheng's father had freed her away from the pressures of living with her husband's parents. It also meant that Xiao-zheng's familiar ties were closer to Dean and to his uncle's family. Except for a couple of unavoidable instances where he was compelled to stay in other cities during one of his periods of imprisonment, and for several occasions when he was staying in halfway houses, he barely spent any time in places outside his mother's hometown. Xiao-zheng remained a member of his uncle's family even after his mother passed away when he was aged 11 years. He was not banished from that family until the age of 30. Because he wished to look after his sister, who was forcibly treated and confined to a local psychiatric ward, Xiao-zheng has not travelled too far away from Dean, or stayed away for too long.

Even though the family structure in Taiwan is still predominantly patrilineal, the conflict between Xiao-zheng and his parents, and his long separation from his father's roots, have loosened the connection between Xiao-zheng and his paternal relatives. Amongst the

[1] Dean is the pseudonym for Xiao-zheng's hometown in Taiwan.

[2] Huanan is a pseudonym for a county in Taiwan.

other children who are also in the generation next to his father's siblings, Xiao-zheng is the only male descendent. He once held the advantage that no one but him could legitimately pass on the *xianghuo* (香火, burning incense or descendant)[3] once he established his own family and bore a son. Hence, being the single hope for genealogical continuity, the distant *guanxi* between his father's family and Xiao-zheng did not undermine his legitimacy and ties to this relationship. He was entitled to the ceremony of tomb sweeping and to inherit his ancestors' properties. His paternal grandmother never found it disturbing to occasionally travel from Huanan to Dean just to visit him. Xiao-zheng still remembered how his gender in a patrilineal society privileged him to be loved by two grandmothers in his childhood:

> My father is from Huanan and my mother was from Dean. However, as I had been always with my mother, I grew up in Dean. [They] weren't divorced. My father is comparatively irresponsible. [I] was raised by my uncle … In my generation I'm the only son in our [patrilineal] family. The only male. Because my mom didn't have boys in her first and second births, the relatives from my dad's family disdained her. That's why she brought us back to Dean. Though I should still be the lucky one! Both of my grandmothers, either the one in Huanan or here [Dean], loved me dearly. I still remember that my grandma would bring something up to me from Huanan (19 September 2013).

His value to the family suddenly vanished when Xiao-zheng was no longer considered to be adequate for producing offspring. In response to an auntie who pushed him to get married, he disclosed his homosexuality and HIV infection—an act which the health authority had encouraged him to do. In consequence, the already fragile *guanxi* with his father's family became even worse and he was subsequently disallowed from stepping into his *laojia* (老家, native home) to worship his mother. Xiao-zheng's father also began to denounce him for his disqualification from *chuanzongjiedai* (傳宗接代, continuing the family line) as it barred them from being eligible for the wealth left by the ancestors. In order to return to Huanan, Xiao-zheng wondered whether the local health professionals could serve as a lubricant to help

[3] In Chinese culture, males in each generation of a family are usually responsible for keeping the incense burning and passing on it to their next male descendants. The continuity of that family is ended if no male descendent is born to keep it going.

fix such a fragile *guanxi* for him by giving his family knowledge of his condition through health education. He believed that more accurate understanding about HIV/AIDS could narrow the distance between *ganranzhe* and *feiganranzhe*. Xiao-zheng reminisced:

> After I came back [to society] from Prison Tai (泰)[4] in September 2007, I told everything about myself to my paternal auntie and my father. It was because I didn't want to bear the pressure of marriage that forced me to do this. A requirement which my auntie gave to my dad was that he could inherit the ancestral wealth if I got married. My father was pissed because I am not able to get married. I told my auntie and uncle that I am indeed infected by HIV. They didn't understand then and asked me what that is. 'That is AIDS,' I said. Afterward, I had arguments with my father in that year and they didn't care about me anymore. He angrily said, 'Why can't [you] get married and why can't [you] *chuanzongjiedai*?' (5 August 2013).

However, his ordinary and practical request for public health assistance was dismissed. No one was prepared to act professionally to provide Xiao-zheng with such a fundamental service which concerned him the most in relation to his everyday life and social relations with others. All he had experienced from the health authorities, including the Huanan Public Health Bureau and the Anyuag Health Centre, was their shifting of duty of care from one case manager to another. Staff at the health centre strongly advised him, 'You don't live here, so never bother yourself to come back!' To Xiao-zheng, the health bureaucracy did nothing meaningful for his relationship with his family. It seemed to him that their preferential attention on controlling his HIV disconnected him further from the kinship to which he is forever genealogically attached. He added:

> I always wanted to go back to Huanan and that was why I asked a favour from the Anyuag Health Centre to do some public health education [for my family]. After the disclosure [of HIV infection], I couldn't stay in Huanan for just one night. Neither could I take a shower. I wasn't allowed to eat [with the family] but had to have the meal outside. Why? I really want to go back to my *laojia*, my grandmother's home. My mom's tablet [her name] is even there. The outcome of disclosing is that I can never return to Huanan! (5 August 2013).

At the same time, Xiao-zheng was unable to live with his uncle's family after having been raised and growing up there for 30 years. He had already revealed to his auntie-in-law about his HIV infection some seven years previously. Since then, he had been given no seat at family reunions on Chinese New Year's Eve. Given new circumstances where his growing

[4] Tai (泰) is the abbreviated pseudonym of a city in Taiwan.

cousins needed more space in the house, it was eventually demanded that he moved out. Unfortunately, arriving at the age of 30 Xiao- zheng did not match with Confucian Aesthetics or Ethics where, at that age, he should have established firm goals and confirmed the direction of the development for his future life (Tu 1976). Instead, Xiao-zheng became more distressed when he was disavowed and the relationship between him and both of his maternal and paternal relatives was discharged. His absence might symbolically keep the blood of his families pure and free from contamination, but their relationship remains sabotaged. He had nowhere but halfway houses to go—places where he could search for affiliation and recognition not available from his fragile consanguine connection.

A complicit performance

By referring and relocating Xiao-zheng to an alternative halfway house, the public health authorities ostensibly performed an art of mercy, obscuring their irresponsibility in refusing to mediate a reconciliation with his family. After a shelter had been temporarily secured, his acceptance of this offer saved him from becoming a vagrant. It was a compelling solution to the problem of having been cast out from his native roots. He understood that the public servants were simply passing the buck from one to another. They did not take seriously his hope that some social service could be put in place to repair his fragile consanguine and HIV-affected connection with the family. Rather, they framed their assistance in terms of significant humanitarian support which had at least brought Xiao-zheng a short-term benefit. By shifting their duty to local charities, the state's incapability in delivering Xiao-zheng adequate support became less noticeable. Indeed, the public would be impressed with this ostensible stratagem which put the interests of *ganranzhe* first.

Xiao-zheng's need to return to his home was ignored by health bureaucrats who could not see how his everyday interaction with his family members mattered to him and to his health. Whilst they stood by the view that 'different aspects of HCMP still require further

connection and coordination' (Ko 2009: 6), they failed in their HCMP mission aims to 'compile and mobilize resources based on need amongst *ganranzhe*' (ibid.). Instead of 'assisting them to gain essential support' (ibid.: 2) and 'tackling external pressures such as the refusal of family or discrimination in employment' (ibid.: 6) their attention in this instance was on managing Xiao-zheng's HIV. Claims that 'it is more than merely a monitor and management that is exercised by the public health authority, the caring model of HCMP' (ibid.) expanded the ramification of AIDS governance under the state. However, this only satisfied their own needs to reduce further transmission and to prevent subsequent threats from damaging healthier others.

During his residence in the halfway house, not only was Xiao-zheng's mobility and his virus contained, but also his sexual conduct was managed and traceable so that he would stay less active than previously. 'Bringing outsiders back to the place or sleeping with another resident is forbidden, although we played secretly when no one was around to supervise us,' Xiao-zheng said (9 September 2013). The halfway house functioned as a panopticon where inmates did not really know if their conduct was being watched by an invisible watchdog (Foucault 1995). Whilst inmates were not completely aware whether the social workers who delivered caring services to them were monitoring their lives, they mostly refrained from unbridled behaviours that were prohibited in the house. When 'he inscribes in himself the power relation in which he simultaneously plays both roles', a *ganranzhe* in a halfway house becomes 'the principle of his own subjection' as Michel Foucault argued in his analysis of panopticism (1995: 202–203). Anyone who did not obey an institutional order, such as the residential policy for the halfway house that was formulated by those in power, incurs consequences. This was similar to Xiao-zheng's experience. Before he realised that social supports for his accommodation was not given without expectation of return, his refusal to exchange his labour for a place in a refuge disqualified him from being admitted to another

shelter. Although people may believe that a humanitarian institution is too merciful to leave anybody behind, or that they would not make any unsound demands, Xiao-zheng was eventually left alone to look for alternative connections on his own. He described how *ganranzhe* were selected by civil society organisations (CSOs) to receive welfare services:

> There were many cases that they [social workers] wouldn't help. Even if the halfway house wasn't full, they still asserted that it was full and had to be arranged. This is the simplest excuse made to avoid their responsibility. Making up this excuse is demanded by their boss. Almost every one [of my friends] who had met the social workers told me that it required arrangement and being signed on to the waiting list of the halfway house when there were also other people around. While in fact, no one was there! Many friends were rejected! As for me, when the Public Health Bureau wanted to refer me to Huisheng (慧生),[5] it wasn't successful many times … My feeling is that every institution and everybody is the same, very materialistic! We have to strive on our own for rights belonging to us. Everybody has rights to welfare and survival. If we don't fight for our own rights and the ways to live by ourselves, we can't rely to anyone else to fight for us. It's useless to rely on any social body except ourselves! (27 October 2013).

Thanks to the social worker who visited Xiao-zheng in prison, their established connection and collaboration between the judiciary system and another NGO, a vacancy was found for him in another halfway home. Otherwise, he would not have been assessed as being disabled or devastated enough to secure a place after competing with other applicants also in need of scarce social and economic support. The struggle for compassion and humanitarian aid is embedded in the welfare structure where one's suffering has to be witnessed and validated by sponsors. Relief is only available to individuals who are prioritised by the gatekeepers of the resources (Nguyen 2010). In order to hold his advantage of being sponsored by the NGO for his social welfare, Xiao- zheng kept in mind that the compassion and generosity from Lepeng (樂鵬)[6] to him was not altruistically given. On one hand he was aware that repayment for Lepeng's generosity was necessary to maintain a positive *guanxi* with this institution. On the other hand, he was able to negotiate better hospitality during his stay by purposively performing as a docile subject who could devote himself to benefiting the

[5] Huisheng is the pseudonym of a halfway house in Taiwan.

[6] Lepeng is the pseudonym of a halfway house in Taiwan.

institution. Xiao-zheng called himself a ‘chores servant’, a mask which he put on with social workers as his audience:

> *Aiyou* (哎呦, Strike a light)! If there was something which I could borrow to describe the situation as relatively negative, I was like a sweeper. A chores servant! That’s a chores servant at the prison. At Lepeng, those who don’t help with anything at all will be ignored by social workers and those who hold positions higher than them. Thus, while there, you must show yourself to be very confident and also to devote yourself to making them feel that this person doesn’t waste time when he comes here. Just do whatever should be done, such as washing dishes, sweeping the floor, cleaning the garbage … saying hello to others. Just like these, it’s so faked (27 October 2013).

Contributing to prison housekeeping work does not sound significant. However, his performance of these trivial daily jobs was how he was evaluated as a confident *ganranzhe* whose moral transformation from a previously promiscuous gay was believed to be in progress. Once a fixed three-month period of provisional support was complete he was assessed as a competent candidate who deserved both the shelter and a subsidy delivered by Lepeng. Lepeng declared that homeless *ganranzhe* could only stay at most for a fixed term of three months and after that he would be deemed capable of living independently. However, that period could be flexible, so long as *ganranzhe* could present themselves as helpless invalids unable to arrange accommodation, who were nevertheless considered worthy of being saved by the authorities and grassroots organisations. By playing the role that Lepeng would like a *ganranzhe* to exhibit, Xiao- zheng did not suffer the social exclusion that he had constantly experienced in the past. He conquered the triage system installed in the health regime of HIV/AIDS where one’s admission to or prohibition from social and medical support is decided (Nguyen 2010). Acting as if he was on a stage, as Erving Goffman (1956: 66) pointed out, he was included in the beneficiary list where his continuous access to welfare was considered and even guaranteed. His inclusion lay in his performance as someone transforming themselves and whose personal conduct appealed to the stakeholders in the AIDS industry. Xiao-zheng indicated this:

> When I was in Taihu (泰湖),[7] I didn't give the manager [at Lepeng] a good impression. I felt that he didn't care about me at all, except for saying hello to me. Second, he really doesn't like a *ganranzhe* who is homosexual, especially when this *ganranzhe* went to a sauna again or didn't keep himself away from immoral conduct! Thus, what he did [for *ganranzhe*] was merely superficial. Ostensibly, he treated everybody very well, while privately, he really hated [those people] unless the person had transformed [themselves] hugely (27 October 2013).

Besides sustaining Xiao-zheng's everyday life and his survival, the established *guanxi* between his correspondent social worker and him was profitable to the reputation and the development of Lepeng. As a charity whose humanity and benevolence were used for drawing in state funding and public donations, Lepeng could survive by advertising how it delivered services to *ganranzhe*. It had to demonstrate to its donors that their generosity and altruism were morally drawn upon to empower those they sponsored and represented. An arresting proof of the worth of their donors' contribution was established by demonstrating that Xiao-zheng's transformation or purification from a queer rebel to a pharmaceutical conformist was possible through institutional love and care and guidance. In a neoliberal welfare state where enthroned equality is embedded in reciprocity (Mau 2004; Muehlebach 2013), benefactors are able to redistribute their kindness by reallocating their almsgiving if their spiritual merit was not returned with righteous, virtuous or adequate rewards.

Dependent citizenship in the making

In the seven years after his diagnosis as a *ganranzhe*, Xiao-zheng did not visit a hospital for any severe symptoms or illnesses arising from his HIV-destructed immune system. He would only rush into the emergency room (ER) at night when he suffered from certain urgent conditions, such as acute flu and fever and which Xiao-zheng never associated with his infection. Despite the expense of visiting an ER, he only had to contribute a small registration fee, usually around 50–100 dollars (1.6–3.2 USD), to be admitted to therapy. AIDS was once listed as one of those catastrophic illnesses where patients were exempted from sharing a co-

[7] Taihu is the pseudonym of a city in Taiwan.

payment for their medical treatment. No matter which condition Xiao-zheng sought assistance for, his expenditure on biomedicine was fully covered by the scheme of National Health Insurance (NHI). He recalled, 'At that time, there was a Catastrophic Illness Card (CIC) (Figure 20). Then, going to see any medical doctor specialising in different areas was free for us. [We could] see anyone whether it was a dentist or an otolaryngologist' (5 August 2013).

Figure 20. Upper left is the Catastrophic Illness Card. It is for the recognition of patients with catastrophic illnesses in Taiwan. It became invalid in 2006 (Yi-hui Lin 2015). Centre right, the National Medical Service Card also known as 'little yellow card'. Bottom left, the Disability Card. Xiao- zheng owns each of these.
Source. Photographed by author, 21 April 2018. Xiao-zheng gave permission

The cost of accessing a medical service for Xiao-zheng in the early stages of infection was relatively low. It did not overly burden him to attend a periodical examination to determine his immunity and viral load and to begin his pharmaceutical regime of triple cocktail therapy. He was free to decide when to apply this therapy to his body in contrast to nowadays where *ganranzhe* are compulsorily enrolled into the HCMP and are mostly persuaded to comply with modern biomedical doctrine. As this health imperative was not coercively in place before the implementation of the HCMP and the global dissemination of TasP, Xiao-zheng's decision about whether to approach therapeutic infrastructures or not was not enforced. However, his identity as a *tongzhi*, a *ganranzhe*, a prisoner and a sex worker (Xiao-zheng had once engaged in this last work to earn an income), still categorised him as a threatening subject who required biomedical containment. He controlled the infection himself

and only reached out for medical help when he experienced illness. Not until his stay in the 'heaven' that he called prison because he considered his life was better off there than outside, was Xiao- zheng finally captured by public health professionals. In his cell, where HIV-testing was enforced on inmates according to the *AIDS Prevention and Control Act [1990]* and the *HIV Infection Control and Patient Rights Protection Act [1990]* (amended 11 July 2007), his blood sample was finally collected for biomedical and immunochemical analysis. He told me,

> I hadn't started to take medicines [at that time of the infection] until the year of 2007. Easily catching a cold was the only thing I knew. [I] had started to feel really tired around 2002 and 2003. Also, at that time, there was CIC. Before being replaced with the National Medical Service Card (NMSC) [Figure 21],[8] there was only a registration fee charged when I went to the ER for my fever at midnight … The result of the blood draw at the Prison Tai was: 4000 more for the viral load and 100 left for the CD4. He [the health provider] would come every three months to take blood from those imprisoned there and to take blood samples (5 August 2013).

Figure 21. This National Medical Service card was commonly known as the 'little yellow card' for the identification of HIV carriers after 2007 and before NHI was again designated to cover the cost of AIDS treatment in February 2017 (Lin 2015).
Source. Photographed by author, 28 October 2013. Xiao-zheng gave permission for this card to be photographed and used in this dissertation.

Xiao-zheng started to realise how the virus had been accumulating and reacting inside his body and how much his capacity for self-defence to other pathogens had been retained. His health condition was no longer merely judged to be a symptom of the flu by which he used to monitor how his body responded to the HIV virus. Based on the two sets of scientific and objective values in his testing report, Xiao-zheng realised that he was vulnerable to

[8] Lasting for a decade, it was widely called the 'little yellow card'.

pathogens regardless of his feeling healthy. Being ill suddenly became viewable and thinkable by the numbers expressed in his various testing reports. Not only did it make him a social body in relation to the scientific discourse and cultural interpretation about AIDS, but it also made him a body where his 'lived experience of the body-self' (Scheper-Hughes and Lock 1987: 7) and social relations with others were watched over and intervened in by others.

Xiao-zheng discovered that his CD4 had dropped to a level of less than 200 cells/mm^3. According to the *Guidelines for Diagnosis and Treatment of HIV/AIDS* published in Centers for Disease Control and Prevention, Taiwan (TWCDC) (2006)[9] that level was the threshold for a *ganranzhe* to be introduced to their pharmaceutical regime. As his low CD4 count and high viral load were believed to jeopardise his life and to pose a threat to public health, Xiao-zheng's infectious diseases specialist suggested that he should begin therapy as soon as possible. Before that happened, he was released from prison under the provisions of the 2007 *Criminal Commutation Act [2007]* Taiwan. Although he was found to meet the criteria for the triple cocktail therapy that his specialist was going to prescribe for him in jail, his return to society two months earlier than normal postponed that schedule. This subsequent freedom for 'infected druggies or prisoners' worried the Ministry of Health (MoH) who quoted foreign experience to justify its act of demonising prisoners and *ganranzhe* in the name of health. In the following report from the local press, *China Times* (11 July 2007), the 'infected druggies or prisoners' were framed as AIDS suspects whose discharge and reintegration to society had to proceed cautiously. The journalist, Chang, addressed the issue:

> The 2007 Sentence Commutation Act is going to come into effect. In addition to those 4,700 junkie prisoners, among them, there are 635 HIV-infected cases … The MoH said that on the date of the Commutation, every local Public Health Bureau is going to set up 'the station of public health advisory service' focused on the released prisoners and their family members to advertise the perspective of harm reduction and prevention of HIV/AIDS and to distribute the

[9] The guideline suggested that patients need to start the pharmaceutical regime when their CD4 tested below 350 cells/mm3. While if the value of CD4 is between 350–500 cells/mm3, the decision to start it lies in the speed which CD4 drops and in the viral load. If the number of CD4 is higher than 500 cells/mm3, regular tracking is enough, and patients do not need to take medication temporarily. If an opportunistic infection has developed, the therapy starts regardless of the value of CD4 and the viral load. The standard has continued to be revised (TWCDC 2008, 2010b, 2013b).

chuyujinnangbao [出獄錦囊包, Discharge Kit] [Figure 22]. The Discharge Kit contains a set of toiletries, a pair of nail scissors, condoms, the list of 846 places where clean syringes are provided, a list of hospitals offering alternative therapies, a list of designated hospitals for anonymous HIV-testing and therapy, a brochure of knowledge and information about Methadone, a *gengshengpinganfu* [更生平安符, Lucky Charm of Aftercare] and some other educational materials (2007: n.p.).

The health authority produced the alarming claim that Xiao-zheng's freedom to travel and his unrestrained everyday life could adversely impact his and the public's health. By accepting the Discharge Kit, he and former inmates were reminded to holheir moral ground where they would be responsible for their own conduct even when close surveillance did not control their daily lives. Ostensibly, the penal system was becoming less directly involved in Xiao-zheng's autonomy. However, it merely replaced it with the health imperative of caring for one's own and everyone's life, and people were called to stay vigilant over their personal behaviour and their social interaction with others. To Xiao-zheng, this signal had a profound impact on his willingness to visit a clinic. Despite an initial reluctance to attend, he lost confidence in his own perceptions about his health condition after reading the report of his CD4 and viral load. In the end he proceeded to biomedical services where his sexual mobility could be watched over by health professionals.

Figure 22. Discharge Kit
Source. TWCDC 2012b. Available from: https://www.cdc.gov.tw/professional/info.aspx?treeid=7b56e6f932b49b90&nowtreeid=BF8212C8B0914 75E&tid=6CD256913AED3F51 (accessed 18 November 2018)

HIV had been a very abstract thing for Xiao-zheng for seven years. He had not perceived it as a concrete threat to his survival until those viral numbers were too vivid for him to disregard. By personally witnessing just how much virus was in his body and how much immunity was left in his defences, his belief in medical advice was established and reinforced by the thought that his life was fading away. Xiao-zheng was consequently worried about his 'quantified health' and his 'dying life'. Instead of continuing to refuse to take ARVs, he compromised with his doctor to see if he could delay treatment unless there was no improvement in the follow-up medical report.

Yu-fan, whose story is elaborated upon in Chapter Six, described the medical reports as 'academic transcripts' that permit medical doctors to judge if a *ganranzhe* had performed well by disciplining his conduct and thereby controlling his viral activity. According to the numbers appearing in a report, health professionals could determine whether their patients were really as good or as bad as they presumed. The 'good person' was supposed to obtain an outstanding achievement in each area while the 'bad person' was expected to present a poor result. If that assumption did not match the numbers, the dynamic between a *ganranzhe* and their health professional could change. Yu-fan once failed to attain his previous exceptional record. He told me that he felt embarrassed for not obeying his doctor's teachings and by not delivering a perfect health condition to Dr Liu (劉醫師):

> I feel that in order to treat a disease, there is collaboration between patients themselves and doctors. The relationship is like that in a team. Dr Liu treated me so devotedly,[10] but I seemed to be a team member who held her back when the results turned worse. It's normally quite relaxing talking to the doctor. It's like someone returning to their former school to see teachers and to describe what's going on lately in a chatty mode. However, there would be pressure if I was not in good condition, and I had to disclose [something]. That's a feeling as if you want to say something, but you don't know how to. It's like embarrassment or even shame. Disclosure is like a situation in which you want to address an issue seriously. If I didn't follow the medical advice that Dr Liu gave me and if my body was not very well, I would feel distressed. That's because I needed to be honest for everything in the clinic (9 March 2018).

[10] Dr Liu is the pseudonym of Yu-fan's doctor.

The transition of Xiao-zheng's mindset concerning his need for medical services was a reassuring milestone for the public health authority which attributed the outcome to the application of their health belief model. They considered that he had successfully 'perceived HIV as a threat'. As a result, he was able to see that seeking assistance from biomedical services was necessary to the achievement of positive outcomes regarding his health.

In fact, far from trusting that the biomedical apparatus was beneficial to his body, Xiao-zheng's promise to be managed was merely a strategy to postpone treatment. Even after reading his report and blood test, he reconsidered the recommendation to take medication to boost his CD4 numbers and reduce his viral load. He never stopped being suspicious about the state's intentions. Only when Xiao-zheng associated his reported numbers with his symptoms, such as a fever, was it possible for him to become compliant with the health imperative. He was after all subject to symbolic power: that is 'violence wielded with tacit complicity between its victims and its agents, insofar as both remain unconscious of submitting to or wielding it' (Bourdieu 2001: 246) and which emerges from scientific values. He negotiated with his doctor:

> Because [my] CD4 was too low, the doctor suggested I take medicine or be hospitalised. I discussed the implications with her by asking if I could be tracked without taking medicine. She replied me that it was too low and around 130 [regarding CD4] was really dangerous. I told her to give me more time to consider and she gave me a week to think. However, I quickly returned back to the clinic because of the fever. The fever couldn't be reduced. I thought that an injection might be helpful, but it wasn't. So, I started to take the medicine. The first combination was Stocrit and Combivir (6 March 2015).

Despite his irremovable HIV, Xiao-zheng's health condition improved and his doctor told him 'your CD4 has increased to 1099 and you are healthier than me. My CD4 might not be so high'. However, when his 'catastrophic' health card was replaced with a 'little yellow health' card during a stay in prison, his medical subsidy suddenly dropped. The legislators had decided to remove those with HIV/AIDS from the list of catastrophic illness in 2005 to solve the financial crisis facing the NHI within the first decade of its implementation (Chang-

hsun Chen 2015; Ling-ya Chen 2015; Yi-hui Lin 2015).[11] Only the cost of the relevant HIV medication was still covered in the general budget of the TWCDC. As for other conditions not relevant to HIV, *ganranzhe* in Taiwan had to pay any co-payments themselves. Emphasising the dissimilarity between AIDS and other diseases to justify an independent system exclusive for *ganranzhe* was paradoxical. It contradicted to the state's endeavour to depict AIDS as a chronic disease similar to other afflictions in order to encourage *ganranzhe* to enrol in the health regime of HIV/AIDS. By doing so, it nevertheless declared its impartial manner towards HIV carriers and sexual minorities.

To differentiate AIDS from other catastrophic illnesses, and to exclude HIV carriers, the NHI had imposed symbolic violence by legitimately segregating *ganranzhe* from the social field where most suffering occurs and where *feiganranzhe* are located. The change from a 'catastrophic card' to a 'little yellow card', together with Xiao- zheng's exclusion from the NHI, discouraged him from hurrying to the ER which had cost him nothing when AIDS was listed as a catastrophic illness. He could no longer afford the expense if he urgently needed treatment for any of his acute ailments arising from his depleted immunity. Unless his sickness could be clinically identified as one of the syndromes affected by HIV, non-AIDS related biomedical services would require payment. Even if Xiao-zheng's symptoms could be diagnosed as AIDS related, he would always spend considerable time dealing with bureaucratic official documents in order to apply for a fee waiver. He complained:

> For example, a hospital in Dean has a rule about requesting those certificates [of our low income etc.] from us. If not, their social workers won't help. Unless the Public Health Centre or the Public Health Bureau lists cases as unusual or for special projects is it able to help them to return debts to the hospital (5 August 2013).

[11] In Chapter Four, I discussed the latest amendment of the *HIV Infection Control and Patient Rights Protection Act* enforced in 2017 to bring the budget for the cost of AIDS treatment back to the NHI. Again, financial crises facing the funding system rationalised the change. It is also worth noting another point here. Articles which I cite here are collected in a special issue of the journal, *AIDS Care*. These were published in response to the amendment in 2017. The journal sought to cover papers written from diverse perspectives in a range of a health authority (Chang-hsun Chen 2015), the medical doctor (Hsi- hsun Lin 2015), an HIV case manager (Ling-ya Chen 2015), the health professional (Chuang 2015) and a staff member from an AIDS NGO (Yi-hui Lin 2015). The voice from *ganranzhe*, as the affected individual, was unfortunately not included.

HAART as *gu* (蠱)

Medical practitioners inform *ganranzhe* in advance about the wide range of physical side-effects associated with ARVs. Whether individuals who are prescribed medication to control their virus will suffer any side effects is uncertain until their bodies start to react after taking their first dose. Symptoms include a rash, vomiting, dizziness, insomnia, a reduced appetite or muscle pain (Persson 2004; Race 2001; Rosengarten 2009; Whyte 2014). Some patients might tolerate the prescribed combination very well without developing any adverse side effects or they might not bother to complain if they experience only a few. Others including both Yu-fan and A-hon, discussed in Chapters Six and Seven respectively, had initially confronted unbearable side effects before a more suitable prescription was found (Rosengarten et al. 2004). Xiao-zheng was not exempted from the trajectory of side effects facing other *ganranzhe*. On the contrary, for the first two months after his pharmaceutical regime was prescribed he underwent a series of empirical drug tests that exposed him to a long list of suffering.

> It was so painful when I started to take medicine in 2007! It took nearly two months to get a medication with no side effects for me. Nearly every week, another combination would get changed. One week, one combination. Stocrit (efavirenz) [Figure 23] and Combivir (lamivudine/zidovudine combination) had caused me large side effects so that I couldn't sleep at all because of ongoing vomiting whenever I ate. Gastric acid was vomited as well. Someone said that taking Stocrit can be helpful for sleep by dreaming, but I was unable to sleep for a week. It lasted for one week! The doctor asked me to have a try but I told him that I couldn't get over the insomnia for an entire week. The second combination was Kaletra (lopinavir/ritonavir combination) and 3TC (lamivudine) [Figure 24] which caused more severe adverse effects (5 August 2013).

Figure 23. Stocrit and a catalogue of ARVs
Source. Photographed by the author, 16 July 2013. A-hon, the protagonist in Chapter Seven permitted me to take the photo and use it in this dissertation.

Figure 24. 3TC and a catalogue of ARVs
Source. Photographed by the author, 16 July 2013. A-hon, the protagonist in Chapter Seven permitted me to take the photo and use it in this dissertation.

His ongoing efforts and failure to adjust his body to the different pills exhausted him. Without the alternatives largely only available to well-resourced individuals Xiao-zheng's only option was to enrol in the state-administered biomedical regime for HIV/AIDS. He hoped that his health and quality of everyday life could be improved after he had endured the pain. However, the resulting effects of the biochemical and pharmaceutical reactions to his body, in comparison to the social sufferings facing Xiao-zheng, were not a big deal for him. Instead, he felt wounded and tormented from his disconnected interpersonal relationships caused by the accompanied malfunction of his physiological mechanism in relation to his therapy.

'It's all wrong by either taking or not taking [medicine]', was his view on taking his prescribed pills. Still, Xiao-zheng and other *ganranzhe* were still persuaded by biomedical professionals to be obedient to their medication regimes. On one hand, they were convinced by the scientific paradigm that a resistant virus, caused by poor adherence to medications, 'could be easily transmitted to others so that it could cause a significant risk to public health' (2 February 2015). On the other hand, they were threatened that if they did not adhere to their medication regime they would develop AIDS faster than those who remembered to take their triple cocktail therapy regularly. Xiao-zheng hoped that his endurance of his afflictions,

without missing any pills, could subsequently improve his health once he had managed to maintain a strict adherence to his prescriptions for several years. Unfortunately, being a compliant *ganranzhe* did not boost the amount of CD4 in his blood. He failed to reach the required biomedical level in accordance with the guidelines. He was frustrated by his constant inadequate CD4 readings (Figure 25):

> I can do nothing as my immunity is just so bad that my CD4 was tested so low without any improvement every time. Based on the report, she [the doctor] would tell me that I hadn't taken my medicine properly and that the drug was so expensive! Her manner was really bad. Then, she continued to advise me not to play around! Should I call her to report [my movements] before I go outside every time? Or I should turn on the webcam to show her [where I am]? What was said from the one at the health department of Dean really hurt someone's heart. This is what he [not that doctor, but an HIV case manager] said, there are drugs to be taken now but [you] didn't take them properly; when drugs are not available anymore, what will you do? He also said not to be promiscuous anymore and not to play around anymore. He was just a casual staff! Then I replied to him, 'Excuse me! Is it wrong for me to be gay? I also have physiological needs.' He really disdains gays. I asked him, 'If you disdain gays, why would you bother yourself working here?' (27 October 2013).

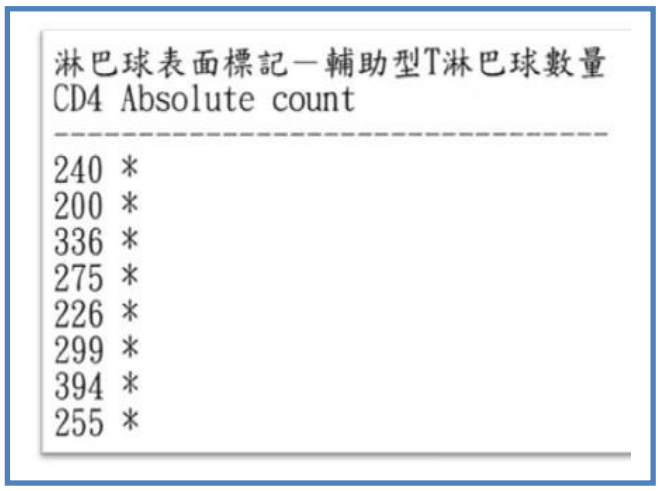


Figure 25. Xiao-zheng's CD4 count, which had been mostly less than 350, for a period when he was on pharmaceutical regime.
Source. Xiao-zheng's medical report was scanned by the author on 26 October 2015 and used in this dissertation with his permission.

Instead of questioning the efficacy of HAART, a number of health providers label *ganranzhe* like Xiao-zheng, whose CD4 do not reach to a certain level, *bupeihegean*. They expressed no concern about their patients' already weak physical condition but were judgmental in assuming that the patients were wasting pills paid for by taxpayers. In order to discipline *ganranzhe* into taking their medication every day, and to manage an inadequate budget allocated to the fighting of HIV/AIDS, the health authorities in Taiwan proposed a

plan to punish those who failed to comply with their regimen. Xiao-zheng commented on this proposal when it was rumoured around the *ganranzhe* community in 2012:

> It cannot just be viewed from the outside to say that this person got the medicine but didn't take it at all. It has to be understood from the case's life and their families and his living conditions. The point should be like that! However, they didn't care about that at all but only read the report. The funding [for access to the treatment] would be cut if the [medical] report every three months was bad! It's unfair for some friends. The government in Taiwan doesn't care about the living conditions of cases. The authorities are only concerned with surveillance and administration. They don't really care about the circumstances of *ganranzhe* lives. Does the government really know what their needs are after so many years? Are they really concerned with anyone's life? Or the living conditions among [positive] friends? No! No! This also includes the local health department! They don't care anything about the living conditions among cases. Neither do the HIV case managers working in the hospitals. They show no concern with the living conditions among cases! (27 October 2013).

Rather than viewing Xiao-zheng's relatively low CD4 reading as a consequence of his impoverished lifestyle which could have been affecting his immune system, this public health official was one of several who translated it into a moral indicator implying everyday misconduct. Xiao-zheng's values for CD4 and viral load were also read as numeric moral indices by specialists like Li to whom Xiao-zheng talked and who assessed whether patients listened to them and followed their prescriptions by those numbers (Huang 2014a: 126). They further played the role of gate keeper by distributing the triple cocktail therapy to docile patients but not to rebellious cases. If the reported numbers among therapeutic *ganranzhe* were not as beautiful as they were supposed to be, the patients would be regarded as unworthy of treatment or saving by medical doctors. Li talked about this in an interview:

> Because we [as health professionals] regularly draw the blood by force, we can now know whether or not you took medicine. So, if your viral load isn't able to be controlled, [it means that] you didn't compliantly take medicine. Gradually, we don't want to prescribe medication to you anymore (22 June 2013).

Infectious diseases specialists are privileged in the health regime for HIV/AIDS and act like sorcerers. They are granted the legitimacy to make decisions for prescribing HARRT and the power to dispense drugs. Although the suspension of prescribing ARVs to some patients could be justified as an attempt not to squander the stock of pharmaceuticals, it also serves as a moral punishment to be exercised over rebellious cases. Enforcement is permitted

by the state, judged and executed by providers of biomedicine, warned about by public health professionals and social workers, and supported by people who romanticise this measure as humanitarian support in the fight against HIV/AIDS. While the availability of the triple cocktail therapy is tactically manipulated through medical advice, and so long as the pharmaceutical scheme is framed as a lifesaver, *ganranzhe* do not dare to disobey their doctors. Otherwise, waiting to die would be the final alternative which someone like Xiao-zheng indeed considered when his *guanxi* with acquaintances could not be repaired.

Fear of losing the only opportunity to be cured and to be connected to someone else for their existence, most *ganranzhe* (except Xiao-zheng and some unknown others) lost their confidence to resist the state apparatus. 'I don't fear dying but I fear living longer', he said in response to my question regarding his fears surrounding AIDS. The triple cocktail therapy, I argue, is employed in a similar but greater manner to that of the legendary *gu* in Chinese legend. In discussing ARVs, Asha Persson (2004) argued that it is a pharmakon, which is both remedy and poison. The requirement for Xiao-zheng's everyday pills to be supplied by the authority and to be uninterruptedly consumed by him resembles the practice of *gu* by which someone who is supplied has to listen to the donor. How ARVs are controlled, prescribed and consumed in the health regime of HIV/AIDS shares the same character as *gu* in that 'by applying *gu* to keep someone, that person will stay because of *gu* [or they will die]' (Chang 2006: 292). In his analysis of the opium regime in the late-nineteenth to the twentieth century in China, Der-liang Chiou warned:

> What is poison? What is medicine? What is poison drug? What is good drug? To define it is exactly the responsibility and job of medical doctors and pharmacists. However, please be careful. The antidote could become a poison drug. The master who manoeuvres pharmakon could be also/or could also become another witch or poisoner which is a pharmakeus (2009: 141).

Unless they end their own life, no one can be free from HAART or *gu* through which their body, mobility and life are disciplined. The thought of not taking his medicine, and thus to die, hovered over Xiao-zheng then and now. Such a thought entraps him especially when

he cannot but help to link the suicide of his friends to the hearsay that the co-payment of ARVs was going to increase as suggested after a symposium where this topic was discussed. Xiao-zheng grieved for his friend:

> Many people really cannot even afford the co-payment.[12] Just like the symposium last year, a friend committed suicide by hanging after that. The protest that he chose to do was to commit suicide by hanging. He was worried about the increasing fee for the medication. I told a social worker that, if the cost was really increased, I wouldn't be able to take the medicine anymore, because there was no [financial] capacity to get it. I won't take the medicine and go to the hospital when the fee gets increased (5 August 2013).

Producing (in)docile *ganranzhe*

Living a constrained life where his survival was sustained through scavenging or collecting food offerings after religious ceremonies, Xiao-zheng retained an immunity that was restricted by an insufficient and rough diet. No matter how hard he tried to follow his pharmaceutical recipe and how he endeavoured to overcome its side effects, his unimproved quality of life sabotaged the restoration of his immune system. Attributing Xiao-zheng's difficulty in raising his CD4 count as a consequence of his deliberate or careless *louyao* (漏藥, miss a dose of medicine) ignores his struggles over the treatment regimen. It is also reductionist in that it perpetuates his social economic disadvantage intrinsically causing him imperfect health. The scientific evidence does not function neutrally beyond that value-free parameter that is supposed to be drawn on by health professionals to identify how health conditions amongst their patients are affected by the ineffectiveness of specific treatments. Rather, it directs them to mistakenly depict Xiao-zheng as someone not responsible for his own and public health, and whose free access to treatment can be evidentially terminated. While medical experts follow guidelines to dispense another prescription in response to

[12] This event was organised by the Taiwan AIDS Action in 2011 for discussion about the provisional policy of copayment of HAART. Taiwan AIDS Action is a non-official alliance of eight groups or organisations including the Association of Care Aids, Persons with HIV/AIDS Rights Advocacy Association of Taiwan, Taiwan Tongzhi Hotline Association, Taiwan Lourdes Association, Association of Love Hope, Little YG Action Alliance, Taiwan World Happy Association, and Positives Alliance. More detail about this alliance can be found from TAA (2011a, b, c, d and e).

someone's intolerance to their medication, their eyes remain blind to the social aetiology that dooms Xiao-zheng along with his vulnerable and weaker immune system.

In exploring knowledge surrounding drug resistance, Nachega and co-authors (2011) note that drug resistance is distributed in an inverted U fashion, with those who are highly adherent to HAART and those who are poorly adherent to HAART being least likely to trigger drug resistance – the latter because there is insufficient selection pressure on the viral population to encourage resistant strains. Drug resistance is most likely to be triggered by the moderately adherent patient, who misses the occasional tablet.

Despite this, the pharmaceutical regime for HIV/AIDS insists on the dominant discourse that drug resistance is most likely to result from those with very poor adherence to HAART. Otherwise, authorities would lose ground when trying to convince *ganranzhe* of the benefits of taking ARVs. Instead of denouncing the majority of *ganranzhe*, whose pharmaceutically prolonged life expectancy has increased the consumption of ARVs and hence the cost relevant to AIDS (CNA, 3 April 2014), laying the guilt trip on indocile patients serves as a solution.[13] It is more justifiable to warn HIV carriers not to waste their pills by simply penalising Xiao-zheng and all the others whose inability to be adherent to their prescription could unbridle their virus (although the real risks were the large number of people who occasionally miss tablets). The associate minster of TWCDC, Ding Lin, in an article entitled, 'CDC can hardly afford AIDS control and prevention', was reported as saying:

> Based on the data collected in 2009, the amount of newly infected *ganranzhe* were 1,648 which includes 1,000 for men having sex with men and 100 more for injecting drug users. Lin Ding said, for each *ganranzhe*, everyone spends 150 thousand dollars (5,000 USD) on treatment per year. If someone has developed AIDS, the expense for each person per year doubled to 300 thousand dollars (10,000 USD). Especially when more *ganranzhe* are unwilling to be adherent to the therapy, it causes drug resistance. It is more expensive to use the second line medication. It costs 3 to 5 times more than first line drugs (CNA, 16 June

[13] The full text in this press release is, 'The cost relevant to AIDS has been constantly over the annual budget due to the increasing number of *ganranzhe* and their pharmaceutically prolonged life expectancy' (CNA, 3 April 2014).

2010).

Four years before delegating the NHI to cover most of the cost of AIDS therapy in 2017, the above warning about drug resistance had permeated Taiwanese society through a pilot project that I discuss later (Figure 26). Underlining the seriousness of overloading expenditure on the triple cocktail therapy, and less on AIDS prevention, the health administrators incited the public to worry about a threatening future. They claimed that an irreversible crisis in public health was inevitable unless HIV carriers behaved themselves by being mindful of their pharmaceutical regime. Whether or not a drug resistant virus would exacerbate the epidemic, or empirically deteriorate an already weakened immunity amongst *ganranzhe*, an urgent call to reform the welfare structure of AIDS treatment generated another moral panic in the greater population. In an age where pharmaceutical development has prolonged one's survival so as to gradually crumble the fear of death from AIDS, the rhetoric of drug resistance has revived the suppressed perils. By terrifying citizens, biomedical experts, public health professionals, social workers and NGOs can on one hand expand the collaborative scope of the war on AIDS. On the other hand, their power in the health regime of HIV/AIDS can continue to be wielded so that they can preserve their privileges in the AIDS industry by containing those infected with HIV.

Figure 26. The impact of drug resistance and the withdrawal of reimbursement from indocile patients were explained in a poster in an AIDS clinic waiting room
Source. Photographed by author, 27 August 2015, when I visited a sexual health clinic in Taiwan. Permission for me to use it in this dissertation has been granted.

For those who have not been infected, '[having sex with] someone who has drug resistant HIV in their body, [might mean that] these medicines [of PrEP] might be useless [for them]',[14] was raised by an infectious diseases specialist in a special column on health issues in the press (Hsieh 2014). As for *ganranzhe*, whether being in treatment or not, they became afraid of 'having no way of being saved if contracting a different species of drug resistant virus from more than one person' (Lo 2012), as quoted in a blog delivering AIDS information. Thus, once again public fears of AIDS have resurged and the need for living safe lives is reinforced. Authorities can rationally attribute the public's insecurity of a threatening future to unorthodox personal conduct observed in the socially unwanted. Anyone objectively assumed to be behaving in such a way will subsequently be categorised as a member of the target group which intervention will rescue. However, as no one except *ganranzhe* carries the virus, being the source for both transmission and mutation of the virus, they are unsurprisingly depicted as the only people responsible for this new epidemic of drug resistance (Race 2001). This understanding embedded in the epidemiological association between *tongzhi* and AIDS has given rise to solutions which do not address the social inequality facing *ganranzhe* such as Xiao-zheng, Yu-fan and A-hon. These men are willing to become dependent on their pills, but they are not living in a social milieu where they always have secure and sustainable support and are free from concerns about 'having no money to pay for the prescription', said Xiao-zheng.

Prior to 2013 when the 'Program of Increasing the Quality of Taking HARRT among HIV *Ganranzhe*' (Figure 26) came into effect, the carriers of drug resistant viruses were well believed to be more dangerous than anybody else. Despite the new form of threat which their poor adherence to their prescriptions could cause, they were still defined epidemiologically as

[14] PrEP is the abbreviation of Pre-exposure prophylaxis. It consists of two ARVs, tenofovir and emtricitabine. This combination is now also prescribed to individuals, especially those categorised as high risk populations for HIV infection, as prophylaxis from being contaminated by the virus (Holt et al. 2018).

populations at risk who were more vulnerable to HIV. After it was framed as a prognosis not experienced by every *ganranzhe* but by those who cannot adhere to their medications, the term *buguizefuyaozhe* (不規則服藥者, someone taking medicine irregularly) was invented to set indocile and docile *ganranzhe* apart from each other. In that 2013 program, a recalcitrant *ganranzhe* was clearly labelled as 'someone who has been enrolled in the pharmaceutical regime already but who has a record of being absent from the clinic for two consecutive months' (TWCDC 2013a: 4). Ironically, *ganranzhe* who were so non-compliant posed less of a risk to drug resistance than their colleagues who attended regularly and forgot to take occasional tablets. Names of non-attending *ganranzhe* would not be removed from 'the list of unruly attendance to the medical service' unless they agreed to be disciplined. If they breached the contract detailed below, where they are compelled to take responsibility for adhering to their drug regime, their rights to health treatment could be legally proscribed. Their consent to drug adherence is declared as follows:

Consent Form on Drug Adherence

I,_____, after acknowledgement by the staff in the hospital, have fully understood the importance of adherence to the therapy and the consequence (such as drug resistance that will make it harder to get treated) caused by not taking the medicine and reducing the amount of it. Also, after detailed discussion with the medical professionals, I am willing to follow the direction given by them, to regularly attend the clinic, to be adherent to the medication and anticipate that there is no further transmission as I am the last one.

Sincerely,
Centres for Disease Control, R.O.C. (Taiwan)
Legislative Consent Name (Signature):
ID Number:
Provider of Health Education (Signature):
R.O.C. (Year) (Month) (Day)

By refusing to prescribe medication to indocile *ganranzhe,* whose free access to the triple cocktail therapy had been removed, and by not prescribing to those who breached the signed consent form above, this state agenda had moral implications beyond its planned scope of monetary savings. A-hon, Yu-fan and other *ganranzhe* able to manage their pharmaceutical regime were recognised by their doctors for their docility to the health imperative so that they were entitled to social inclusion. As for Xiao-zheng and the others too destitute to always stay healthy, they were further marginalised from the community of *ganranzhe*. Far from 'increasing the quality for someone's consumption of HARRT' as the program suggested, Xiao-zheng's therapy deepened his suffering which also resulted from his unimproved living conditions. He did not enjoy the prescription which disconnected him from his established *guanxi* with others and to which his poor adherence could be criticised by health professionals. Xiao-zheng's poverty was chastised in a similar manner to that argued by Loïc Wacquant in his analysis of how the neoliberal government of the US punishes the poor. He puts it succinctly, 'They are considered morally deficient unless they periodically provide visible proof to the contrary' (2009: 15). In Xiao-zheng's case, the only evidence on which he can draw to prove himself as being morally sufficient is an unattainable high CD4 count.

Health professionals argue that the drug resistance is caused by a patient's withdrawal from their therapy (Crane 2013; Rosengarten et al. 2004; Rosengarten and Michael 2009). Yet, would not the penalty which withdraws *ganranzhe* from their free access to HARRT lead to drug resistance which the state desperately hopes to prevent? In order to enforce adherence to ARVs and the health regime of HIV/AIDS on *ganranzhe,* the TWCDC elaborated this illogical punitive measure:

> If the hospital later finds that the case still keeps being poorly adherent to the medicine, medical doctors can consider stopping the prescription of HAART and continue providing health education and assess the adherence of drugs. How long they will not be prescribed is judged by the doctor based on professional judgement. If there's a special need for the clinic, or if the patient needs to use medication urgently during the period of withholding, please prescribe the medication of HAART and record the reason on the medical history … If HIV infected patients are not seen to improve after the above guidance and counselling, just in case

> the occurrence of drug resistance might happen easily, once poor adherence has accumulated to six months within one year from the next month after the counselling date (generally, it's based on the counselling date recorded in the sheet. However, if there was no case manager for this case, it would start from the date of sending this official document), TWCDC will send a notice to the local health bureau and the hospital to inform them, while under the principle of protecting privacy, that it's going to stop the case's subsidy of HAART for three months (2013a: 5–6).

Performance as resistance

In a later conversation with Xiao-zheng about his new combination of ARVs, he said:

> In order to change my Viramune [neviraphine] with another smaller one [I went to Hospital A last Friday and Hospital B this Monday]. Otherwise, it was really hard to swallow Viramune … Finally, it became two pills per day and the Edurant [rilpivarine] is really small. It was three pills per day in the past and those were very big. While [now], one is very small. However, when I went online to check [the relevant information], its side effects are a rash and insomnia. From Monday until yesterday, no matter how tired I was, I could only have a couple of naps. I wanted to sleep but I couldn't. I don't want [to change it back], because that one is really small and can be swallowed more easily. It's perhaps because I just started [to take it] or [the combination] was just changed. It hasn't been two weeks. Right! (20 November 2013).

After one of our conversations through the mobile messenger app LINE, I noted that the above text failed to convey Xiao-zheng's joy.[15] He had learned that one of his current HAART pills could be replaced so that he rushed from his routine clinic to another hospital where a newly approved and smaller tablet (Edurant) was available in order to quickly get a new prescription. This was the only time he commented positively and happily on ARVs. While he understood that a couple of the side effects, such as insomnia, were still unavoidable, his new drug Edurant was at least more palatable than Viramune which he had endured for the previous six years.[16] In comparison to the larger pill, the smaller pill also served as a good excuse for Xiao-zheng to justify his previous experience of not following his doctor's suggestions. Speaking of his adherence to his new drug, he sounded a bit embarrassed but he still happily and frankly confessed:

> Oh, that was impossible [to compliantly take medicine]. Come on! Every half a year, I would have quite a number of pills left and accumulated for another three months. It's because of

[15] Line is a popular mobile messenger app commonly used by Taiwanese.

[16] Edurant has been listed as first line medication since September 2012 and in 'The Regulation of HIV Prescription' from July 2013.

> Viramune and Kivexa [abacavir/lamivudine combination]. Two of them are very big. Particularly the Viramune! Sometimes it would make me feel nauseated (20 November 2013).

The size and the quantity of medicines have constantly been perceived by *ganranzhe* as major obstacles to following their pharmaceutical regime. In order to remove that barrier, the AIDS industry has drawn the attention of HIV carriers to recent developments in biomedicine where they can better cope with potential side effects. If this could indeed facilitate carriers to increase their willingness to therapeutic adherence, the change of Xiao-zheng's combination of three big tablets to a prescription of one big and one small pill would theoretically reduce his stock of unused pills. However, in practice that was not the case. He was still unable to remember to swallow every dose on time. There was not any complicated reason for his forgetfulness, and nor did he purposively waste his medication as was believed by public health bureaucrats. For him, he was just the same as anybody else who cannot always keep unimportant matters at the front of their minds. Instead of throwing any unused pills away, he saved his prescriptions and donated most to institutions where his secret *louyao* could be safely undisclosed and where the pills would be delivered to those in urgent need. Xiao- zheng said:

> [Pills not taken by me] were all donated to NGO A, because some people still need those. Hahahaha! We can only donate it to NGO A who can keep a secret. If the donation goes to the hospital and you ask the medical doctor to give it to their patients, doctors will speak honestly about *louyao* among patients when TWCDC or the health bureau conducts the inspection. [People] from hospitals say differently from NGO A. [NGO A] they say that those [pills] are bought by money donated from other people. Or some friends buy medicines from hospitals and then donate those. For another NGO, NGO B hosted by He, A-mei (何阿美), some people will donate pills.[17] He, A-mei says that those pills are left by those who have died already. Hahahahaha. They [health authorities] won't ask who died and what kinds of pills. Right! (20 November 2013).

Rather than the better drug management, which he was presumed to achieve after new pills were invented and available, Xiao-zheng consumed irregularly so as to bring him comfort from the side effects of the lifesaving drug. 'Drugs made me feel uncomfortable and

[17] He, A-mei is the pseudonym for the manager working at NGO B. Both NGO A and B are anonymous here to denote two AIDS NGOs in Taiwan.

taking them is even more uncomfortable than not taking it … I've also chosen to give it [taking medicine] up now', he told me in response to my question, 'What do AIDS drugs mean to you?' The whole process was an exhausting experience and he contended, 'I'm tired! Taking medicine for me is merely to cope with [the health regime of HIV/AIDS] and the medicine is merely for virus control. I took it like [eating] healthy food.' No matter how the strategy is evolving to reverse someone's negative experience towards biomedical adherence, the idea of putting that into his mouth every day and forever has never appealed to Xiao-zheng. He prefers to make the decision whether to take it or not on his own. Hence, although he is not encouraged to miss taking the drug daily, he still choses to sometimes take a few days off from his lengthy pharmaceutical indenture which accumulated so much fatigue. He compared the present and the past:

> As a newbie, I was keener and more docile to take medicine on time. But I feel that the medical doctors scare and threaten you with drug resistance [caused by not taking medicine]. After being in the treatment for so long, I finally realised that nothing would happen by not taking medicine. Since then, I took those pills once every two days, every week, every two weeks or every three months. [I] went [to the hospital] only if symptoms developed (2 February 2015).

With no fear of death and with a tactic for managing his medical report addressed below, Xiao-zheng no longer considers his therapy as essential and something that he has to take every day to sustain his life. However, this does not imply that he is ignorant of the adverse consequences to his health which he is constantly reminded about by health professionals. Neither can it be suggested that he holds a strong will to end his life. Both these interpretations are too reductionist, and both overlook his tiny hope of connecting and living with another person and overcoming his everyday struggles. Rather, he is always aware of the warning from his doctors that he might sow the seed of losing his life by failing to adhere to his therapy. However, refusing to relinquish control over his body to anything or anyone other than himself, he would like to hold his survival and/or death in his own hands. As much as he objects to being conquered by HIV, Xiao-zheng still owns the will to resist being overruled by

pharmaceutical products and a health regime to which he has been persuaded by health professionals to subject himself.

He does, however, realise that it might be impossible to completely set himself free from being colonised by the health regime of HIV/AIDS. He at least retains a tiny portion of power and control over his disciplined lived self by following a scrambled pharmaceutical trajectory which is discouraged and penalised by the health authorities and professionals. Performing compliance and looking like a docile *ganranzhe*, I argue, are not merely his tricks used to hide the undocility but also his resistance to the pharmaceutical regime which the state imposes on *ganranzhe*. In exploring the everyday forms of peasant resistance at a Malaysian village, James Scott pointed out that, 'Everyday forms of resistance make no headlines' (1985: xvii). In this respect, Xiao-zheng's agency is retained through this invisible everyday resistance, and this is reflected in one of the constant dialogues between him and me. I quote here from my field note about a conversation between us:

> Xiao-zheng was telling me that he hasn't taken his medication for four months now as he didn't feel anything wrong with his health and body. However, he would take drugs 'a couple of days before the blood test'. 'The report of the blood test can look more beautiful,' he said. In order to convince the doctor that he is obedient to the therapy, Xiao-zheng has been manipulating the value of CD4 and viral load through adopting a 'dodging strategy'. From his experience, by taking some pills for three to four days before the test, his CD4 can increase 40 to 50 and his viral load can reduce another 1,000. If he took a number of pills, triple or quadruple the amount of his daily dose, every day one month before having his blood taken, the result was even more significant. His CD4 would elevate to 300 or more and his viral load could become 'undetectable!' By doing so, the agency of making his own decision about taking medicine or not is not taken away. Also, his strategy won't be discovered as a high CD4 and low viral load are produced and detected. As a result, his strategy provides no grounds for anybody to blame him as an irresponsible/immoral person at risk to his own and public health. Furthermore, his good performance of CD4 and viral load helped him to remain included in the pharmaceutical benefit scheme in Taiwan (12 March 2017).

Over emphasising and being judgemental with scientifically objectified numbers is on one hand, to ignore the rich everyday lives of *ganranzhe*. On the other hand, someone like Xiao-zheng who knows how to take advantage of 'the system' can establish a convincing alternative and subtly resist the state apparatus. In doing so, he can secretly live by his own will under their radar and be less disturbed by the authorities. I call this 'compliance

performance as resistance'. Despite having the courage to resist coercion and to resist consuming pills, the issue of whether or not he is close to the end of his life still perplexes him. He may be diagnosed as being healthy through a high detected CD4 count yet taking medicines can cause him to suffer side effects which make him feel as if he is dying. Alternatively, he could be diagnosed as being sick owing to a low CD4 count caused by forgetting his medication—yet he would be feeling well. Even so, the discourse concerning drug resistance still influences Xiao-zheng's decision on the frequency with which he takes medication. He knows that his death could occur if he develops drug resistant HIV which is likely to be incurable.

More than resistance in response to his dissatisfaction with a life disciplined by others and by unfamiliar objects, his disobedience symbolises his belief that 'no one except me can decide about my body and life'. Xiao-zheng believes that he is not entirely controlled by chemicals but on the contrary, he manipulates them. If Xiao- zheng really wished to die by not taking medicine, the virus would die along with him. Understanding that the virus coexists with his living cells, he has found a strategy to destroy the enemy. In another circumstance he would like to live more (or in his own words, he would no longer fear longevity), and Xiao-zheng could choose to take medicine to keep his life which meanwhile sustains the virus in his body. As a consequence, both his HIV and himself would secure more time and space to stay alive longer. As death is not avoidable whether by taking medicine or not, he can at least choose the pathway he prefers in order to leave the world autonomously. If he is lucky enough, his compliance performance showing beautiful values for his CD4 and viral load might also allow him to be reborn by being allowed to become the recipient of organ transplantation, should this be necessary. Without anybody questioning why such access to this medical service should be forbidden, its retrieval could at least save the state's reputation on human rights after confronting criticism over its co-payment scheme for ARVs. A new but

impractical hope that came after the long exclusion of *ganranzhe* from this medical service was addressed by Li:

> Wang, Zong-xi said, in order to improve human rights among *ganranzhe*, last year, DOMA [Department of Medical Affairs in Taiwan] has permitted *ganranzhe* to receive organ transplants from healthier family members. The next stage is to open organ donation between HIV infected individuals.[18]
>
> The chairman, Li, Bo-zhang, of TORSC [Taiwan Organ Registry and Sharing Center] mentioned that it is an inescapable medical issue that *ganranzhe* should be given a chance to live. Although the number of *ganranzhe* who need an organ transplant is few, the government should feel concern for *ganranzhe's* need.
>
> There's a prerequisite that not every *ganranzhe* who needs an organ transplant can have the operation. They must regularly return to the clinic to get the treatment, take medicine under the doctor's description, and keep their viral load very low. They can then be included in the waiting list (2015).

The struggle for connection

As it involved risking his life, Xiao-zheng's move to take his medicine irregularly was too controversial to be disclosed to his *tongzhi* comrades and most *ganranzhe*. Many of them had just survived their struggles over the uncontrollable epidemic, with their social sufferings and injustices intensified through state policies on AIDS prevention (Kleinman, Das and Lock 1997).[19] Unlike those social movements which gathered minorities, supporters and advocates to rally against the state apparatus to demand social reform, his lone voice of resistance could not inspire any public awareness which might make him noticeable. He had to keep it secret instead. Otherwise, his rights to health—free access to treatment—could be removed by health professionals and the state under regulations concerning drug adherence. Any of his attempts to *tingyao* (停藥, stop taking medicine), if discovered, would not be tolerated by his peers. His attempts would confront and evoke discouragement from docile *ganranzhe* who had been biomedically transformed into moral beings through their obedience to a health and

[18] Organ transplant was once regarded as contra-indicated for people with HIV infection, as they were too unwell. Now that HIV has become a chronic disease there is an increase in demand for liver and kidney transplantation due to the effects of HIV infection or co-infection with other viruses. There is good evidence that solid organ transplants can be carried out in persons who have controlled HIV infection (Harbell et al 2013).

[19] 'Public policies and programs have created some of the worst instances of social sufferings; even in seeking to manage social suffering, they have, through intended and unintended effects, intensified human misery' (Kleinman, Das and Lock 1997: xii).

pharmaceutical imperative. These docile *ganranzhe* were people to whom Xiao-zheng once felt more or less connected after the loss of his familial ties and after his social exclusion from the familiar milieu where he was once nurtured. He posted a message on an online community forum of *ganranzhe* that the amount 'of CD4 has been maintained at around 200 and there had been no serious symptoms. [I] somewhat want to *tingyao* again.' It incurred moral judgement against him. He was accused of being irresponsible for his own and others' health and lives. A member criticised Xiao-zheng as follows:

> The cause of many problems lies in the key point of loving yourself or not. Attitudes, such as blaming everyone, everything and fate except oneself [about the infection] or not feeling reconciled [to the infection] are all unhealthy. Attitudes decide everything of yours. If [you] don't respect yourself, don't expect to be respected by other people. Also, if hurting other people would make you feel happy, it means that you're too ignorant and we don't need to protect you anymore. *Kelianzhirenbiyoukehenzhichu* (可憐之人必有可恨之處, one who is miserable must have a defect in oneself to be causing misery) (10 December 2013).

Rather than recognising Xiao-zheng's struggles over his pharmaceutical regime, those comments viewed his inability, or dislike of being adherent, as reflective of a flawed personality. Other members of the *ganranzhe* community believed that his actions could damage others, and he deserved and received no compassion. Such a response to his choice surprised Xiao-zheng. He assumed that *ganranzhe* who had had similar experiences to him would be more considerate and more empathetic than *feiganranzhe*, and that they could provide insightful advice to comfort him. However, the reaction from other *ganranzhe* was the same refrain he had heard from the public about his HIV infection and his homosexuality. Although Xiao-zheng was not desirous of approval from his opponents, nor did he wish to be removed from some list of immoral deviants; nevertheless, he was disappointed with his further marginalisation by other *ganranzhe*. He was upset that he had been rejected by those with whom he had always felt friendship.

Xiao-zheng was disconnected from the places where he was born and where he grew up, and from the other spaces where he and other *ganranzhe* had once lived together. In the

end, he was compelled to strive on his own for control over his own body and life after his former partners were gradually assimilated into the role of health agents. Ensuring that they would not waste their prescribed pills, the latter were guaranteed a small reimbursement or incentive from the health regime. Dr Li spoke about this idea:

> [T]he cost of medications is a huge expense. As the medication is so expensive, it's important to make a patient take the medicine which can go to their stomachs. How to make the medicine delivered from the doctors be consumed into stomachs [amongst patients] is an issue. The medical doctors or HIV case managers are not fully responsible for that. Of course, they [as members of the community of *ganranzhe*] recently had a proposal that patients can take other patients to the clinic. This is important, I think. Namely, it's possible to utilise the force that comes from the interpersonal relationship between patients … I think that some people [as patients] don't have any money in their pockets. So, you can ask him to get in touch with and be in charge of ten patients. It just needs a small amount of funds as a kind of working allowance to subsidise someone who can come to take medicine and who can take very good care of the [pharmaceutical] regularity among other patients. It's viable. Or we [as patients] can make an appointment in McDonald's or 7-11 to take medicine before each other. [Giving them] 50 to 100 dollars (1.67 to 3.33 USD) for the cost of a meal could be possible as well (22 June 2013).

Just as one log cannot prop up a tottering building, it became too exhausting for Xiao-zheng to put his so called radical and insignificant will into practice on his own. It was as if the loneliness that he had been learning to overcome during his frequent stays in hospital could never be defeated. He recalled, 'There were a few times of being unwell and lying in the hospital. The feeling was really … no one would take care of me there and everything had to be done by myself. That was solitary and lonely. It was just one person, oneself!' A breakdown of Xiao-zheng's emotions usually followed that complaint. Death was the only exit he would like his life to go through after he found his individual existence was not essential to this world. A thought which he shared with me in a private group on Facebook illustrated this:

> Sometimes, I feel tired and want to give up taking medicine. I would like to choose chronic suicide, wait for the viral invasion to the organs and be hospitalised and wait for death to take me out of the world. I feel that there's no difference if [this world] lacks me. However, a group of friends really care about me and [they] hope that I [can] walk with those new little friends [newly infected *ganranzhe*] to pass the shadow. But I'm really tired, too tired and I don't want to wake up for good (10 December 2013).

Ending his life had not been an easy thing to execute. He said, 'Regarding my will to live, I don't know how to describe it. I always *wanna zou* [走, walk, leave or die] when I was hospitalised several times.' Xiao-zheng continued, 'But *laotianye* [老天爺, the God] didn't help me to accomplish my will. I still had a mission to give my new friends a hand, and to help those *didi* [弟弟, younger brothers].' After so many frustrations associated with being neglected, meaningful survival for Xiao-zheng was not a matter of achieving a better life or having his dreams come true. Rather, by connecting with someone to whom he still felt obligated, and to whom he might give a hand, he found his significance and value to society. This was despite his portrayal of himself as *huosiren* (活死人, a living dead), living a life as a corpse, but with no will to live (Biehl 2007b).

The oldest of Xiao-zheng's sisters had been diagnosed with schizophrenia. She was being cared for and segregated in the psychiatric ward of a hospital and was in need of his company. By maintaining his ties to her and by establishing new social relationships with those not qualified for AIDS assistance from NGOs or the state, Xiao-zheng acquired better treatment than the triple cocktail therapy needed to keep his life sustained. He reflected on my connection with him:

> I've already seen you my younger brother, as one of my relatives. When you're there, I have the courage to face life. When you're there, I have the energy to walk further. I'm worried that you will leave and live far away from me. That's why I *lai* [賴, LINE or sending messages to] you (1 January 2014).

In other words, key attributes that really motivate a *ganranzhe* to live are not necessarily lifesaving pills or the claimed benevolence of the health regime of HIV/AIDS. It is their everyday relationships with others which cannot be delivered from or replaced by a pharmaceutical network. By lending his hand to someone else, Xiao-zheng produced his *guanxi* with others on his own (Kipnis 1997).

> Seriously, I am the walking dead. But at least, I can make a positive contribution for other friends. For example, when I was in Dean, I went to a couple of temples during the ghost

> festival[20] and asked them [temples] to make a donation or donate some food … As I am willing to stand up to ask for the assistance from other people, I'm also one of them who can be supported when I help others. Why couldn't I be happy to do it? It's good for both my friends and me, so why don't I do it? … [I helped a friend of mine before] to apply for evidence of his low income. Since his parents don't own their house and his personal annual income isn't low enough for the criteria, I went to find their local social workers in the Social Welfare Department near the place where he lives and requested that the social worker record the amount of his income as low as possible. Later, he became qualified for that [assistance]. He is in fact a little disabled on his hand or foot, paralysed a bit. That's enough! (19 September 2013).

Summary: Fear of longevity in the pharmaceutical age of AIDS

Shifting the focus of AIDS prevention and control from infected individuals as a whole to indocile *ganranzhe* as a group is expected to reduce state expenditure on the triple cocktail therapy. It is assumed that their immunity will decline if they do not take their pills properly. ARVs are meant to generate the hope that the lives of *ganranzhe* can be prolonged. However, access to lifesaving drugs also serves as a public health apparatus by which the poor, such as Xiao-zheng, can be restricted as a punishment for their inability to enhance the quality of their life and hence their health condition. By being offered the holistic assistance that the state planned and imagined for *ganranzhe* so as to permit them to live comfortably and better lives, Xiao-zheng's health and the situation of his everyday life have become even more uncertain and mostly unaddressed. Whilst the discovery of HAART has slowed the progression of this disease, he still has to suffer longer term struggles over connection to others before the end of his life.

Therefore, fear for him no longer derives from the inevitable death which the victims of AIDS at the beginning of the epidemic struggled to avoid. In the pharmaceutical age of AIDS, Xiao-zheng now 'fears living longer' more than he fears losing his life. Through performing compliance—the mark of a socially desirable and recognised *ganranzhe*—he

[20] The Ghost Festival is a traditional Chinese celebration and is usually held on 15 July of the lunar calendar. On that day, many foods will be offered to the deceased. After the ritualistic offerings have served their purpose, especially in the temple, those foods will be distributed to followers.

demonstrates that his autonomy is not subject to the heterosexual orthodoxy which he resists. Rather, he may tactically and sporadically collaborate with biomedical, public health and social services so as to mediate his own individual force and thus influence those in power to sponsor him. Pretending to be an asexual gay is a disguise through which he can carry on his unbridled everyday life without being noticed. Lepeng's halfway home can be viewed as a panopticon accommodating disconnected *ganranzhe*. For Lepeng, exemplifying Xiao-zheng's experience of changing from a valueless deviant to a moralised sexual aberrant is appealing to its donors who show mercy on transformed diseased citizens. Xiao-zheng addressed how he did not disclose everything openly to other people:

> When I do something privately, such as going to the sauna, I won't be very open [about it]. I went to the sauna secretly but didn't announce it publicly. I won't show off. When other people asked me, what brought you here today? Did you go to the sauna? I told him that, it was not your business whether I went or not (27 October 2013).

He does not play the victim whose agency is mostly represented by social workers or public health bureaucrats. Xiao-zheng actively harnesses empathy to embody the mothering which he missed by giving his hand to those not fortunate enough to be included in social welfare benefits. Despite his fear of longevity, his will to die is not determined. Xiao-zheng could hold on to the 'will to live' (Biehl 2007b: 308) as long as he finds himself in connection with someone else and by making his own decisions over his disciplined body and everyday life.

Chapter Six
The Struggle for Trust:
Dilemmas Facing *Ganranzhe* in Containing AIDS

> We are embedded, ethically, as well existentially and materially, in technologies and technological prostheses. [Our] technological prostheses are also taking us into models of ethics with which our older moral traditions have little experience or guidance to offer … we are again thrown … to ungrounded ways of acting, to new forms of social life.
>
> — Michael Fischer (1999: 467)

Introduction

Whether *ganranzhe* are in hope or fear of staying alive under the health regime of HIV/AIDS, their subjectivities and relationships with others are inextricably shaped by it. Their present and future lives and social relations evolve from their pasts. This chapter addresses the moral landscape that has enabled HIV carriers to remain adherent to their pharmaceutical regime, by focusing on the struggles of the youngest research participant, Yu-fan, over the mutual trust between himself and those with whom he interacts. Yu-fan has been living with HIV for six years. In contrast to Xiao-zheng's disobedience to the health imperative (which he disguises through the performance of compliance), Yu-fan abides by the health imperative, impelled by his desire to become normal again and be trusted by others. Xiao-zheng and Yu-fan have different interests in ensuring they are not excluded from free access to AIDS treatments and social welfare. However, both share a programmed pharmaceutical life where their virtue and value to society is determined through the same scientific apparatus and where their needs are therapeutically homogenised. Despite their non-normative homosexual practices, neither is viewed as being immoral unless their numeric moral indices—CD4 count and viral load—fails to reach the satisfactory biomedical level.

Yu-fan, who is less socially disconnected than Xiao-zheng, does not encounter any disjunctions when he moves between his pharmaceutical network and his everyday routine for school and family. His fear of losing support and trust from his family and those for whom he

cares has raised the dilemma of whether to disclose or conceal his HIV infection. He is compelled to conduct himself in as malleable a way as possible in these two fields where a certain portion of his life is unknown to the other. In order to avoid internal cognitive conflict, he decided after being diagnosed as a *ganranzhe* that he would be forever abstinent from intimate relationships. Even safe sex was not considered by him as an option.

The pharmaceutical development of the triple cocktail therapy has removed the barriers which AIDS suspects and *ganranzhe* were urged to put in place when considering sex. In *Dream Boat* (2017), Tristan Ferland Milewski's documentary of a gay party on a cruise, one participant described this new world:

> I don't really have many friends. I've got lots of friends on social media, but not many people would become like close friends … For many people, it's not such an issue anymore. It seems ok. I get HIV. Then I get medicine and it's all fine again. I can fuck around when I want. You have PrEP. You have condoms. Of course, yeap, and unsafe sex is common (ibid.: n.p.).

For Yu-fan, the global AIDS Treatment as Prevention (TasP) discourse and policy reawakened his libido for unrestrained sex with someone who loves him and he can love. When his improved health was demonstrated through medical surveillance reports on his immunity and contagious threat, Yu-fan's self-confidence increased, and he allowed himself to resume intimate relationships.

Whilst Yu-fan has managed to biomedically reduce his viral load to theoretically curb any further transmission, his guilt at having unprotected sex haunts him. *Ganranzhe* are on one hand encouraged by HIV case managers, health professionals and NGOs to hold the faith that their dependence on ARVs can enable them to live a normal life and then make more friends. On the other hand, the state punishment of indocile *ganranzhe* discourages them from establishing intimate relationships, while exempting *feiganranzhe* from the responsibility of protecting themselves. In this way Yu-fan's sexual partners, not aware of the risk, engaged in it with impunity.

His trust in a monogamous *guanxi*, which the heterosexual social norm prioritises, was

the cause of Yu-fan becoming infected. Although ARVs has prevented his premature death, he is not trusted by the state where restrictions on sexual mobility amongst *ganranzhe* have been enacted in order to reinforce AIDS control and prevention. Being afraid of disclosing his HIV infection places the moral blame of putting his love at risk on Yu-fan. In addition, the prevalence of HIV/AIDS can never be reduced to zero, as planned, unless *ganranzhe* can transform their pharmaceutical network into a relationship which they trust and where they can be trusted.

In connection with Yu-fan

Chi-hon and a young man were walking out from a local township office where the young man's permanent residency was registered. I had known Chi-hon for several years since both of us were volunteers for Rexian, and when we met he was an HIV case manager. I had been advised in advance that he would be going with one of his adolescent cases infected with HIV to lodge an application for exemption from military service. Hence, I was pretty sure that the young fellow standing next to Chi-hon and then jumping into my car was the one that Chi-hon was going to introduce to me as a research participant for my study. 'You should be able to receive an official verification of your military exemption soon. We've done it today, so you don't need to come here again in the future but just concentrate on your study,' Chi-hon told him (14 December 2012). After being advised about the progress of the application, this university student in his sophomore year revealed his name, Yu-fan, to me.

When Yu-fan and I met each other after, he had clearly realised that his HIV status disqualified him from conscription, and therefore that he could not be socially recognised as a mature Taiwanese man. He shared with me his concern:

> In terms of military service, I used to be unwilling to do it and felt that it's so troublesome. However, I can no longer do it even if I wish to. By comparing myself with other males, it seems to me that a certain kind of practice and experience will be lost in my life. Yet, it doesn't bother me too much, since I only felt a bit disappointed in my inner world. What really scares me is that once I graduate from university, my family will seek the reason why the notice for the commencement of my military service hasn't been received … Also, when one

> of my cousins who will graduate at the same time as me is going to do his obligation, but I am not, how should I deal with it? (21 May 2013).[1]

Became normal again

Yu-fan could still vividly remember how his parents always advised him to concentrate on his studies and to avoid establishing any intimate relationships with female schoolmates before high school. On weekdays, waking up at six o'clock in the morning and staying at school from 7:30 a.m. until at least 4:00 p.m. was a basic requirement. After school, tutoring until 9:00 p.m. was also necessary in order for him to perform better academically. From my own experience, I was fortunate enough to have not been given too many extracurricular activities which could have constrained my childhood. Even so, family and school still constituted the entirety of my everyday life until I began working part time in a movie theatre, where I eventually had my first sexual relationship with a colleague. That was in my fourth year of undergraduate study at the age of 21 years. In a country where every citizen is obligated to complete compulsory education for nine years, and the legal age for working is 18, this trajectory of social life was not considered extraordinary and was similar to many (Ministry of Education (MoE) 2007; Ministry of Labour (MoL) 2018). Such a life hinders a Taiwanese adolescent from establishing other forms of *guanxi* beyond those emerging within the family and at school. So, it was with Yu-fan, except that on several occasions he was able to connect with people in another territory through the internet and through mobile devices.

It was not until junior high school, when he was around 13 to 15 years of age, that Yu-fan became aware that he liked good-looking males. However, he did not show his interest publicly since he could not easily affirm whether he was fascinated with someone who could also be a *tongzhi* and who might feel the same towards him. Instead of taking the risk of speculating unsuccessfully on the sexual orientation of the other men he knew in daily life,

[1] When I was revising this chapter, Yu-fan had graduated from his university for two years. He had found the solution by saying that he was employed in a role that accounted for his Substitute Military Service.

Yu-fan harnessed the blossoming online social networking sites or apps discussed in previous chapters to meet *tongzhi* friends. Those apps were developed primarily for, and have substantially attracted, the gay population since the last decade of the twentieth century. They facilitated Yu-fan to express the undiscloseable part of himself to other people (Cheng and Yang 2011; Chi 1998). They were also the platforms where Yu-fan, at age 17, found his first sexual *guanxi* with a male and where he met his first boyfriend at age 18. The *guanxi* produced via the internet opened the opportunity for Yu-fan's sexuality to be put into practice. He still remembered the scenario of his first sexual experience,

> You weren't sensible enough, so you browsed [information about gays] randomly. And when it [TT][2] was found, you just kept going. You then realised that there's a site for you to meet gay friends. Because it was quite difficult to know them in real life, you leave a message [on the forum] about where you live, what type of person you are and what sort of people you would like to know. As long as a message was left, there would be communication. It was kind of conversation. If I felt that a talk with someone seemed to go well, a [face-to-face] meeting would follow. I didn't understand what I should do but unintentionally had that [sex]. I have no idea why I was so innocent at that moment. I felt so disturbed when I got home and couldn't sleep well for a couple of days (14 December 2012).

Yu-fan did not receive much pleasure but rather experienced discomfort through this earliest experience of sex which was driven by curiosity. Although he did not plan to reach greater intimacy during his first encounter, or to experience better orgasm by practicing bareback, the impossibility of pregnancy prompted Yu-fan to disregard warnings that wearing a condom was necessary. However, he later became aware that his sexual partner was working at a gay sauna—a place often epidemiologically and evidentially considered a reservoir for breeding and transmitting HIV and where public health professionals regularly intervened (Ko et al. 2006; Ko et al. 2009; Lai 2003; Twu and Zhuang 1994). Yu-fan started to worry that he might be infected with HIV. Discourses which associated saunas with a high prevalence of HIV effectively influenced him to abstain from sexual relations for several

[2] TT is the abbreviation for a popular Chinese gay website, TT 1069 (Ko, Ko, et al. 2012; Kong 2011). It includes an online chat room and a forum where *tongzhi* may digitally interact with each other to exchange information, such as images, gay porn, news etc.

months. Even though employees at the gay sauna were not necessarily the research participants recruited for drawing the association between HIV, gay sauna and sex, he confronted fears generated from that conclusion.[3] Yu-fan recalled:

> The reason why I was scared so much is that he worked in saunas. It reminded me that he might be a *ganranzhe* because he worked there. Was it possible for me to get infected when I had had sex with him? Every half a year, people having jobs like that have to get [HIV] tested. He told me that he was ok [as he was tested negative] and he wouldn't have casual sex with other guys. But it isn't proven just by saying it! I still felt terrified, so I stopped contacting him. If he was looking for me, I just didn't reply, because it was so frightening. That's how I felt (14 December 2012).

The fear of possibly contracting HIV inclined Yu-fan not to take a HIV test. He dreaded a possible positive result. Also, testing seemed to be unnecessary as he found he still looked like a 'normal person' without any physical abnormality or discomfort as time went by. Six months later the previous bareback sexual experience and the possibility of HIV incidentally entered his mind again. He became anxious about this matter when standing in a queue with his high school classmates for a conscription examination for voluntary military service. The chat amongst his classmates as they approached the HIV testing station caused enormous pressure on Yu-fan who could only pretend to be calm in order to complete the check. Nevertheless, he was afraid of being identified as HIV positive. He described the anxiety:

> I went with several classmates for the blood test for the conscription examination together. We liked joking and one of them was then saying: what if you were tested as having AIDS? I suddenly realised that I might have it! Also, another was replying without hesitation that only promiscuous ones will get it! I couldn't laugh at all. However, what they said had reminded me of something. I totally forgot that I could possibly have been infected earlier. You had been [in the line] there, so you couldn't do anything. It was impossible to tell them that you didn't want to have your blood drawn by him [the medical doctor]. In the end, he drew my blood.
>
> I went to the Military Instructors' Office every day when I was waiting for the report. It was every day! Because he would leave your report on the table, you had to take it by yourself from the military instructor. Right! I went there every day, but there wasn't mine, there wasn't mine and there wasn't mine. The emotion was just fear! I had been waiting for two weeks and

[3] Since I had met Yu-fan, he always held a negative view of gay saunas. He described it as somewhere that only promiscuous people would go. This could be attributed to his experience of being infected by the sexual partner who was working at a gay sauna. However, and interestingly, when we met in 2018, he was very excited to tell me about his adventures at gay saunas. By now, Yu-fan enjoyed gay saunas very much and he no longer considered them as dirty places. He even regretted that he had not gone earlier.

> mine was there finally. Then I saw it, it was NEGATIVE! I felt so happy as if I was in heaven! (14 December 2012).

Before graduating from high school, Yu-fan was at last able to be free from the uneasiness about his very first act of sex, bareback and HIV/AIDS. He promised to himself 'never do this again, and be aware of protecting myself.' That was also the suggestion offered by testing providers in most of the post-HIV testing counselling settings explored at length in Chapter Three (Kamb et al. 1996; Kassler et al. 1997; Myers et al. 2003; Obermeyer and Osborn 2007). However, when the summer vacation at the end of his first year of university was approaching, his suffering from a long- standing cold brought back those fears.

Muted sex and infection

In Taiwan, 18 is the legal age when adolescents are permitted to drive, drink alcohol, smoke and go to night clubs. After completing six years in primary school and three years each for both junior and senior high school, most youths who continue their education proceed to university. In comparison to a regular and scheduled daily itinerary of returning between classrooms and homes in their pre-university years, life at university is more flexible. Hence, university for someone who leaves his/her hometown to study in a non-local college and to make a living independently, or for someone who enrols locally to stay with a family, is more than the start of their higher education. It is often a stage during which they can exercise agency with less restraint, and it is also a liminal phase where they are preparing to transform into adults. Disappointedly, this was not the case for Yu-fan. The enjoyment he got from renting accommodation on his own, near his school in another city, and from being capable of making choices for his own life did not last long.

Yu-fan unexpectedly felt ill in the last month of the second semester of his freshman year. In the beginning, he suspected that it was just the flu which he had suffered as symptoms were similar to his past experiences. He believed his body would gradually get better if he

drank more water and took more rest. Yu-fan did not go to the clinic to see his doctor because there were too many assignments to prepare, and he was busy writing essays, taking final examinations, and preparing a project report. Unfortunately, his condition did not recover as he had optimistically imagined it would. It became worse after two to three weeks of coughing and sickness. Yu-fan then visited his family doctor, Dr Wang (王醫師), whom he had seen since he was a child and who usually prescribed medications based on his diagnosis. Prescriptions from this doctor used to work very well and he thought that his symptoms would soon be relieved. This time, and to his surprise, he not only kept feeling sick regardless of requesting more treatment, but also a rash appeared on his limbs. Dr Wang was perplexed by this circumstance as well. Hence, he suggested that Yu-fan go to the hospital and register with a specialist for infectious diseases. A familiar and disturbing emotion, the fear of being infected by HIV, struck Yu-fan again. He assumed that his general practitioner might have an answer that required a further clinical diagnose to confirm it.

> I went back to the clinic several times. It wasn't getting better even though I had already taken the medicine. Although the otolaryngologic doctor saw me and I seemed to become well and the rash on my skin and flu were gone, he still wanted me to be examined. He possibly had met someone like me … Well, I'm not the first one. I am always accompanied by my family when I go to see the doctor. They took me there. He only told my family to go to the clinic of infectious diseases but didn't say anything else. Right! I felt that he understood, he knew. He would otherwise tell me to visit the otolaryngologic clinic concerned with the immune system (14 December 2012).

Taking Dr Wang's advice, Yu-Fan went to the hospital with his older brother and sister-in-law who had an appointment for her own illness as well. Although it had been quite usual since childhood for any member of his family to witness his interaction with the doctor, on this occasion he did not want their presence. As he did not know how to dismiss his brother from the clinic, he could only reply 'no' when his infectious diseases specialist, Dr Chiang (江醫師), asked questions regarding his sexual experience. Yu-fan was suspicious that by raising those questions, the doctor was asking if his symptom was in relation to a sexually transmitted disease. He said:

> Only my older brother went with me, because he is my brother. He walked into the clinic with me. Then Dr Chiang asked me some questions: Do you have a boyfriend? I said no. Do you have a girlfriend? No! Did you have any sex? I said no as well. He asked me so many questions which could not be detached from the issue of homosexuality (14 December 2012).

Yu-fan admitted that it was a lie. The truth was that he had just ended a *guanxi* with his boyfriend whom he had met in an online chat room. They broke up because Yu-fan felt that he was being cheated on by his boyfriend. Sex, with and without a condom, had occurred between them. Yu-fan faced a dilemma. He would like Dr Chiang to acquire information accurately. On the other hand, he did not wish to expose to his brother his situation—his homosexual behaviour—which was both socially and morally unacceptable. In our conversation, Yu-fan frankly disclosed what he was afraid of telling the medical professional at that time:

> I was together with him for about half a year and really had the feeling of real love. I felt that he really loved people, while he had to conceal the fact [from me] that he liked having fun with me since I told him that I cannot accept those who really like having fun. Abnormal ones are the ones who have fun. I always felt places like saunas were very bad. He hid it from me because he liked me. That's how I felt. I am just stupid. However, I started to suspect and then I finally knew! So, we argued and then broke up. With him, that [bareback] happened so many times. If sex without a condom happened [once], for sure, you would never wear it [again]! (14 December 2012).

The following week Yu-fan returned to the clinic alone to receive the report of his blood examination. At the second appointment, without his brother in attendance, and with the test result at hand, Dr Chiang quickly questioned him on the reliability of the answers he gave on the previous occasion. In the face of an expected outcome that he might be infected with HIV and out of shame for his dishonesty he decided to tell his doctor the whole truth. Yu-fan confessed the 'bad things' he had done in terms of having a relationship with a male and of having unprotected sex with him. At that moment, he suddenly realised that he might have run out of luck in escaping AIDS.

He was not astonished but rather disappointed at the prospect of facing an inevitable future which the epidemiological association between populations at risk and this contagious disease had already projected into the lives of *tongzhi* and other sexual deviants. Yu-fan was

more or less convinced by the popular moral landscape where he identified his HIV infection as a pathological side effect of his sexual conduct (Delius and Glaser 2005; Frankenberg 1988; Levine and Ross 2002; Lupton 1993, 1994; Mattes 2014). When João Biehl (2007b: 146) endeavoured to uncover the everyday struggles and sufferings experienced by HIV-infected individuals in Brazil he was told by one of his research participants, Jorge, that 'I think it is a thing of destiny, right?' Yu-fan, knowing that his sexual conduct was viewed by others as a misconduct and immature and worthy of doom, believed that it was his fate to be infected with HIV and to enter into a therapeutic life. He said:

> I feel that everything has its own destiny. That day, I was able to read my report [blood test] by myself because my family was not available to go with me. The Infectious Diseases specialist [Dr Chiang] asked me immediately, 'Did you lie to me?' after I entered the clinic. Then, I anticipated the answer that I was no longer able to be separated [from being infected by HIV]. I thus said, 'Yes, I did!' and asked him, 'What happened to me?' He subsequently answered, 'Right! You have been infected' (14 December 2012).

From then on, Yu-fan made himself available for periodical hospital visits and to meet with anyone, public health professionals especially, who wished to track his sexual contacts in order to locate other AIDS suspects. His update was invaluable to the AIDS regime and to the epidemiological hunting game where undiagnosed HIV carriers would be identified in order to eliminate the health threat. Until 2015 the goal of the global campaign against AIDS was to achieve Zero New HIV Infections (UNAIDS 2011a).

Yu-fan would never have understood how this campaign mattered to his new infection of HIV. Neither could he find anything meaningful in his diagnosis. He was only concerned with those aspects which might save his life, or which would restrain him from living like a normal person able to connect with others. Despite his reluctance, Yu-fan's dependent economic condition left him with no option but to rely on the biomedical and public health network for his survival. He was promised by Chi-hon and his medical doctors and HIV case managers that he would live long enough if he remained strictly obedient to the health regime of HIV/AIDS. Whilst it was only his unrestrained sexuality which connected him to the

forbidden parts of himself, he was compelled to give that up in order to exhibit to the public that he was worth being supported. Unless he remained reticent about his sexual orientation, which his society and culture disallowed or attempted to mute or marginalise (Ding, Parry and Liu 2007; Tsai 2007), Yu-fan would not be able to shape himself into a docile subject and be given priority access to lifesaving drugs. He spoke about how a longer pharmaceutical prescription was secured after his adherence to ARVs successfully suppressed the virus in his body:

> Because of that medicine, you have to get it once every month. It depends on your condition and something else. [It requires you to go back every month] to them to understand if you have been obedient or not to take the medicine. Then, your viral load and CD4 would be reviewed. He drew my blood every month and checked it once a month. If you hadn't been obedient and taken the medicine, your viral load would increase. Right! Luckily, mine kept decreasing to four viruses [*sic*][4] as such. Finally, he said to me that yes, he could write a prescription lasting for three months for me (31 January 2013).

Pharmaceutical network

Fortunately, travelling to the hospital from his hometown did not disturb Yu-fan too much. There was an official bus carrying local residents for free between the hospital and their villages every weekday. If the appointment was booked in advance, he usually took the bus to attend his clinic with Dr Chiang or to see his designated HIV case manager, Sister Lai (賴小姐), and to get another month's supply of his prescription. Although he risked being recognised by someone who might identify him when they travelled on the same bus, Friday had always been Yu-fan's best option during the week to meet with Dr Chiang and Sister Lai. He addressed his worry:

> I super fear that someone living near my family will see me. My father's colleague, for instance, went [to the hospital] every two days [with his wife]. The health condition for his wife is not very good and she needs dialysis. I saw [them] many times when I took the shuttle bus. I saw her but she didn't see me, right. She gets on the bus earlier than me and I am afraid of being seen as she knows my mother. Their chatting might mention it. If he said that he saw

[4] This is the only time Yu-fan referred to multiple viruses, and it seems unlikely that he was referring to viral co-infection. He clarified by phone that he was very clear that he was told the number 4 in the clinic, but realised that this was not the number of viruses. It is possible that the clinic doctor was referring to the number of zeroes in his current viral load (ie it had decreased to 10,000 - 99,000 copies), or to a $\log_{10}4$ decrease in his viral load. The latter would amount to a highly significant decrease in viral load.

> me going to the hospital, how could I respond? Right. So far, they haven't seen me. It's quite annoying, super annoying. I don't like to lie (24 May 2013).

This 'clash' occurred not only because Yu-fan had more flexibility on Fridays. On Mondays to Thursdays he was occupied by study at school, but he could also conveniently begin his weekend when he left the hospital. This was precisely why he was able to catch up with his HIV case manager in order to fill out official documents for his exemption from military service, and why I was able to interview him. Otherwise, the township office closes from 5 p.m. on Fridays until Monday morning when Yu-fan had to be in school. As he could only skip classes on Friday afternoons to make free time for his clinical check, it was little wonder that he failed nearly all of the subjects lectured or demonstrated on Fridays. Yu-fan said:

> In the past, I had to return to the hospital very often. Therefore, I decreasingly followed my classes on Friday and gradually didn't pay attention to those. I then failed two Friday classes. In the early part of the first or second month for this semester, I went to do a certain physical examination and had to return the week after. So, I kept skipping and skipping the classes on Friday. It was annoying! (31 January 2013).

Classes had to be skipped as Yu-fan was unable to find another solution in exchange for better compliance with his clinical schedule. He had earned a chance to live but his study suffered. Such a compromise for him to travel and adjust his life between family, school and the hospital was at the cost of spending more time retaking two failed courses the following academic year. However, his biomedical experiences were not like his assignments, examinations, housework, shopping or family trips which he could share with his close friends or his family members. He was reluctant to discuss his sickness, because a negative moral judgment, such as promiscuity, would be imposed on him, and his homosexuality with its association to AIDS, would be difficult to explain if he disclosed his HIV infection. Yu-fan considered, 'If they know that you are infected by H, they might assume that you are promiscuous!' (13 May 2013).

The health regime of HIV/AIDS became the new territory where Yu-fan had to reveal

his encounters regarding his infection and sexuality to others. Strangers who he had never seen before would suddenly and legitimately intrude into his life. In the name of providing treatment, building a social support network, and offering assistance which a *ganranzhe* might need, the state, public health and biomedical professionals and social workers and scientists could potentially chase him (Nurses AIDS Prevention Foundation (NAPF) 2009). That subsequently generated for him a new form of *guanxi* which differed from that which he had established with his family and school. Furthermore, his therapeutic experiences and social sufferings with regard to AIDS were incarcerated in a pharmaceutical network where his infection was known. Yu-fan counted the number of people who knew about his infection,

> To be honest, in this world, there are only five including myself, the doctor, Sister Lai, you, and Chi-hon [who know this]. Can the nurses who assist the doctor be counted? All right, then it's totally seven as there're two nurses. Only those few persons know that you're sick (31 January 2013).

Yu-fan should have little to worry about concerning his HIV/AIDS status as his relationship with the health professionals and administrators has presumably provided him a strong support system to deal with almost any issue relevant to it. Dr Chiang, as a specialist of infectious diseases, was responsible for interpreting the amount of CD4 and viral load in all HIV carriers when they take their compulsory blood test biannually. He was also in charge of prescribing to Yu-fan and his other patients the amount of ARVs which would last them for a period of three months. *Ganranzhe* can only collect pills from a pharmacist with sufficient stock to last for one month after which they must obtain a refill every 30 days. When Yu-fan was too busy to go back to the hospital to collect his ARV pills, he sometimes left his prescription with Sister Lai who then posted the ARVs to a close convenient store where he collected them. Besides Sister Lai, Chi- hon, as a social worker, was supposed to identify and deliver any social assistance that a *ganranzhe* might need in their everyday life. All that Yu-fan had to do to get assistance was to become a docile case and to visit the clinic on time, while remembering to take his medicine. Sometimes he answered phone calls from the local

health official who reminded him, 'We'll call you every three months, and you have to pick up. If you didn't do so, we will go to your home directly to find you'. They also warned, 'We cannot promise you what might happen if we go to your home.' Practicing safe sex was emphasised to him by public health professionals who feared any cross infection between *ganranzhe* would be a threat to public health. Yu-fan asserted the importance of being compliant with the medical doctor:

> After experiencing terrible side effects [from ARVs], a patient reduced the amount of the pills which he was supposed to take to half on his own. It caused a bad reading of CD4. I find it is so hard to imagine [that]. The main problem was the side effects. He would vomit, have severe diarrhoea, become very tired and [develop] something like those. Communication is very important, I reckon. He said [to Sister Lai] that the doctor didn't look like being willing to communicate with him. I feel that you must find a doctor who you can trust and then you don't need to do any communication. It wasn't right saying that you don't need to communicate … I took his advice as an imperial edict. Not exactly an imperial edict. My intuition told me that he [Dr Chiang] is right and he did it for good. His decision wouldn't be wrong, so I believe him. Sister Lai had once asked that patient if he would like to change to another doctor, but he seemed to be very pessimistic and said no. I really feel that the patient's own attitude is so important. If you don't save yourself, no one could save you! Becoming better or worse are [the only] two ways to go. Take the medicine or the disease becomes worse and you're sick. The existence of drugs is to help you to recover. By not swallowing those, the condition will get worse and then you have to take it! Right! (20 September 2013).

Yu-fan views HAART as friends who will accompany him for the rest of his life. It facilitates his pharmaceutical relationship with people in the health regime of HIV/AIDS. On one hand, Yu-fan has revived his hope to live as a normal person— something which he was not enthusiastic about when he was diagnosed as HIV positive. He emphasised his closeness to ARVs:

> Calling the drugs my 'friends' is sarcastic, since I am compelled to take these medicines. They are truly the only stuff which can help to keep me healthy. Probably my condition is not like others where the side effects of medication have made their quality of life poor. That's why I can calmly call them [medicine] 'friends'. In regard to the decrease of my white blood cell count [a side-effect of some ARVs], I didn't feel uncomfortable with it. I didn't ask my doctor what could happen if that [the white blood count] became insufficient. Below the normal level [for white blood cell counts] might not have too huge an impact, I reckon. At that time, the doctor didn't ask me if I wanna change [the prescription] but he required me to change (3 March2013).

On the other hand, Yu-fan trusted and felt cared for by Dr Chiang, Sister Lai and Chi-hon whom he did not view as his infectious diseases specialist, his HIV case manager and his

social worker respectively. He transformed his relationship with them from the institutional-type relationship which places him as a patient, to a form of friendly *guanxi* with which he is more familiar. Yu-fan views himself as a student of Dr Chiang who can be his teacher, and he imagines Sister Lai as his older sister who looks after him as a younger brother. As for the interaction between Chi-hon, Yu-fan and me, he considers us to be a *tongzhi* brotherhood where homosexual topics can be discussed without discrimination.

The virus in Yu-fan's body can only be effectively controlled when AIDS governance expands through the decentralised and deinstitutionalised management of individual health. As he was only 19 and younger than anybody else in his pharmaceutical network, Yu-fan called all those he met in his biomedical and therapeutic network and me his seniors,

> What doctors have done is to be concerned with your physical condition. And then as for Sister Lai, you can ask her when you face some problems. You can ask her if you have any problems regarding any professional knowledge. They cannot be counted as gay friends, but perhaps special friends. Yeap! I don't differentiate it very well. I can only say that they were neither general friends nor … more like elders. Yeap! Yeap, elders (24 May 2013).

By complying with a biomedical regimen and becoming attached to his pharmaceutical network, Yu-fan has ensured the political rights of accessing treatment and social welfare in order to live as normally as those not infected with HIV. However, even though HAART can keep the virus non-violently coexisting in his cells so as to give him a healthier individual body, he can never become a socially approved adult or a man under the state governance on AIDS.

Socially disapproved manhood

As a male citizen aged 18 in Taiwan, and unless someone's medical record in respect of their conscription examination has any ticks in the box labelled 'abnormal/positive', most of them, including me, are obligated to undertake military service once they complete their education (Figure 27). Anyone testing HIV positive qualifies for an exemption from military service. Unfortunately, this is not the case for most males including me! Yet, this was certainly the

experience which Yu-fan encountered, because his diagnosis of being infected with HIV disqualified him from National Service even though he had turned 18 and looked physically perfect. He told me the reason why HIV carriers were exempted from military recruitment:

> They told me that stopping us from attending national service is because of the [exhausting] military schedule. That's because your everyday life is arranged by them. For example, when you take medicine and do something else, you have to do it with other people. They claimed that it's a way to protect us. By not taking the military service, that is the best and the most convenient way to solve it! (24 May 2013).

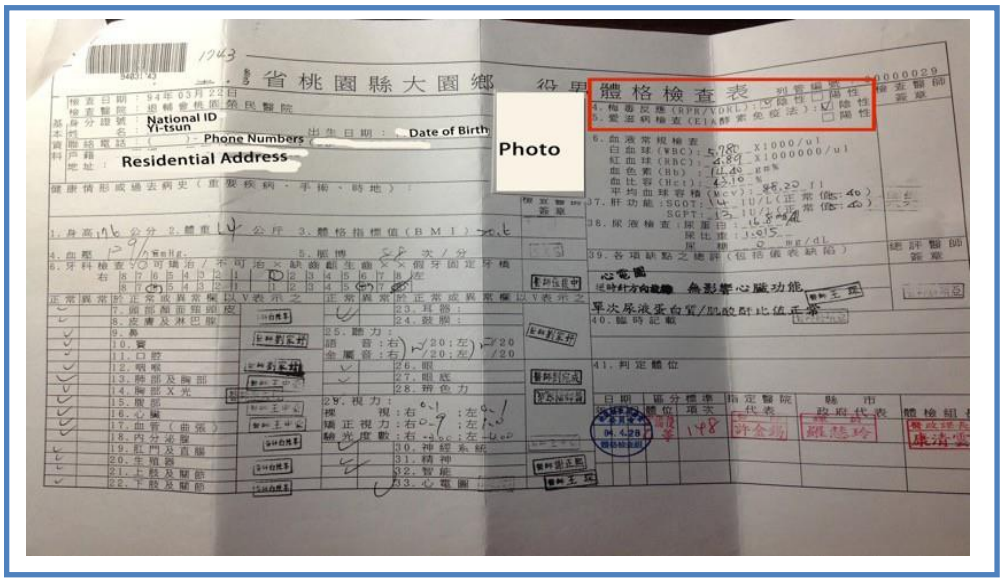


Figure 27. The medical report for conscription examination. The results for both syphilis and HIV are displayed inside the red rectangle.
Source. This is my own report for the conscription examination taken in 2005 before I had completed my undergraduate study. Most males in Taiwan will have and are familiar with this report as long as they were healthy when they were checked before national service. I took this photo on 4 February 2017.

As military service has been historically and socially accepted as a rite of passage for transforming a boy into a man in the context of Taiwanese society (Cheng 2011), it was a rite which guaranteed me entry into manhood. I have to admit that my record of lacking any abnormality which might exclude me from conscription was not a disaster and I was forced into military service. I, subsequently, have become a real man who is approved of and recognised in this patriarchal society, although being macho, as the symbolised meaning attached to National Service, has become less profound in contemporary Taiwanese society (Kao 2006). By contrast, Yu-fan's experience of transforming into a social man has been

denied by his inability to undertake military service, even though that course is not necessarily the only way for a Taiwanese boy to reach manhood nowadays (Hung and Bi 2006). Yu-fan cannot experience and own the collective memory shared by most male citizens who have undertaken National Service.

Being 'legitimately' and 'medically' absent from military service sounds wonderful to some, including me, who consider that service to be time-consuming, troublesome and meaningless. Many strategies, such as pretending to be psychologically dysfunctional or eating excessively to become overweight, have been applied by those reluctant to undertake military service so as to technically manoeuvre themselves into the Exemption from Induction Category. An exemption would mean 'freedom' to me and to many *buyuanyi* (不願役, someone unwilling to take military service)[5] who would also like to withdraw from the obligation. This is especially so when conscription in Taiwan has been publicl notorious for its patriarchal environment and lack of transparency in respect to its training and management of servicewomen and servicemen.[6] It is not uncommon to hear that many males attempt to escape from that temporary confinement. For the same reason, Yu-fan did not want to carry out this duty. When he was actually exempted from service owing to his HIV infection, the disqualification produced an alternative meaning for him. He felt lost.

> How should I describe it? Sometimes when my father's friends come to my home, it's so often that I hear their talk about military life. I then felt that I couldn't make any comment about it because people the same age as me have done national service and can talk about it. It's so hard to answer when they ask you why I haven't needed to do national service. I have to find an excuse to explain why I didn't need to do it. Also, everybody says that after the military service, they feel like they are growing up. [Becoming a man? I asked]. Yes! Yes! Yes! So, I can never grow up in my whole life. It's as if I don't have certain experiences which others have. Something is missing! (24 May 2013).

[5] *Yi* (役) literally means military service. As it is pronounced exactly the same way as the *Yi* of *buyuanyi* (不願意) which means unwillingness, many Taiwanese will replace the character for military service with the character for unwillingness to describe their reluctance to take military service.

[6] In July of 2013, the opacity of the death of a soldier in military detention caught public attention and brought into question the transparency of the military service (BBC 3 August 2013; Hung 2014).

Whether the rule about exemption was to protect the health of *ganranzhe* or to stop HIV from being further transmitted within the military or even to achieve both, what concerned Yu-fan most was none of these. As pointed out earlier, he wished to know how to concoct an acceptable excuse about his absence from military service for his family. He was searching for a solution:

> I am worried about my family. Yeap! They'll feel curious about why I don't need to take national service and why the notice of commencing military service for me has not been sent home. Also, a cousin of mine was born six months earlier than me. Both of us will graduate in the same year and if he gets the notice about commencing military service after graduation but I don't, it is quite odd. Yeap, and I'm really worried about it and I am wondering if I should do postgraduate study which may postpone it (24 May 2013).

By planning to continue on to postgraduate study soon after his bachelor's degree, Yu-fan had found a strategy which could potentially avoid any interrogation from his family about his non-completion of national service. In his last year of university and since his summer vacation after finishing his second-year courses of undergraduate study, he had been preparing for the admission examination for a master's program as a counselling psychologist. This decision was partly motivated by Chi-hon who was the very first person to chat with Yu-fan and who helped him 'to establish some positive mental attitudes' after the initial notification of his HIV infection. Reflecting on Chi-hon's practice as a social worker who aids those suffering from HIV, he recalled his enjoyable childhood experiences of lending a hand to other people. Chi-hon became an inspiration, not only to complete the dream of being a person who could constantly help other human beings, but also because Yu-fan could earn an income from it. Importantly, the logic behind hiding within the educational system, for Yu-fan, was to stay away from his parent's speculation on his exemption from national service:

> Another aim for me in preparing for the examination for postgraduate school is to avoid national service. My future plan is perhaps just a dream. By successfully getting into postgraduate study and postponing it [military service] for several years, I hope a cure [for HIV/AIDS] will be discovered. Because, after being enrolled, the counselling program takes three to four years [to complete]. Have I told you this before? I was only thinking about it not long ago, but now I have already put it into practice. The master's program usually takes two years, while to be a counselling psychologist, it takes two years to do the lectures and another year for an internship. Also, you spend half a year writing a dissertation. If you work hard, you

> can write your thesis while you're in an internship. Thus, it will be three to four years. Right! So, it can be postponed. Right! It's a postponing strategy. Keep postponing (7 October 2014).

Keep secrets, keep normal

In 2013, I participated as an interviewer in a documentary interview project about working experiences amongst AIDS professionals,[7] which was organised and conducted by the Persons with HIV/AIDS Rights Advocacy Association of Taiwan (PRAATW).

An NGO worker, Li, vividly portrayed the pressure that she sensed when she was explaining information and knowledge about HIV/AIDS to the family of a child who was a *ganranzhe*.[8] She was surrounded by 50 to 60 of his family members and was questioned by the grandfather in the ancestral shrine. Li suddenly realised that the concern and familial burden facing and being imposed on that adolescent were overwhelming. This was precisely what Yu-fan worried about most. Although his patrilineal relatives have their own family and live apart from each other, their houses are actually quite close to each other. Yu-fan, in this living milieu, would prefer to keep his identity of being an HIV carrier a secret.

He fears being expelled from his family if his secret is discovered. Being expelled would be catastrophic for an adolescent whose everyday life consists mostly of family and school friendships. Becoming disconnected from these relationships would deprive him of economic, material and emotional support. Besides that, Yu-fan cares about how his family members or schoolmates might perceive him after learning of his HIV infection. Even though he feels nothing wrong within himself, he would not like them to associate his infection with immoral behaviour, such as fighting or *chihepiaodu* (吃喝嫖賭, eating, drinking, sexual promiscuity and gambling), by which society usually misjudge *ganranzhe*. He contended:

> I felt that it [HIV] is really impossible to be told! You'll fear that everybody views you as a

[7] In this project, we had interviews with 15 HIV/AIDS professionals including three specialists from the Division of Infectious Disease, three hospital-based HIV case managers, three Health Centre-based HIV case managers and six NGO workers.

[8] Li always called her cases, who were younger than her, children.

> deviant. Everyone will still label you and say that, 'Oh! You're promiscuous or something else'. Yeap! Something like having a relationship or breaking up with someone can be told, but this [HIV] just cannot! Yeap! It's disgraceful! When you break up with someone, it's only about someone who didn't like you. That doesn't matter. Right! Just to face it! While if you say, 'Oh, I'm actually a *ganranzhe*', and then everybody will feel that you are very promiscuous (22 January 2014).

His secret, which can be shared and discussed within Yu-fan's pharmaceutical connections, but which cannot be disclosed in his everyday *guanxi* with his family members and classmates, has compelled him to divide his life into two disconnected worlds. One relies on many pharmaceutical strangers, and the other is his everyday life; in each world the other is deemphasised and each changes contingently. Although Yu- fan continually travels between the two, he belongs in neither world. He can only express certain parts of himself in each to satisfy the interests of the diverse actors in each field. From his clinical experiences, Dr Liu said that the act of having to keep the secret of being infected by HIV from their families has disconnected most of his patients from the place where they used to live. They become invisible to their roots when they can only inhabit a territory subordinated and peripheral to society. Dr Liu vividly depicted the struggle facing *ganranzhe*:

> Another part is regarding their families. Keeping a secret without revealing to anyone until their death is mostly what our patients choose to do. I usually like to describe it like this: for those who are not sure if they have been infected and those who haven't been infected by HIV, they're just like anyone else living in the same big island. However, once he's confirmed as an HIV carrier, he is just like being forced to be delivered through a conveyer belt to the other small island. There are only a few people in this small island and they don't know each other. Or even they might not see the existence of each other at all. He keeps waving his hands to the people in the big island, saying I'm here! I'm here! Please help me! While the islanders in the big one, in fact, cannot see him. Thus, this is an isolated and lonely feeling (11 May 2013).

Yu-fan has been excluded from the majority of the so-called normal individuals. In order to look normal, he moves everyday between 'the big island', where his school and family are located, and 'the small island', where his HAART is supplied. Even so, the separation does not allow him to easily keep his secret from 'anyone else living on the big island'. Yu-fan's secret of being infected with HIV was once almost discovered by his roommate, when he went back to the hospital to request another month's supply of

prescriptions. After his arrival, Yu-fan could not find his NHI card (Figures 28 and 29) which he was required to present to the pharmacist in order to receive his medication. He was worried that his NHI card had been lost on his way to the hospital. Yu-fan anxiously called his roommate to check in his drawer to see whether the card was there. If it was there, it meant that he had just forgotten to bring it with him. If the card was not there, then it must be missing, and he might need to reapply for another new card. Luckily, his NHI card was found. However, his little yellow card was accidentally viewed by his roommate, who told Yu-fan, 'I saw the NMC' prior to his discovery of the NHI card. Moreover, the official document of his exemption from national service (Figure 30) might also have been read by his roommate who helped Yu-fan to move his belongings to a new room when he was in hospital. He still remembered this accident:

> He also saw the official document of my exemption from national service. He must have seen that, I felt! At that time, we were moving from this room to another room and he asked me to go back to move. I was working part time in Sister Lai's place and told him that I was not able to get back. He told me that the house owner required us to move our stuff out from the room today. Then I said to him, 'You help me to move?' He answered me, 'Yeap!' When I went back, I found that I had put the documents in a folder that I had left on the table. I wondered if he had already opened it. I felt that my roommate seemed to know. Yeap! I've already been exposed to a danger … I cannot say anything now but I need to think positively. First of all, [I hope that] he never does any research into it. However, I'll still feel that it cannot be hidden if others really want to explore details about you (20 September 2013).

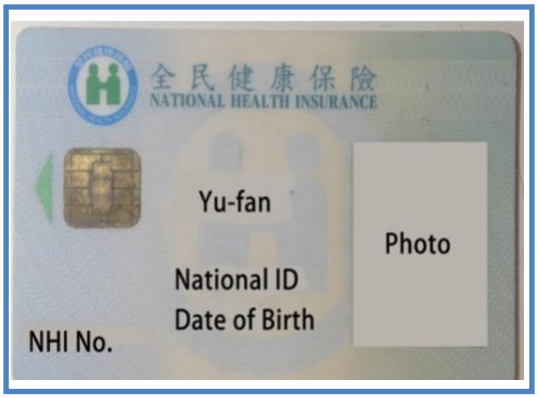


Figure 28. Yu-fan's NHI Card, front side
Source. Photographed by author, 2 May 2018.

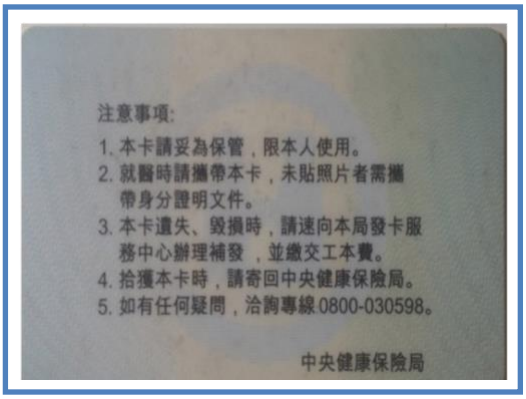


Figure 29. Yu-fan's NHI Card, reverse side
Source. Photographed by author, 2 May 2018.

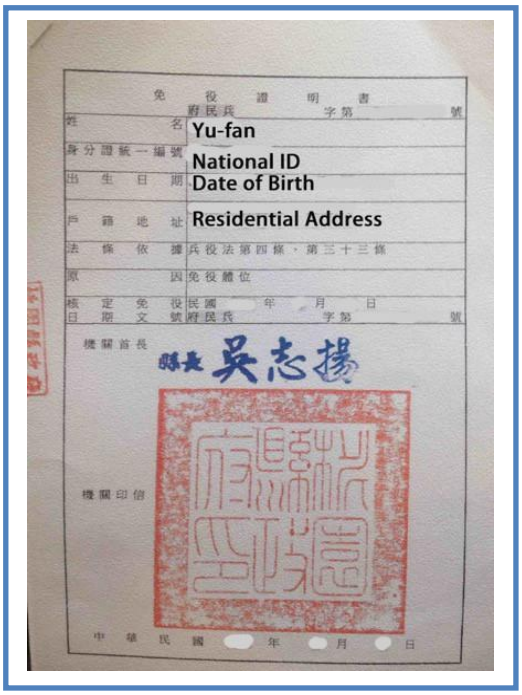


Figure 30. Certification of Yu-fan's exemption from national service.
Source. Photographed by author, 2 May 2018. Used in this dissertation with Yu-fan's permission.

To date, Yu-fan still has no idea whether his roommate discovered his HIV infection when he encountered Yu-fan's little yellow card or his official document of exemption from national service. Yu-fan can do nothing more about this other than to keep reminding himself to 'pay more attention on hiding personal belongings' and to believe that his roommate, if he really did discover the secret, will help to keep that secret. Fortunately, his HIV status seems to have remained a secret as neither he nor his roommate has mentioned anything regarding the card and documents to each other. However, recently the keeping of his secret has become more of a challenge. Yu-fan faces the dilemma of whether he should stay quiet to his boyfriend or to disclose, so as to prevent his boyfriend from contacting his contaminated body fluid when the boyfriend requests bareback sex with him.

No longer normal

HIV, circulating in the bodies of some *ganranzhe*, has produced a discursive interpretation more than a pathological association which administrators and professionals in public health

are desperately seeking to address (Higgins and Norton (eds) 2009; Seidel 1990). Biomedical experts seek passionately to treat it pharmaceutically while social workers harness empathy to assist HIV-infected individuals. Tim Dean's 'reflections on the subculture of barebacking' in his book, *Unlimited Intimacy*, pointed out that 'HIV has become a resource for queer reinventions of kinship because it offers a vital means of showing relatedness' (2009: 89). As for Yu- fan, his HIV infection has become a brand symbolising unforgettable cheating by someone he used to love and trust. As he put it, 'Never trust others easily, because someone says something but does something else.' This was his reflection on his heartbreaking experience. In order not to be cheated on and hurt again and feeling tired of what he called 'the less true love happening in the gay community', it was quite a while before he gained the courage to become involved in another intimate *guanxi*. He believes that trust is essential to an intimate relationship and he felt betrayed by his first boyfriend having casual sex with other partners. Yu-fan expressed his belief in trust:

> Being cheated is one reason and being infected by H [HIV] is another huge hurt. Because you were cheated on and it's because of his promiscuity, you have contracted this disease. I felt that I cannot forget this cheating because this disease branded me in my body. If I were cheated on but am still fine [with no infection of HIV], I could still have a normal mentality and find a normal intimate relationship with someone who won't lie to me. It would be ok and I could forget [such cheating] as soon as possible. However, I often get sick! That's because he cheated on me and then transmitted this disease to me. Then I refused the intimate *guanxi*. I really trusted him at that time because he was so good and loved you [*sic*]. So, you believe that this person would never cheat on me. While, if you really believe a reality, but the reality is not the same as what you thought, you'll become disillusioned. As a person who treated you very well, but still told you a lie, how can you believe those people? (20 September 2013).

Avoiding establishing *guanxi* with other males was the strategy Yu-fan adopted by not falling in love and having sex. Otherwise, Yu-fan would feel himself to be a liar who did not fully disclose everything to his new boyfriend. He would feel he was an untrustworthy person if he kept his HIV infection a secret in an intimate relationship. By not offering any opportunity to be approached by other people, Yu-fan had unexpectedly and temporarily practiced the substantially unrealistic and dogmatic AIDS prevention program requiring sexual abstinence (Hsu 2006). Not having sex was for him an escape from having to face the

difficulty of revealing his secret. Additionally, he could maintain his ostensible obedience to the public health discourse which persuaded him to reduce any risk of transmitting his HIV to innocent others. He said:

> I just don't want to [make any friends now]. Rather than facing the situation that others won't accept you in the end, at the start, you just don't make others develop the thought of accepting you or not. Thus, I feel that once you get this disease, you won't have any thoughts about developing any intimate *guanxi* and wouldn't like to make friends. If one day, I couldn't really block this opportunity to make friends, I would feel that I had cheated on him. Because he didn't know you're that [*ganranzhe*], he might feel that it would be possible to go deeper with you and you two could have stable work, a healthy life etc. … As he didn't know you, something frightening might happen in the future. If your boyfriend asked for that [sex], the dangerous [sex] and then you keep rejecting him, he would think that you're weird. You'll also be afraid in case he asked you to take the [HIV] test together (31 January 2013).

Although he had restrained his desire to make friends with other *tongzhi* since he was clinically diagnosed as HIV positive, Yu-fan one day shared with me his feelings toward a friend he had met at a gay club at the university. He posted the following quote on the Facebook (FB) page of a private group which I created for this study. Yu-fan related his interaction with a new mate:

> Two or three weeks ago, through the gay club at school, I met a friend. Initially, he actively sent a FB message to me and then I talked with him. He is quite interesting and an Aries like Chi-hon. Afterwards, he would send messages and so would I. The interaction and content of our conversation was pleasant. He lives by himself near the school and invited me to his place to study together (twice). Once when he invited me again, I was playing games. I also felt that he was just asking casually, so I stammered, but didn't clearly promise or refuse … Last Friday, when I asked him if he wanna take the same bus with me back to the North, he rejected. I felt quite sad. After that, I found that I seemed to start to like him @@" . I so regret that I didn't cherish his approach to me and I think of him all the time. It's so emotional! I also thought about my identity of [being an] H[IV positive]. I feel lost when I think of it (4 June 2013).

It was unexpected to hear that Yu-fan had nearly fallen in love with someone. On most of the occasions when we had previously met, he had always rejected the idea of making friends with someone since he is a *ganranzhe*. However, it is also impossible for Yu-fan to thoroughly disassociate himself from connecting with 'normals' as everyday he still sees and meets people living on 'the big island' where he has socially become abnormal. Although he found the courage again to trust someone to love, his HIV infection has made him devalue himself as someone disqualified from being loved by 'a normal'. He denounced himself:

> H[IV] indeed made me feel that at heart, I have become an abnormal person. Physiologically, how should I say? I feel that if someone owns many advantages or is very successful, why would he like me as a *ganranzhe*? Yeap! Although it can be concealed, I still feel at heart that everybody would like to have a person who is mentally and physically healthy. I feel that I am mentally mature, while for my body, I contracted this disease. It has stuck to me. I can't get it off! If I were him, I would wonder why I would bother myself by liking a *ganranzhe*. I think this way. If I were Kenny who is a teacher in the elementary school, who is thus a public servant and who also looks not bad, I would rather seek someone whose face I like, who is healthy and whose every perspective makes me feel ok. This is why I feel lost now about an intimate relationship. He doesn't know if I have H[IV] or not, so whether he cares or not, I have no idea. But I feel that any normal people would care (20 September 2013).

Less risk, less moral conflict

Being unable to completely withdraw himself from the gay community was one conditions that influenced Yu-fan's search for someone to share his life with. Another was his free access to the triple cocktail therapy that made him feel healthy and normal looking again. Yu-fan believed that when people are seeking an intimate *guanxi*, most tend to find partners who have more advantages, such as being better-looking, having a better job, being wealthier or having a higher social economic status. He was hence empowered by his now ordinary health condition to make new friends from any field where his personal qualities were sufficient for him to find a better other.

The physical look associated with being affected by HIV used to concern Yu- fan. He believed that people would like him only if his face and body shape were appealing. His excellent compliance to ARVs substantially provided his solution by suppressing his HIV and enhancing his immune system. All of these made Yu-fan less afraid of having sex: something from which he had retreated since he was infected with HIV. Yu-fan felt that his libido was rebuilding:

> Before I knew you guys, I was really in a confused mental state. I despaired of having sex, because I felt that I was just like a dangerous … [zombie]. Do you know *Resident Evil*?[9] If someone is bitten by me, [that person] will get infected. Personally speaking, I really feel that I have very strong moral values. Also, I don't want to harm people. I got it because of sex. So I was a bit afraid of that. I hadn't had any sexual *guanxi* for a long time. Yeap! Until recently, I feel it's not that bad. When your body is in a good condition, you begin to think of having

[9] In *Resident Evil*, the mutant T [tyrant] virus, created by an evil corporation, is highly infectious and can destroy populations. Humans who succumb to T-virus infection become zombies.

> sex. Yeap! I really became peaceful and had no desire [for sex] when I was sick. That was fine. However, after behaving like an active dragon again, you won't reject sex. And it's likely to start to make sexual *guanxi* happen. Since I got H[IV], I haven't had any 10 (20 September 2013).[10]

After being abstinent from any *guanxi* and sex with other men for nearly a year, Yu-fan, had his first sexual experience with Kenny. Learning from his previous sexual experience with his first boyfriend, who transmitted HIV to him, Yu-fan had already realised that he enjoyed receptive penetrative sex more than other sexual acts. However, as Kenny disliked 10 (referring to anal sex), and as Yu-fan was concerned that practicing anal sex was more likely to pass the virus from *ganranzhe* to their sexual partners, 10 did not occur during their sexual activities. He openly talked about his preferences:

> I feel that I would be very involved during the interaction of 10. I totally became very wild and something like that. It should be said that the tempo of making love with him [Yu-fan's first boyfriend] was too fast as the foreplay didn't last too long. The part of 10 would get started afterward. I then became very comfortable. I was led by him to the scene. Yeap! While with Kenny, it was really plain with touch only. I was still so involved, but I would feel that as long as you felt comfortable, that could be cool. It didn't matter if I became hard or not. I was afraid that when he touched you, if you didn't get hard, what he would think. He might feel that you weren't comfortable enough. Yeap! While if he didn't like 10, I wouldn't compel him to do that. Also I feel that it's more possible to get infected through 10 (20 September 2013).

For Yu-fan, performing oral sex instead of 10 reduced the risk of transmitting his virus to Kenny. Even so, he still worried that he might infect Kenny. Thus, Yu-fan attempted to put into practice the suggestion, from the pamphlet for *nantongzhixingaidaren* (Master of Sex/Love) (Figures 9, 10, 31 and 32),[11] that wearing condoms for oral sex was necessary. He found that impossible and also doubted whether other people actually performed protected oral sex. He only considered himself less threatening to Kenny's health by practising unprotected oral sex when the amount of his detected viral load was low. Yu-fan told me:

> As the books said, if you wanna do 100 per cent, complete, trust, condoms should be put on

[10] In referring to which sexual position one occupies for anal sex, number one, '1', is the individual who takes the penetrative role, whilst those who receive penetration are called number zero, '0', in this non- western context. It is similar to top and bottom respectively in the western context (Tsai 2007). No. 1 and No. 0 are terms popularly and often used in Asian gay culture to refer to top (inserting) and bottom (inserted) respectively in gay culture of Taiwan.

[11] Published by Taiwan Tongzhi Hotline Association, this booklet attempts to guide gay men on how to have fun safe sex.

even when you were having oral sex. But do you think that's possible? That was suggested by *xingaidaren*. I then reflected on this. Although there are dams for oral sex, will that be really used? Impossible! Yeap! At the moment [of having oral sex], it must be worrying, because this thing is better safe than turning into sorry. Yeap! Definitely, I will make the decision based on my personal condition. I feel that it should be associated with my viral load, since my viral load has been less than 20. It's nearly gone. The doctor said that 'Hey, Yu-fan, your viral has become less than 20.' It's very little. Also, I read some books saying that if you can control it very well, the probability of transmitting [HIV] to people with whom you have sex is really low. So, I got that idea [of being impossible to infect him], I still don't think that I would infect him. However, I still reject [doing] 10 (20 September 2013).

Figure 31. The *Safe Sex amongst MSM* booklet, comic edition, published by Rexian. This photo is also the cover for the booklet in Figure 9 of Chapter Three.
Source. Photographed by author, 11 October 2013. Used with the permission of Rexian.

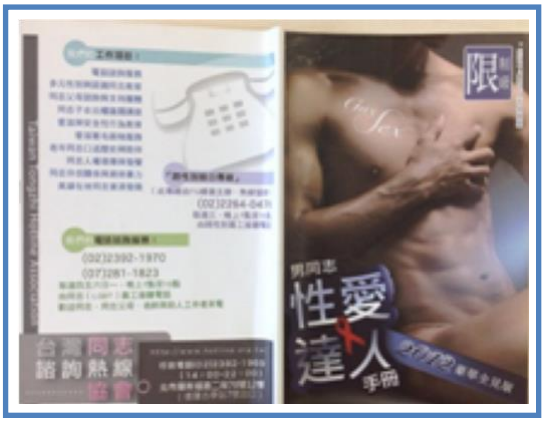


Figure 32. The *Safe Sex amongst MSM* booklet, photographic edition using models, published by Rexian. This photo is also the cover for the booklet in Figure 10 of Chapter Three.
Source. Photographed by author, 11 October 2013. Used with the permission of Rexian.

The numbers associated with a person's viral load and CD4 count are served as technological and numeric indices to objectively inform *ganranzhe* about their improved or worsened health condition. Meanings reflected from numbers are always derived from what really matters to *ganranzhe* in their daily lives and those may facilitate or limit what sort of *guanxi* which *ganranzhe* could or would like to produce (Meinert, Mogensen and Twebaze 2009; Persson et al. 2016; Robins 2006). For Yu-fan, a smaller number for his viral load was an encouraging indicator for him to get back his confidence and to make him feel as normal.

After he had isolated himself from the gay community for a year in order not to transmit his HIV to others, he again began to connect with people. He attempted to understand how his personality had been affected by his infection:

> H[IV] has inflicted severe damage on my confidence and affected my study and *renjiguanxi*. It became so different from when I was at senior high school. I was the person who made people feel happy at senior high school. Everybody felt that if they came to me, they would feel happy when they were upset. Doing something could make them feel better. Although I was too naughty in the teachers' eyes, at least many classmates liked me. Yeap! You know, many classmates at that time would write cards to me saying that 'it's so great to have you in the class and because of you, there are so many joys'. While for now, I have become quiet in the university. Yeap! It cannot be just like the past when I could circle around among different groups. In a class, there must be many small groups. This one, that one and this one. I could play happily between every group. Yet, it's impossible now. Yeap! Why has it become like this now? (15 August 2014).

Yu-fan accepted that a low viral load was not the equivalent of complete elimination of HIV from his body. He was still concerned about the small possibility of placing Kenny at risk of being infected by HIV as long as he remained an HIV carrier. His moral landscape of having no sex with others was shaped by TasP's discourse that if a low viral load controlled through HAART, and the low risk associated with oral sex can effectively prevent HIV transmission (Maartens, Celum and Lewin 2014; Persson et al. 2016). Speaking of avoiding the possibility of sex with non-infected individuals, he was not as resolute as he had been when his pharmaceutical regime was just beginning. In other words, the discourse of TasP had led Yu-fan to view his viral load now as too low to warrant abstinence from sex, and to empower him to have unsafe sex with Kenny. In this regard, it was through the global HIV prevention campaign of TasP that Kenny was placed at risk of exposure to the virus. Using the logic of TasP, Yu-fan claimed that he would end *guanxi* with Kenny if his viral load was not kept under control. The fluctuation of his viral load backed up his decision:

> If something unknown happened one day and the viral load increased, I feel that I would stop myself from having any connection with him. No matter how much I like him, I will stop, because I feel that when we see each other, it's hard to have no sex. I feel that when my body becomes problematic, and when I become infectious, I will stop. That's because I don't want to harm him, and I don't want to tell him that I am sick either (20 September 2013).

The lower risk associated with infecting others through oral sex and through reduced

viral loads coincidentally matched Kenny's disinterest in anal sex. It had contributed to Yu-fan's comfortableness in merely having an emotional connection and oral sex with Kenny. Without doing 10, which really gave Yu-fan more pleasure than oral sex, he faced less moral conflict. He was frank to me about his sex:

> Kenny didn't do 10. Because of my disease, I wouldn't want to conduct 10 with him. So I felt that the emotional company is enough. Yeap! The comfortableness when doing 10 is so direct. You would feel that, oh, it's so comfortable. And then you get blushed etc. … Such kind of pleasure cannot be reached through oral sex and by touching. Therefore, regarding sex, I feel that my erogenous zone is right over there. So, having sex with Kenny was problematic already. It should be said that I was a bit unwilling at the beginning when I only had oral sex with him. Not really reluctant. But that was novel to me, so I felt that, right, let him blow it as it seemed to be comfortable (20 September 2013).

However, the *guanxi* between the pair did not last too long as Yu-fan realised that Kenny did not want to establish an intimate relationship.

The struggle for trust

At the end of my field work for this study, and before returning to Australia to start writing, I had a final opportunity to chat with Yu-fan again. Chinese New Year was coming soon, and he had just finished the first semester of year three at university and was on his winter vacation. In the previous semester, Yu-fan had been infatuated with Kenny, as an Aries. The questions he asked both Chi-hon, whose horoscope sign was Aries and me, whose ex-boyfriend was an Aries, were all about Kenny and Aries. For instance, Yu-fan wished to know how he could win Kenny's heart or how he should interact with an Aries. Searching for someone likable and who might like him has become more important to him since he became pharmaceutically normal. He also sought to be psychologically satisfied. His mind had been haunted by his half a year *guanxi* with Kenny after which Kenny 'defriended' him on Facebook. Yu-fan, in our meeting, told me that he had already *duankaihunjie* (斷開魂結, disconnected oneself)[12] from Kenny. As he pointed out,

[12] *Duankaihunjie* (斷開魂結) literally means cutting the connection and it was originally used by a religious woman who was passionately warning people to disconnect themselves from homosexual populations. Her

> He finally deleted my FB. Your [*sic*] FB was deleted inexplicably. Of course, it was sad. That seemed to be around the mid-term of the semester. After that, I couldn't recover after a setback, because I felt that if it [the *guanxi* between us] started nicely it should end nicely as well. I'm saying that you can just say if you don't like [me]. It's not necessary to say and just delete it [on FB]. It was so sad then, because I had been getting used to keep opening the FB, opening the FB every day. Also, in class, I always used the cell phone to open the FB in order to see if he was on line. Eventually FB was deleted. It means that he chose a way to break up. However, I felt that there were so many words which I hadn't told him yet. I thought that I should [tell him]. The way which I thought at that time was to write a letter on paper. Anyway, I seemed to have the feeling of letting it go. It seemed that everything became the past (22 January 2014).

Whilst Yu-fan was still worried that his HIV might have sneaked into Kenny's body, Kenny had never raised any concern about AIDS when they had unprotected oral sex. In contrast to Yu-fan's dilemma of deciding between disclosure or concealment about his infection, Kenny was completely unaware of it. By criminalising *ganranzhe* engaging in any 'dangerous behaviours' with others, *feiganranzhe*, such as Kenny, are exempted from their obligation to protect themselves in the global movement of AIDS control and prevention. The unanticipated structural violence is produced by the following local legislation:

> Article 21: Individuals who are fully aware that they are the infected have, by concealing the fact, unsafe sex with others or injections by sharing needles and syringes, diluted fluids or containers, and thus infect others, shall be sentenced from five years to twelve years. Individuals who are fully aware that they are the infected and supply blood or provide organs, tissues, body fluids or cells for transplantation or for use by others, and thus infect others, shall be sentenced the same. Unaccomplished offenders of the preceding two paragraphs shall be punished. The definition of unsafe sex shall be formulated by the central competent authority following the relevant regulations outlined by the World Health Organization (*HIV Infection Control and Patient Rights Protection Act [1990]* 2007).

This legislation sets the classificatory locus for safe sex as the World Health Organization, with Taiwan's legislators simply following an international imperative as good global citizens. In fact, the World Health Organization has no regulations defining safe sex. Any definition of safe sex pursuant to the *HIV Infection Control and Patient Rights Protection Act [1990]* will have been established from within Taiwan, by the public health profession.

---

speech was filmed as a clip on Youtube and became parodied by the gay community to argue against such a discourse.

After Kenny, Bai-heng (百亨), with whom Yu-fan had been chatting on a gay social network mobile application, seemed to reopen Yu-fan's heart and to raise his hope for love. They were going on their first date in the week after our scheduled interview. Before they had formally met each other, Bai-heng had sent messages to greet Yu-fan each morning. In contrast to his interaction with Kenny, Yu-fan was more comfortable with his *guanxi* with Bai-heng. More importantly, when they were conversing, Yu-fan felt that he could say anything that he liked to say and 'be himself in front of him [Bai-heng]'. However, they did not discuss the topics of Yu-fan's illness or Bai-heng's periodical HIV-testing. Yu-fan addressed their communication:

> Earlier, before I really started the winter vacation, he told me that he was going to the hospital. I then asked, 'What happened to you?' He responded without hesitation, 'To do the HIV-testing,' and 'it's periodical'. He said 'periodically' means that he could possibly go to the hospital once during a period of time. When we talked about this, I began to think, 'How should I reply?' It made me to feel that he was implying something. Subsequently, he told me that his health condition was bad recently and said, 'It could be the decrease of immunity'. It was so harsh for me to hear that and I said, 'I see, and you can go to bed earlier recently and then eat more fruits'. Of course, I only said something partially. I objected to this in my heart and I was reluctant to talk more with him about the anonymous HIV-testing. It was a big guilt, because I couldn't tell him that 'I am actually H[IV positive]' (22 January 2014).

Even though they had not had sex, the periodic HIV-testing which Bai-heng had mentioned in their conversation had caused Yu-fan to recall his experience of his HIV-related illness. He wondered 'if he [Bai-heng] asked me to take HIV-testing together, what should I do?' 'Should I disclose [my positive status] to him and would he feel that I had cheated on him?' was another question that perplexed him. Yu-fan thus faced the dilemma of disclosing or not disclosing to Bai-heng before they started having sex. By telling, he might not be accepted by Bai-heng and his threat to Bai-heng's health could be a barrier for them starting a new *guanxi* and having sex, whether protected or not. By not telling, he might breach the law if Yu-fan's sexual partner became infected by him.

In their relationship, Bai-heng might be the one who initiated unsafe sex. However, he would be legally free from the responsibility for unprotected conduct, and hence from being

punished, as his risk is epidemiologically proven to be lower than a *ganranzhe*. Despite Yu-fan's undetectable viral load, and the lower risk of transmitting HIV to others by being a bottom, he was still concerned about infringing his partner's trust. It is paradoxical that public health officials, on one hand, have advised the public to accept *ganranzhe*, while on the other hand, they legally frame PLWHA as criminal suspects. *Ganranzhe* are still punishable even when their sexual conduct under an undetectable viral load can be categorised as safe practice. In investigating the transition of condom use amongst gay and bisexual men in Melbourne and Sydney after the introduction of pre-exposure prophylaxis (PrEP), Martin Holt et al. classified sexual practices into safe and unsafe ones. There is:

> a mutually exclusive classification system to categorise the sexual practices of participants with casual partners. Four categories were classified as safe sex: no anal intercourse with casual partners (participants of any HIV status; category 1); consistent condom use with casual partners (participants of any HIV status; category 2); any CAIC [condomless anal intercourse with casual partners] by HIV-positive men on HIV treatment and with an undetectable viral load (category 3); and any CAIC by HIV- negative men on PrEP (category 4). Three categories were classified as risky for HIV transmission or infection: any CAIC by HIV-positive men not on HIV treatment or with a detectable viral load (category 5); insertive-only CAIC by HIV-negative or untested men not on PrEP (category 6); and any receptive CAIC by HIV-negative or untested men not on PrEP (category 7) (2018: 4).

In this categorisation, Yu-fan would be considered to belong to Category 5, as he still had a detectable viral load.

Numeric moral indices

After visiting my family for three weeks at the completion of my field work, I had another opportunity to chat with Yu-fan. It was on the day that he returned for his regular clinic visit. In a coffee shop near the hospital, Yu-fan told me about the unprotected sex which he had with Bai-heng. He revealed to me:

> It was a holiday when I went home but returned to Bai-heng's place on the same day. Yeap! We hadn't seen each other for more than a week. In the bus station, he straight away said that we were going to have sex later. Of course, you would feel happy, because I feel that if someone wants to have sex with you, it means that your body is attractive to him or he likes you. So it was pleasant. Also, it had been a week [without having sex], and I really wanted [it]. He then said that he wanna have bareback. He said that he didn't want to wear [a condom].

> Yeap! In fact, he had already said that he didn't want to wear several times previously. I was then in a panic when I heard his question. I responded, 'It's up to you'. I said, 'it's up to you.' I had concealed [my infection] from him previously, but there were still condoms so that he wore them then. In that holiday, there was no condom. Mmmm … there wasn't a condom used at all afterward, anyway. Yeap! No more condoms have been used (15 August 2014).

This conversation was not what I had expected. I was still concerned with his life and Yu-fan had been willing to share with me about his everyday *guanxi* with others. The above quote could be merely an anecdote if it was not incorporated into Yu- fan's ethnography. Whether his infection with HIV should have been disclosed to Bai- heng or not, and whether he should have insisted that Bai-heng wore condoms, his everyday struggles over his chronic disease gives rise to this anecdote. It constitutes a part of the complete Yu-fan, and a part that would gradually vaporise if no one considered it valuable and worthy of being recorded and understood and if the dilemmas facing him were merely simplified as irresponsible excuses. When safe sex and being obedient to anti-HIV therapy hold primacy in Taiwan, it was not surprising that Yu-fan added, 'Of course I dare not to tell Miss Lai that I am doing that [sex without a condom]'. Whether he decided to honestly reveal or conceal from the health professionals and administrators the fact of his unsafe sex with his sexual partner, Yu- fan could eventually incur punishment. By not telling his partner, he had already breached Article 12 of the *HIV Infection Control and Patient Rights Protection Act* wherein 'The infected have the obligation to provide information regarding the sources of infection or contacts'. However, if he disclosed the circumstance that he did not tell his sexual partner, as status quo, he would instead breach Article 21. Therefore, by not telling, no one would know that he had violated those regulations. The provision to punish *ganranzhe* produced the rationale for Yu-fan to conceal his sexual contacts and conduct from the health professionals and his status from both Kenny and Bai-heng.

Yu-fan's secret of having unsafe sex can be concealed as long as he has a high CD4 count and low viral load. At present, no one in the pharmaceutical and health regime for HIV/AIDS in Taiwan considers Yu-fan to be an immoral *ganranzhe*. Yet he does in fact

practise unprotected sex. Health professionals impute from the numeric indices of CD4 counts and viral loads compliance with HAART and the sexual practices of *ganranzhe*. Yu-fan is highly compliant with his therapy and his good performance on the numeric indices enables him to shield his barebacking experiences from discovery. He is hence a good patient or docile *ganranzhe* who can be rewarded:

> 'It's so good to see you,' said the doctor. I then asked the doctor, 'Anything happened to you?' The doctor started to tell me that several patients before my visit had not complied with the treatment and they didn't obediently take the medicine. Also, their numeric indices were terrible. Their attitudes toward the doctor were not that good either. Yeap! … I went to say hello to Miss Lai. Because she was busy, I didn't chat with her too much. While after chatting a bit, she also said to me, 'It's so good to see you'... She was then asking me if I would be free in the summer vacation and did I wanna do part time work there [in the hospital] since there was a vacancy available. It would get paid. Then I said, 'Oh, of course.' If there were something happening, it could be discovered from the report. Yeap, if you were promiscuous and the viral load increased while CD4 decreased or something else, the doctor doesn't need to ask you, it would be discovered. So, as long as your report is roughly ok, the doctor won't ask too much. If it was all good compared to the previous one, he would say, 'well, your CD4 was increasing this time to a certain amount and the viral load was undetected.' Yeap! And he would ask how you've been. Yeap! And I said, 'So so'! (20 September 2013).

Being Yu-fan's confidante meant he perceived me in our *guanxi*, which afterward has become blurred as it is still a relationship between a researcher and an informant. Ours is also a relationship between two homosexual men as friends. If I were only a researcher, Yu-fan might not feel connected enough to share his online social networking experience with me, similar to him not telling anything about it to Miss Lai as his HIV case manager or to Dr Chiang. If I were only his friend, Yu-fan would not feel comfortable and accepted about revealing his sexual activities to me, as he never mentioned those to any of his friends. This liminal *guanxi* between us shifts between being a friend as an insider and an informant as an outsider for him and being a friend as an insider and a researcher as an outsider for me. It does not fit into any categorised relationship and has the advantage of returning Yu-fan's agency back to him. He can address whatever issues he likes with me, but he is unable to address these in his everyday *guanxi* with others.

Through our liminal *guanxi*, Yu-fan's stories can be more holistically understood after

parts of his life have been muted by the health regime of HIV/AIDS in Taiwan because of his infection. His *guanxi* with Chi-hon, a social worker and one of Yu-fan's HIV case managers, had once been liminal so that Yu-fan would like to have shared some parts of his life with Chi-hon. However, Chi-hon's huge work load, where he had to make contact with all new adolescent *ganranzhe*, hardly allowed him time to develop any real friendships with his cases. Yu-fan described Chi-hon:

> What he [Chi-Hon] had in our conversation was not only about H[IV]. Of course, it was relevant to H[IV]. Those were about my life, school and intimate *guanxi*. After talking about these, you would feel that you and he seemed to become friends. So, at that moment, although he was still an HIV case manager, an identity of friend was added. Yeap! However, because he was very busy, I wouldn't regard him as a general friend. I wouldn't tell everything to him. To my general friends, I would be tediously asking them, 'What are you up to?' Or if I watched a movie, I would ask them, 'Have you watched that movie yet?' I wouldn't treat Chi-hon in the same way, because I know that he is busy. In my categories, there're many types of friends. He was like a friend and also like an HIV case manager. He is an HIV case manager. Yeap! I explored why he and I had become friends. Fundamentally, that's because of H[IV] (20 September 2013).

Summary: Dilemmas facing *ganranzhe* in containing AIDS

Neither concealment nor disclosure of his HIV status has been an easy option for Yu- fan. To reveal his HIV infection in his everyday life outside of the health regime of HIV/AIDS, he has to take the risk of being expelled by his family, friends and boyfriends. If he tells health professionals about his unsafe sex with anybody, such as Bai-heng, he could lose his pharmaceutical recognition that disapproves of any risky sexual conduct and relationship. Navigating a sexual relationship, even when his CD4 counts and viral load suggest excellent viral suppression, is a complex set of contingent decisions for Yu-fan, centring around his desire to maintain and be worthy of trust to maintain his *guanxi* with others, especially the one he loves and with whom he would like to establish deeper and unlimited intimacy (Dean 2009).

Unfortunately, the wearing of condoms was part of the overall discourse surrounding HIV/AIDS and it became a barrier for Yu-fan to insist on safe sex. In his relationships, the

wearing of condoms symbolically came to mean STDs and promiscuity, and it was against the value of trust which Yu-fan was searching in their monogamous *guanxi*. Yu-fan was only able to engage in a transgressive, unsafe sex because of his low viral load; however in not disclosing this position he place his partner at a risk which he tried to minimise. While his own actions could have been viewed as being counter to existing legislation criminalising unsafe (albeit undefined) sex, that same legislation shifted focus form the role of the partners of *ganranzhe*.

Chapter Seven
The Struggle for Recognition: Trivialised Subjectivities in the Face of HIV Infection

> What disturbs the regular method of Heaven, comes into collision with the nature of things, prevents the accomplishment of the mysterious (operation of) Heaven, scatters the herds of animals, makes the birds all sing at night, is calamitous to vegetation, and disastrous to all insects – all this is owing, I conceive, to the error of governing men … If they knew (that they were returning to their root), they would be (consciously) leaving it. They do not ask its name; they do not seek to spy out their nature; and thus it is that things come to life of themselves.
>
> — Zhuangzi, tr. James Legge (2011: n.p.)[1]

Introduction

The withdrawal of its membership from the United Nations (UN) in 1971 forged Taiwan's current global political landscape where its declaration of sovereign independence has proved remarkably challenging. An international consensus on 'One China' has furthered the domino effect of a growing number of countries gradually severing their diplomatic relationships with Taiwan and instead recognising the People's Republic of China (Payne and Veney 2001; Yu 1997). In addition to this declining support, the Taiwanese have found their expertise and experience in relation to international affairs have often been marginalised and they have been excluded from worldwide debate. In order to repair their fragile foreign relationships, and to be recognised as a global citizen, the state and the Taiwanese people have been searching for opportunities to boost their visibility in the international community. By abiding by the conventional doctrines of global governance which sustain the prevalent international order, they have endeavoured through this participation to resume a legitimate seat in the global community.

Participating in the fight against AIDS as a globalised transmissible disease has become one of many measures that could place a marginalised entity centre stage for public

[1] This is a translation from the writings of the ancient Chinese philosopher, Zhuangzi (莊子). See also Jean Billeter and Gang Song (2011: 84–85) for an interpretation.

attention and discussion. Taiwan, it was argued by Hsiao-ting Lin (2016) in his historical study, as an 'accidental state', became recognised for weaving global AIDS discourses into its local campaigns and programs for disease control and prevention, and for advocating human rights amongst *ganranzhe*.

The state engagement in the global fight on AIDS hence brings the everyday lives amongst *ganranzhe* in Taiwan to the fore of international society. Otherwise, AIDS suspects and *ganranzhe*, such as A-hon in this chapter, were only noticeable when uninfected individuals became concerned that their personal conduct posed a health threat. By drawing on the ethnography of A-hon's (阿泓) reluctant enrolment in the HIV pharmaceutical regime, this chapter elaborates on how his subjectivity and social connection with others was shaped by his chosen approaches to repress the virus.

The chapter begins with a reflection on A-hon's unmet desire for his true self, including his sexual orientation, to be recognised and valued by his family. I then elaborate on his use and advocacy of good, health-producing, natural foods as a metaphor for authenticity and to generate guanxi. Taking ARVs represented a capitulation to introducing manufactured, and unnatural products into his body—in his view, partly because he was unable to afford the healthy foods that he wished to consume, rather than take drugs. Finally, I consider the impact upon his working life of entering into a pharmaceutical regime, and his experience of violation of his rights as an employee resulting in narrowing of his work choices.

Rather than calling for empathy about his violated human rights, I argue, A-hon and some other *ganranzhe* are speaking for themselves to show their existence as sexually recalcitrant. Furthermore, sharing their muted voices can facilitate being remembered and recognised by witnesses or readers so as to reconnect themselves with the milieu where they used to belong but are no longer included. Otherwise, a large portion of their subjectivities remain invisible and incomplete as the public keeps a wary eye on only their morbid and

contagious lives but not on the rest of their everyday activities.

A-hon's efforts to seek recognition have yet to lead him to be seen as an indispensable part of his family. Similarly, the efforts of the Taiwanese government have yet to gain fruit in the world of global politics. Their common struggles over legitimate identities continue to emerge in the everyday conflicts between A-hon and his family, and Taiwan and the world. Nevertheless, A-hon, Yu-fan and Xiao-zheng, in a similar manner to most *ganranzhe* in Taiwan, are compelled to hold a tight pharmaceutical *guanxi* that ceaselessly gives rise to their everyday struggles and disturbs their everyday relationships with others. It resembles the fate amongst the Taiwanese population whose existence is only recognised when the Taiwan independence movement is considered a threat to peace in the Cross-Strait region. Recognition in this local context is not only the everyday and personal struggle facing A-hon, but the critical value associated with his sufferings and those of the Taiwanese in their absence in relation to political legitimacy in the world.

In connection with A-hon

One of the pages in *Fashenglianxi* (發聲練習, To Practice the Voice), a booklet published by the HIV/AIDS Rights Advocacy Association of Taiwan (PRAATW), pictures in cartoon format a half-length man, A-hon (Figure 33). In this collection, he is one of 15 *ganranzhe* who share how their rights to employment, social and medical services and education have been violated. Besides describing his story of discrimination by a former employer owing to his health condition, A-hon attempts to depict his feelings about his responsibility for speaking on his own behalf. A Chinese translation of Martin Niemöller's poem, 'First they came for the socialists …' (ca 1936) which reflects on one's silence in the face of Nazis' power, is cited at the end of his article (Figure 34):

> When the Nazis came for the communists, I remained silent;
> I was not a communist.
> When they locked up the social democrats, I remained silent;

I was not a social democrat.
When they came for the trade unionists, I did not speak out;
I was not a trade unionist. When they came for the Jews, I remained silent;
I was not a Jew.
When they came for me,
there was no one left to speak out.

Figure 33. A portrait of A-hon and the opening pages of his story 'Shuobuchudemimi' (說不出的秘密, The unspeakable secret). (Persons with HIV/AIDS Rights Advocacy Association of Taiwan (PRAATW) 2012: 18–19).
Source. Photographed by the author, 2 July 2014. Also available from: https://praatw.org/sites/default/files/fa_sheng_lian_xi_20121107.pdf (accessed 2 December 2018)

In that colourful portrait, A-hon wears a shirt of blue and white stripes while crossing his hands in front of his chest. Behind him, a scene of a popular entertainment district for young people in central Taiwan is indicated by the green sign to his left and the label 'Izhongjie' (一中街, I-zhong Street). Following this image, the next three pages are text where A-hon tells his story, titled 'Shuobuchudemimi' (說不出的秘密, The unspeakable secret) (A-hon 2012: 19–21). Given limited space to accommodate his reflections, he summarised his experience of the dilemma he experienced in disclosing and explaining the skin rash on his limbs to someone who exhibited concern about his health. A-hon did not disclose to his employment manager that such a rash was a side effect of the triple cocktail therapy prescribed to *ganranzhe*. The subsequent conflict between him and his employers finally compelled A-hon to withdraw from this career at a shop, Ziranzhisheng (自然之聲,

Natural Sound),[2] selling nontoxic ingredients for cooking. This is how I came to know of A-hon before we actually met in real life.

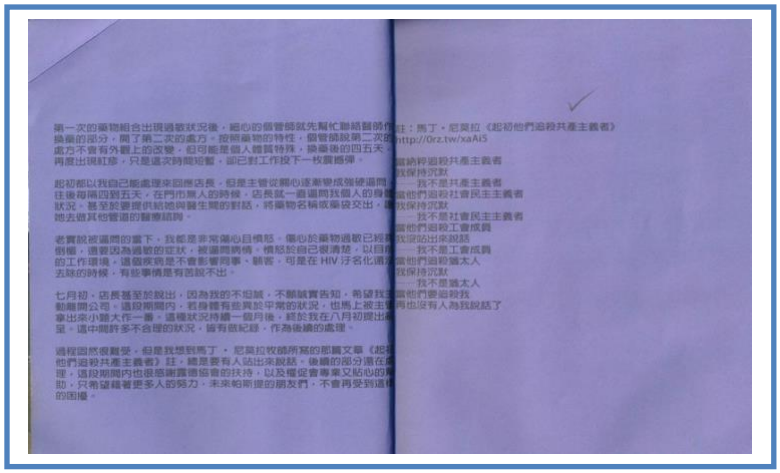


Figure 34. The final two pages of A-hon's story with a Chinese translation of Martin Niemöller's poem (Persons with HIV/AIDS Rights Advocacy Association of Taiwan (PRAATW) 2012: 20-21). Source. Photographed by author, 2 July 2014. Also available from https://praatw.org/sites/default/files/fa_sheng_lian_xi_20121107.pdf (accessed on 2 December 2018)

The struggle for recognition

The book title, *Fashenglianxi*, is depicted on the cover in white writing in the middle of an opened red mouth and close to a vibrating microphone. An edited photograph, taken from the business district near Taipei 101,[3] is in the background of the book cover.

Unless the hanging heart-shaped balloon in the upper-left corner of the cover is recognised as the logo of PRAATW, this kaleidoscopic page does not advertise that it is a collection of short stories from *ganranzhe* (Figure 35). To be honest, I would have been misled and would have assumed that it was an illustrated children's book if I did not have prior knowledge about its content. All I could otherwise guess from the meaning of those four Chinese characters was that someone had endeavoured to express their voice loudly. A-xue (阿學), one of the editors of this collection of essays and a social worker at PRAATW, and Xiao-qi (小七), responsible

[2] Ziranzhisheng is the pseudonym of the name of the shop where A-hon was employed.

[3] Taipei 101 was inaugurated in 2004 and was once the highest skyscraper in the world.

for the graphic design, indeed intended to accomplish that mission. As stories concerning human rights violations facing *ganranzhe* can normally be frustrating, their ambition was to forge *Fashenglianxi* into a more interesting format which readers would not hesitate to pick up, and which they would find attractive and worth reading.

Figure 35. The cover of *Fashenglianxi* (Persons with HIV/AIDS Rights Advocacy Association of Taiwan (PRAATW) 2012).
Source. Photographed by author, 2 July 2014. Also available from https://praatw.org/sites/default/files/fa_sheng_lian_xi_20121107.pdf (accessed on 2 December 2018).

Juxtaposing images with texts was how *Fashenglianxi* was launched to the public by PRAATW at the end of 2012 and it attempted to relate stories in an engaging manner. 'Topics about human rights amongst *ganranzhe* are too boring and depressing to many audiences … nobody will take it if we're going to address relevant issues,' said A-xue. His working experience for several years in the field had taught him the lesson that 'it's not necessary to give him/her [as a *ganranzhe*] too much [information about human rights]'. He further explained, 'He/she cannot understand it … unless he/she has been living with HIV for a long time to see enough [discrimination and social injustice against *ganranzhe*].' Indeed, the amendment of the *AIDS Prevention and Control Act* and the *HIV Infection Control and Patient Rights Protection Act*[4] forbade social discrimination against HIV carriers and

[4] Article 4.1. 'The dignity and the legal rights of the infected shall be protected and respected; there shall be no discrimination, no denial of education, medical care, employment, nursing home, housing or any other unfair

protected their rights to 'education, medical care, employment, nursing home [and] housing' (*HIV Infection Control and Patient Rights Protection Act [1990]* Taiwan, amended 11 July 2007). Even so, the language of human rights was generally too vague, or too out of touch, to reach *ganranzhe* whose needs for restoring their close or intimate connections with others were often overlooked.

'No matter how you warn people [*ganranzhe*] that their working rights may possibly be abused [owing to the infection],' in A-xue's opinion, 'people just cannot feel it since it hasn't occurred to them or they believe that it won't happen to them.' However, he also realised that 'nobody will care about you [as an HIV carrier] if you don't write and speak out', and he feels that 'they [as *ganranzhe*] would like to say something and have the ability to do so'. Hence, when he established deeper *guanxi* with *ganranzhe,* A-xue started to encourage those that he had assisted previously to write about their struggles over prejudice and about the obstacles they confronted every day. His plan for this book was to 'memorialise the stories of AIDS in this era' and to 'make these [stories] visible' (Chang 2012: 47–48), as quoted from A-xue's summary in the postscript to *Fashenglianxi*.

Fashenglianxi is composed of 15 personal narratives compiled by PRAATW. Some essays were solicited from the public or clients willing to draft their stories for this publication, whilst several were letters selected from those imprisoned *ganranzhe* sent to PRAATW. Compared to monographs addressing social sufferings amongst *ganranzhe,* this edited publication is terse; the word count for each essay does not exceed 1,000 Chinese characters.[5] The essays are produced by nonprofessional writers. Nor is every article detailed enough to untangle the 'webs of significance he [the author] has himself spun' (Geertz 1973:

treatment; regulations governing the protection of their relevant rights shall be formulated by the central competent authority in consultation with various central competent enterprise authorities … Individuals in violation of Paragraph 1 or Paragraph 3 of Article 4 … shall be fined NT$ 300,000 up to NT$ 1,500,000' (*HIV Infection Control and Patient Rights Protection Act* [1990] Taiwan. Amended 11 July 2007).

[5] This is approximately a 600 word count in English.

5; see also Love 2013: 401). Yet, within these thin descriptions where sufferings are not embellished or burnished, their own descriptions of their miseries are particularly vivid to readers. The book portrays the hurt, worry, fear, humiliation, embarrassment, anger, sadness, frustration, despair, loneliness and *wunai* (無奈, being reluctant but compelled to do something) that most of the contributors to *Fashenglianxi* experienced after being expelled from their neighbourhoods, families, jobs and the juridical and health systems in Taiwan. Their existences and subjectivities are therefore represented and seen. In establishing a reading approach reflecting on a thick description, Heather Love explains the value for a close reading of thin description,

> Thin description means, in effect, taking up the position of the device; by turning oneself into a camera, one could—at least ideally—pay equal attention to every aspect of a scene that is available to the senses and record it faithfully (2013: 407).

A close reading of the ethnography of Vita drafted by João Biehl (2013) provides much of what I have learnt about Catarina's world. Through a dictionary, in which she wrote vocabularies encompassing her bodily affections and living experiences, she reconfigured and then introduced herself while imagining her future with technological terms given from her surroundings (Biehl 2013; Biehl et al. 2010). Rather than crying out for public attention, sympathy and empathy, voicing, or 'writing' precisely is, for Catarina and some authors of *Fashenglianxi*, an opportunity for 'their own works to be seen'. In addition, it also highlights their existence so that they will be remembered and recognised by others and it allows them to connect with the milieu where they used to belong but are no longer included.

'Someone has to come out to say something', A-hon reflected after reading Martin Niemöller's poem. Through his narrative or confession in *Fashenglianxi*, he compensated for his disconnected relationship with his father by connecting his authentic self to readers and friends. He described,

> I feel that moving out to live by myself, advocating for workers' rights against discrimination and going to see a doctor alone can show my toughness and independence … I hope that

> people, at least friends who know me to a certain level, can see the [tough] side of me, the real part of me (9 March 2013).

Guanxi in abruption

Rexian published a book, *親愛的爸媽，我是同志* (Parents of Lesbians and Gays Talk about their Experiences), in 2003 to address how the dynamics between *tongzhi* and their family members shift after the disclosure of one's unorthodox sexuality (Rexian 2003). In a similar manner to many of Rexian's volunteers who resorted to this publication for 'opening their closets', A-hon was inspired to come out about his homosexuality to his family. He simply hoped that his father and stepmother who had raised and lived with him in the same house would recognise 'the uniqueness' about him. To do this, he left this newly published book on the table for his parents to read before carrying out his National Service obligation. Unfortunately, it did not interest his parents at all. Although A-hon admitted that forcing his parents to accept his *tongzhi* identity may have been inconsiderate and rude, he still felt upset by their attitude as they failed to acknowledge 'the elephant in the room'. Despite several further attempts— inviting his parents to attend seminars discussing how to respond to coming out from their children—A-hon failed to convince them. Since then, he has never again mentioned anything about homosexuality to his family.

A-hon was deflated even angry by their refusal to engage with his self- identification as a *tongzhi*, but he felt helpless to do anything. Gradually, he lost faith in his wish that his sexual orientation would be recognised and accepted by his parents. The *guanxi* between A-hon and his family can only reach a balance through the policy of 'Don't ask, Don't tell', imposed upon LGBTI recruits in the USA (Miklavcic 2011). Such a disposition is a mechanism of censorship 'not only actively engaged in the production of subjects, but also in circumscribing the social parameters of speakable discourse, of what will and will not be admissible in public discourse' (Butler 1997: 131–32; Engelke 1999). However, *guanxi*

between A-hon and his parents was far from peaceful and has subsequently become fragile. He commented on the distance between him and his father:

> He is always hiding [his views about my sexuality], I reckon, from being noticed by me. I know that the perception will become different. Namely, how he views me has changed, but he is always hiding. He only speaks that to my stepmother … the *guanxi* between us was at that time a bit distanced (9 March 2013).

A-hon temporarily became an outsider to his family when he left home for National Service. For a limited time he existed in a liminal zone where he did not have to deal with this unsettled familial relationship, neither good nor bad. Additionally, he found himself more critical of his father's everyday life, when viewed through an outsider's lens. Describing this as a moral landscape resembling the Chinese proverb, *panguanzheqing* (旁觀者清, the onlooker sees the most of the game) (Yang 2016: 85– 86), A-hon believed that he could explore his father's better side when they were apart from each other.

To understand his father from another angle did not substantially benefit their *guanxi*, however. It merely reinforced A-hon's perception of his father as someone who constantly wasted money by being unable to exclusively set his mind on one investment. As he could no longer agree with, or be pleased by, most of the stands which his father held, A-hon decided to break the silence that had suppressed their conflict for such a long time. His National Service of 14 months was completed, and A- hon no longer viewed himself a child. His transformation into a socially recognised 'man' after that military experience lifted his confidence. When he returned to his home, when he resumed his position as an insider for the domestic affairs of the family, A-hon prepared to confront his parents. He wanted them to realise that their son had become an adult whose voice could not be ignored or muted. A-hon elaborated on his thoughts:

> This is my personality. If you want me to accept [you] a lot, you must let me recognise you. I need to agree with you as this person—what you have done, and most things about you. As long as I can recognise your point of view, I will later slowly accept you. Even when there's something missing, I will after all accept him. This view is from the emotional aspect. If I cannot identify you at the beginning but start to feel that I cannot accept this part [about you] and if you are meanwhile unable to rationally convince me, I will emotionally keep resisting

> you … I always feel that I am quite antagonistic in my family. My family, at least my dad and mom, has a perspective that everything is ok if it looks like nothing happened or is seemingly peaceful. They won't go deeper to understand how things have been changing along with time. [Let's take] children as an example. As children, they used to be very cute, but they grow up. When children are growing up, they'll have their sexual desires and friends, won't they? He has needs for money and anything else. However, since dad and mom, who have natural instincts of being parents, always feel and view you as a kid, they then ignore the needs of your other aspects (9 March 2013).

Most conscripted soldiers in Taiwan are expected to *chushehui* (出社會, exit to society) by participating in the labour market once they have completed their national service. So it was for A-hon. He started to think about securing a new job that suited him and through which he could develop a prosperous future. A-hon devoted himself to the same industry as his aunt and father as his first career. However, he chose not to collaborate with his father but rather to work with and learn from his auntie who was engaged in direct marketing of healthy foods. His deliberate closeness to his auntie further provoked his father, since they were now in direct competition for customers. Additionally, he humiliated his father whose dignity of being a father and whose *mianzi* (面子, face) was lost when his authority over A-hon was minimised (Bosco 1992; Kipnis 1997). This first job only lasted for two to three months until the company closed. Fortunately, A-hon was then immediately employed as a staff member working in a convenience store. It was located on the corner of the alley only a five-minute walk from his parents' home. Because of his growing disappointment and anger with his father, A-hon insisted on moving out and taking a lease upstairs in the place where he was working. Even though such a short physical distance between his father and him might sound pointless, A-hon could at least avoid conflict with the family by not meeting his father every day. A-hon made a comment on the location of his rental accommodation, 'It's funny that the convenience store was actually next to my parent's apartment'. This plan to separating the two of them from each other was not opposed by his parents. They said, 'Yes, when children have grown up, they just move out.' He no longer had to share a room with two of his

younger brothers, and he enjoyed ‘an individual and private space’.

A-hon hoped that the already tense *guanxi* between his family and him might be softened by this arrangement. However, they were even more divided when A-hon failed to share the living cost of his parents’ household. They found it unbelievable that ‘you [A-hon] are a member of this family without bringing any money back’. A-hon talked about the irresolvable distance between them:

> I didn’t get along with my parents very well and that was why I moved out to a place on the sixth floor in the same building where the shop is located. I had lived there for two years … Since then, I have earned money and lived by myself without getting any [help] from my family. Similarly, I didn’t take any money back to support the family and this is why my dad and stepmother started to argue with me (9 March 2013).

Real food and me

For 18 months A-hon was reluctant to leave his employment at the convenient store. When he took up his former colleague’s offer and recommendation to work at Ziranzhisheng (a healthy food company), he left his hometown where he had been living since the age of nine to move to Taipei. A-hon was excited about his new urban lifestyle in this economic and business centre. However, he only earned 20,000 yuan (元, dollars) (666 USD) per month which was lower than the average salary of the population in Taiwan (DGBAS 2018).[6] He was not paid for overtime at work. A-hon was under financial stress because the higher living cost in Taipei had on several occasions left him with a cashflow crisis, dependent on a credit card to cover most of his expenditure. He did not escape the ‘crisis of debit cards’ that started to hit Taiwanese society from the mid-2000s by which time the debt of the already indebted or impoverished grew (Xia 2008). Some were once called *kazhazu* (卡債族, the card debt population) or *kanu* (卡奴, credit card slaves) whose everyday expenditure was detailed on their plastic cards (Juan 2011; Wu 2017; Xia 2008). Without assistance from his mother, A-

[6] According to the Directorate General of Budget, Accounting and Statistics (DGBAS) (2018), the average monthly salary for the Service Industry in 2013 was 45,664 Yuan (1,522 USD).

hon would not have gone through this predicament. He could barely meet his daily needs.

Despite being exploited, A-hon considered that working in this 'new domain' was a 'new opportunity' for him to learn innovative ideas and perspectives from Ziranzhisheng. 'For the sake of life', he appreciated being employed and was willing to contribute his time and effort to his employer. By viewing his employer as a mentor who could deliver him knowledge or at least minimal economic support, he overlooked the fact that he was always the subordinate. A-hon's loyalty and pledge to his employer and products blurred the power relationship between him, the manager and the owner. Even though he was aware of the emotional blackmail and financial abuse disguised by an ostensible equality, he enjoyed the privilege of 'approaching those foods which are of better quality and with more energy'. A-hon was gratified by his different perspective towards and better understanding of food:

> My previous work was about dietary health. You cannot imagine how those foods which people eat are so unreal and unnatural … Like juice. Do you really reckon that those orange juices labelled as 100 per cent originally are in fact pure? No! However, when you realise this fact, you're hardly going to find the real thing to use it. I'm either lucky or unlucky. Fortunately, I know how to tell those foods and to make a choice. While unfortunately, I'm restricted by the circumstances when I am at home or outside, I'm not able to eat what I want to eat. There is a proverb saying: *wuzhijiushixinfu* (無知就是幸福, unknowing is bliss). Because you don't know, you'll live happily (7 March 2013).

Working in Ziranzhisheng where the enterprise was focused on 'selling pure [or natural] ingredients' instead of processed food and where cleanliness, no contamination, zero toxins and 'chemical free manufacture' are valued, A-hon became more aware of his diet. He became suspicious of any non-homemade meals or food products that claimed to be cooked or produced from uncontaminated ingredients. A-hon believed that the public should pay more attention and learn how the raw components of their food are nurtured, watered, planted or fed. In his view, shaped by his employment at Ziranzhisheng, any information attached to a commodity by a merchandiser can be obscured and has to be questioned. He also suggested consumers should not so easily purchase goods advertised using the term 'nature'.

After working at Ziranzhisheng for some time, and after beginning to better

understand the different sort of ingredients there, he increased the frequency of his cooking at home (Figure 36). A-hon still avoids consuming foods which he cannot fully understand, and he chooses most ingredients, such as rice, cooking oil and vegetables, grown and bought from Ziranzhisheng. If he really has to buy products from places other than Ziranzhisheng, A-hon carefully examines the nutrition information on the package in order not to be 'misled'. Besides giving him a satisfying life, his advanced knowledge about real and healthy foods further provided him with a means to challenge his father's authority. He scrutinised whether the healthy foods in his father's home were real:

> I went home and noticed that there were many sorts of healthy food. I checked the label of one of them and it contained … 'benzoate'. In the brackets behind was 'preservative'. Preservative food became healthy food! That was the choice of my family, I couldn't say anything (7 March 2013).

Figure 36. One of A-hon's meals. He always took a photo to post on his Facebook page. Source. This photo was downloaded from A-hon's personal Facebook page (not disclosed here for privacy reasons), 14 July 2014. Used in this dissertation with A-hon's permission.

In a further illustration of how foods sold in the normal market are 'hypocritical', A-hon showed me a poem titled *The Truth the Loneliness*. He had seen it in a newspaper a few years earlier and preserved it as a booklet (Figures 37 and 38). He reflected on it:

> The point is that although there're so many options, you don't understand the meaning behind

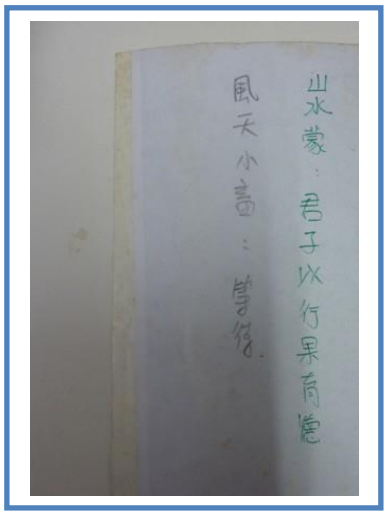
what you have chosen. It's quite disturbing for people living nowadays. This is an issue. It's just like being a *ganranzhe*, I know that I won't affect them when I'm getting along with my colleagues or family. However, due to the earlier [wrong and stigmatised] information [about HIV/AIDS], they are disguised and misled. Therefore, I think that the truth isn't necessarily the self-evident one … I know better about what real foods look like and the difference between natural and processed foods. Right! Also, I've learned how to use food to look after and control my body (ibid.: n.p.).


內在世界的燈柱

眞理寂寞

■羅門

Figure 37. The poem titled *The Truth the Loneliness.*
Source. Photographed by author, 30 January 2014. Used in this dissertation with A-hon's permission.


山水蒙：君子以行果育德

風天小畜：懿德

Figure 38. A-hon's note on the poem.
Source. Photographed by author, 30 January 2014. Used in this dissertation with A-hon's permission.

When the safety of food gradually began to concern the general public, worried by the flood of counterfeit foods in the market (Lin 2011), A-hon was proud of his greater wisdom about healthy food. In addition, after this working experience, food had become more than the diet he consumed to attain nutrition and sustain life. Separating real, clean and good foods from fake, dirty and bad foods became a metaphor for him to distinguishing between a 'truth' and an 'axiom'. When A-hon felt that his family members did not understand him, sharing food with them was his attempt to refresh their judgement on him. He did not want to see his parents as people 'overwhelmed by too much information, who don't know how to make choices'. Food from this perspective is the fulcrum of his communication with other people and with society. He said:

> If I always treat someone to eat something, it means that I really like him, because to treat him to eat what he likes or something good will bring happiness to him. I often treated drinks to a straight classmate of mine [who I liked] when I was in college … I also treated Da-tong (大同

>)[7] with drinks, fruits and *doufuru* (豆腐乳, fermented bean curd) when I was in Taipei … He is old enough, so he would like this traditional food. Then I bought it and treated him (17 September 2013).

As I observed A-hon constantly persuading his family members, friends and even me to try his favourite products, I realised that for A-hon the meaning of food is not individual, but transactional and moral. His advocacy for good quality foods and his delivery of the message that 'these are really effective and I have personally witnessed and experienced this' has pulled *guanxi* between him and others closer. Once they consume real food, he hopes that they will see his efforts and the real him—the one who carries a valuable character beyond that of being an HIV carrier. 'You know how good it is but don't know how to make friends accept it', is A-hon's summary of his inability to convince his good friends and family members, who become ill, to follow his health advice. This is not to say that he feels defeated by someone's refusal of his recommendations, such as drinking a mixed beverage produced by Ziranzhisheng. Rather, he is crushed by anyone's neglect of his contribution to them and to society. A- hon expressed it this way:

> I really hope that they can firstly know what I have done … then, they can recognise that I am brave as I have done some work for HIV/AIDS, my sexual orientation of being gay, and the safety of foods. Or selfishly speaking, I have made certain choices and efforts for my own health (18 October 2013).

The reluctant pharmaceutical regime

Before A-hon started his triple cocktail therapy in the ninth month of his HIV infection, he had been working very hard. Except for periodical visits to the clinic scheduled into to his daily routine, his HIV infection did not affect his health and life very much. He had to take time from his work to be present at the Division of Infectious Diseases every three months, and then to register for a medical appointment (Chiu and Lew-Ting 2010). His National Health Insurance (NHI) status and little yellow card discussed in previous chapters meant that payment was waived for the examination related to HIV/AIDS (Ling-ya Chen 2015; Yi-hui

[7] Da-tong is the pseudonym for the person A-hon liked at that time.

Lin 2015; Lo et al. 2015; TWCDC 2013b). After this, and only if necessary, A-hon would sometimes have a quick meeting with his HIV case manager in the hospital to discuss any issues regarding HIV/AIDS facing him at that time. As long as he grabbed the check list prescribed by his doctor at the Clinical Laboratory where his blood test was carried out, A-hon could leave the hospital and go home.

For A-hon, Yu-fan, Xiao-zheng and most diagnosed *ganranzhe* in Taiwan, HIV-infection without starting the triple cocktail therapy 'merely creates another trouble of having blood drawn and having an injection quarterly and that's not a big deal'. However, once their CD4 count and viral load reach the level where ARVs could be prescribed, everyday life amongst *ganranzhe* can be affected dramatically by their pharmaceutical regime and by the state governance on AIDS.

For instance, *ganranzhe* who are not in the pharmaceutical regime can go home after their blood has been collected, and not to return to the clinic for three months. However, if they are in the pharmaceutical regime, they cannot really leave the hospital until they hand over their prescriptions to the pharmacy department where medicines are dispensed. The amount of medications on the prescription for a *ganranzhe* normally lasts for up to three months, but each diagnosed HIV carrier can hold only a month's supply of pills. Hence, besides the regular appointment with their doctors every three months, *ganranzhe* in the pharmaceutical regime have to go to their designated hospitals, where ARVs can only be prescribed, once every month to collect their next month's supply of medication.

The campaign of TasP has enforced diagnosed *ganranzhe* to embark upon lifelong uptake of ARVs. In addition to prolonging life expectancy amongst HIV carriers, public health and biomedical professionals argue that the persistent therapy is, in effect, to prevent HIV from developing drug resistance (Liu et al. 2006; Lo 2012; Rosengarten et al. 2004). They also believe that discontinuous therapy will eventually result in the failure of the

pharmaceutical combinations or regimes, the rise of drug- resistant HIV and resurgent AIDS (Rosengarten and Michael 2009; TWCDC 2013a). Thus, anyone's decision to apply the triple cocktail therapy to their bodies can cause a permanent impact on their lives unless a cure for HIV/AIDS is discovered. Therefore, when a decreasing CD4 count in his medical report revealed to A-hon that he would have to rely on ARVs until his death, he struggled to decide whether to begin his pharmaceutical regime or not. In another article published by PRAATW (see Figure 39), he said, 'I am aware that beginning to take medicine is to take it forever, and it's somehow disturbing' (Quan-hong 2013: 4).[8]

'No matter how biomedicine, artificially or chemically produced, can bring special effects, it's a burden to the body,' A-hon said. He did not hold any optimism about or confidence in this biomedical therapy. Because A-hon anticipated that a healthier lifestyle was achievable by consuming pure and natural foods, he was reluctant to begin an artificial and manufactured drug therapy. Drug therapy ran counter to his new faith in an ideal moral landscape where he hoped to expand his life through consuming uncontaminated ingredients, such as healthy foods. As the ingredients displayed and traded at Ziranzhisheng became too expensive, A-hon's straitened financial circumstances meant that he could not afford those products, which usually cost more than the same goods from the general market.

Figure 39. The cover of *My First Pill* in which A- hon's experience of taking ARVs was collected. Source. Persons with HIV/AIDS Rights Advocacy Association of Taiwan (PRAATW) (愛滋感染者權益促進會), 2013. Available from https://issuu.com/praatw/docs/2014 (accessed December 2018).

[8] Quan-hong is the pen name that A-hon used for his writings. Several excerpts in this chapter are quoted from his articles. It is also a pseudonymn. I once raised the concern if he would like me not to disguise him as A-hon which might make him recognisable to people who know his pen name as Quan-hong. He agreed with my use of both A-hon and Quan-hong in this thesis.

A-hon tried to purchase all of the ingredients from Ziranzhisheng when he could, but the option for a lifetime of food therapy was not financially viable for him. In order to stay healthy, he eventually submitted to taking ARVs. He talked about his reluctance to do so:

> I didn't want to rely on medicines [the cocktail treatment] based on the knowledge I had been trained in. However, in reality, my CD4 was declining. At that time, I didn't have enough financial support to choose the way I wanted to eat. Thus, I could only depend on this fabulous drug policy in Taiwan to take medicines. Under financial consideration, I eventually chose it [taking medicines], even though I totally understood that consuming the drugs is bad … I didn't have other options but taking it [medicines] which resulted in that issue of [my later withdrawal from] employment (9 March 2013).

A-hon had another consideration when choosing not to follow the food therapy regime. Normally, Ziranzhisheng would tailor personalised advice for each customer based on their individual needs. Employees always consulted and understood heath conditions first before products were explained and introduced to a client. As Ziranzhisheng had accumulated a number of customers whose symptoms were alleviated by its products, the sales staff would advise new clients about similar merchandise that had proved empirically effective in mitigating or even curing someone's ailments. Subsequently, an appropriate suggestion would be delivered to each customer whose recommended ingredients were meant to suit them personally and who were invited to try them before a payment was charged.

If A-hon decided to undergo food therapy, he would be requested to disclose his health conditions to a dietician and his boss and would possibly risk 'exposing my identity [as a *ganranzhe*]'. He worried that it might trigger discrimination and stigma targeting him as a *ganranzhe*. Because being a *ganranzhe* was still associated with sex between men, A-hon did not like the idea of his sexual orientation as a *tongzhi* being exposed when he was not ready to come out. In order not to open the double closet of being a *tongzhi* and a *ganranzhe*, and in order to keep his private life from being dismantled and judged, the biomedical management of his health seemed wiser and more rational option. He illustrated why he remained silent about his infection:

> If you took the cause of H[IV] to the dietician and the owner of Ziranzhisheng and made an inquiry, wouldn't they then ask you about how you got H[IV]? As you were questioned about the cause of the disease, wasn't your private life … It's not merely the issue of the disease itself. The individual life behind the disease will be dug out as well … First of all, I was worried I would get discriminated against and humiliated once I told them what disease I had. Second, as long as my disease was disclosed, isn't my sexual orientation going to come out at the same time? The disease of H[IV] only has those pathways, doesn't it? That's my private life and once I tell others, it will be dug out. That's why I didn't talk about this part (31 March 2013).

The trajectory of drug testing

To A-hon, it was not a big deal to regularly take one day off to return to the clinic, to shuttle between many departments in the hospital and to be docile to the AIDS governance. Neither was it disruptive to remember to 'take those little things [ARV pills] every evening'. He did not even complain of the constant side-effects to the triple cocktail therapy which made him ill and uncomfortable at work. Rather, A-hon was annoyed by the social sufferings brought from the physical side effects of ARVs. He did not expect that the significant changes to his physical strength and looks would generate an adverse impact on his everyday life and relationships with others. A-hon vented his discontent with his case manager:

> The first combination was '3TC+TDF [lamivudine + tenofovir disoproxil fumarate] + EFV [efavirenz]' and the doctor prescribed the drugs lasting only two weeks for me to test, because some people got an allergic reaction to EFV. I really felt its side effect in the earlier days of taking medicines and couldn't sleep well because of sedation. Even though I was adjusted to taking it before sleeping in order not to get dazed, sedation caused my body to be very weak and powerless which caught the attention and concern of my colleagues. Two weeks after when I had almost finished those pills, what the doctor was concerned about really happened: drug allergy. My limbs, chest, abdomen and back had developed a rash. I was too naïve, and still went to work. Consequently, it was noticed by my manager who, in her deep concern, started to inquire about my disease. However, I obscured it because most people still misunderstood and stigmatised HIV. She then threatened and forced me to provide information about my treatment in the name of working rights [to protect the health amongst other people]. It was discrimination [against me] during the employment. I was compelled to quit this job (Quan-hong 2013: 4).

By relocating himself from food therapy to the pharmaceutical regime, A-hon attempted to protect his personal and private information. Ironically, the curiosity of his colleagues and customers was still piqued, because of the allergic reaction to the ARVs. The ostensible sympathy from his manager in fact put pressure on A-hon. In the face of the

dilemma of whether to disclose or not, he unwillingly withdrew from his employment at Ziranzhisheng. As A-hon described it:

> I thought that I could deal with it by myself in my response to the manager, but her attitude changed from concern to interrogation. Afterwards, when there was no one else at the shop, my manager would keep questioning my physical state every four or five days. She even asked me to tell her about the conversation between me and my doctor and she wanted to know about the names or packages of drugs, and she said she could arrange medical counselling from other sources for me. To be honest, I was really sad and angry about her interrogation. I felt sad that as I had been very unlucky to [develop] the drug allergy … I had to be questioned about my disease. What made me feel angry was that I know this disease will not affect colleagues and customers in such a working environment. However, before HIV can be destigmatised, something is painful and unspeakable. In early July, the manager even spoke to me and said that she would like me to voluntarily leave because of my non-frankness and dishonesty in terms of disclosure. In this period, she also made it a big deal if my body was not as normal as usual (A-hon 2012: 20).

More grievances resulted from the triple cocktail therapy. When A-hon developed an allergic response to the first combination of his prescription, 3TC + TDF + EFV, he informed his doctor immediately. The doctor prescribed him a new, second- line combination, 3TC + TDF + ATV/r (atazanavir/ritonavir), with which A-hon was satisfied. However, after he had taken this prescription for a while, A-hon's therapy was again interrupted. The cost for his prescription was above the capped allowance for each pharmaceutical combination which doctors were permitted to deliver to their patients and which *ganranzhe* can access only after it is approved by the TWCDC (2012c).[9] A third combination, ATV/r and Combivir (lamivudine/zidovudine), came into his life. Unfortunately, A-hon lost his appetite and lost weight rapidly after taking Combivir.

> I was worried when I had been told [about being rejected for the second combination], because it suited me so far. I hadn't taken Combivir before and I didn't know if its side effects would be as strong as EFV. After the change, the third combination complied with the drug policy, but I was compelled to take the medicines twice every day. The inconvenience increased. What I couldn't tolerate most was the side effect of Combivir which made me feel nauseous and lose my appetite. With the heat in summer, I lost three to four kilos in a month. It was better than going to Madenform (媚登峰) [a well- known weight loss centre in Taiwan]. Then I told my HIV case manager about this and the doctor tried hard to make another application for me. It was finally approved, and the prescription changed back to the more expensive combination of '3TC + TDF + ATV/r' which contains six pills in four types (Figure 40). I don't feel nausea anymore and eat once every day (Quan-hong 2013: 5).

[9] In 2012, 20,500 yuan (683 USD) was the capped cost for the pharmaceutical combination that the medical doctor could prescribe to their patients without it being approved by TWCDC. From 2013 to 2017 it was revised to 17,500 yuan (583 USD). It is now 15,500 yuan (517 USD).

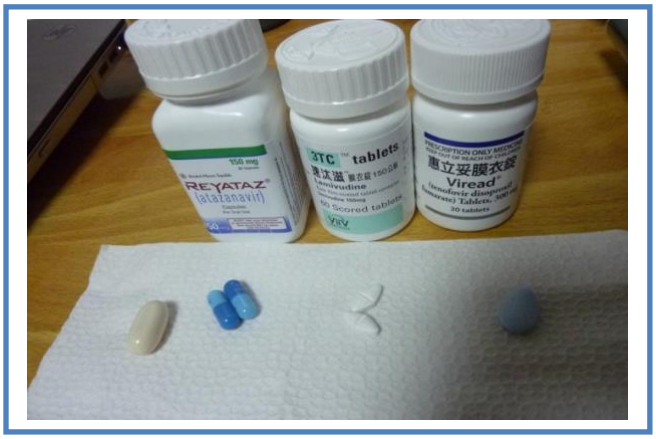


Figure 40. A-hon's pharmaceutical combination.
Source. Photographed by author, 8 March 2013. Used with A-hon's permission.

In total, A-hon had his prescription adjusted four times for three different combinations of his medications, containing six ARVs in three months. Several stages of pharmaceutical trials had been conducted to test the efficacy and safety of these drugs on humans or animals and they had been approved by national food and drug regulators before being released onto the market. However, in a similar manner to experimental rats, most *ganranzhe* including A-hon still had to empirically suffer a number of physical tortures to learn how their bodies would react to the biomedicines. Only through ongoing trial and error—monitored in post-marketing surveillance—could *ganranzhe* secure a less painful combination of ARVs to maintain their health and life. If someone was fortunate, the first combination might be the best, and the *ganranzhe* would then depend on that combination for the remainder of their lives. Otherwise, they faced a similar situation to A-hon, having to navigate a course through the physical or social side-effects of ARVs. Once the side-effects were witnessed by their doctors, applications for approval for the more expensive treatments would be justified. A-hon lamented on the trajectory of drug testing:

> After the journey of the treatment, I feel that the proper drugs have a huge impact on the patient. We cannot anticipate if we will be allergic to medicines from the very start of our treatments, while it is indeed tough for patients if our combinations can't be changed because of the policy based on economic concerns (Quan-hong 2013: 5–6).

After three months, A-hon finally secured the most appropriate therapy for him. At the same time, however, he lost his ideal job. Suddenly, A-hon had no income. There was no alternative but to end his metropolitan life in Taipei, and he was compelled to move back to live with his family again.

Some time later, A-hon made a formal discrimination complaint against his employers, accusing them of violating his rights to be employed because of his health condition. However, his manager's reaction to A-hon's rash and undisclosed illness were viewed and judged by the arbitrator as acts of *guanhuai* (關懷, care) that did not constitute insult, prejudice or discrimination against him. The committee who reviewed A-hon's discrimination case against Ziranzhisheng asserted:

> [A]lthough the respondent made several inquiries about the appellant's [A-hon] information of disease and medical treatment due to the changes in the appellant's appearance and customers' opinions, the only purpose for the respondent to do so was to *guanhuai* over his health condition … it is fair and reasonable for the respondent to *guanhuai* over the appellant's health condition in order to comply with the regulations of the Act Governing Food Sanitation … to understand what disease has caused the appellant's illness. It is difficult to define the respondent's consideration as facial discrimination (4 September 2012).

No threats, no existence

Returning home was quite a challenge to A-hon who had been living outside and getting used to an independent lifestyle. He not only had to return to stressful *guanxi* with his family, but he also had to face overwhelming pressure from his parents to make a financial contribution to the family. By not living at home, A-hon had at least been able to avoid the direct complaints and restraints imposed by his parents, or he could show his concerns to them in an alternative way of 'buying something back' without being forced to hand over a portion of his income. In contrast, if he stayed with his family, he would be reminded daily by his father of the need to share household expenditure. He had to pay something as he was consuming most daily essentials purchased by them.

Not surprisingly, his father demanded A-hon, who did not get any time to talk about

the difficulties and grievances facing him outside, contribute financially immediately after he returned. Although A-hon appreciated their kindness in providing him with accommodation he was still frustrated and disappointed. He felt that parents in general should give their children a hand to help them through a crisis and not throw stones at their offspring who may have almost 'fallen down a well'. He expressed his displeasure with his father:

> I feel sad that my father asked money from me when I went home to live. What made me sad isn't about how much it was, but you [as my father] were not concerned about me at all. He instead asked me to give him money for the household when I had some problems and had to go back. I could only say yes and yes at that time. After negotiating with him, I paid a certain amount for what I used monthly. I'm very practical by perceiving it as the rent. Yes! Some people might think that I am ungrateful and heartless, but it's the pragmatic side (9 March 2013).

After making sure that he could take refuge with his father instead of wandering the streets, A-hon began searching for his next job. He was more aware of choosing a job not relevant to the food industry and where his health condition would not trigger unnecessary concern from his colleagues. A-hon decided to avoid jobs with face to face contact with customers. Working as a telephone customer services representative provided his next two jobs and it worked well to reduce the impact of the physical side effects of ARVs. Unfortunately, the triple cocktail therapy impaired the relationships between him and his family with whom he had already established, tense *guanxi* when one of his pills was discovered by his parents:

> When life in Taipei ended, I returned to my hometown with many memories and many medicines had to store the Ritonavir in the fridge. I was too innocent to leave [this pill looking like] a white silkworm (Figures 40 and 41) in the fridge of my home without hiding it deliberately. My father and stepmother discovered it and then asked me what medicines I was taking. I stammered out that they were medicines for hepatitis. Yet, since I had come out about my sexual identity to them, they spontaneously connected gay and medicine together to link AIDS with me. Hereafter, I was required to wash my clothes, bowls and chopsticks independently from theirs. This kind of incorrect assumptions of HIV/AIDS entered into my life immediately (Quan-hong 2013: 5).

Figure 41. The white silkworm that A-hon's parents discovered.
Source. Photographed by author, 27 March 2013. Used with A-hon's permission.

A-hon did not anticipate that his prescription could generate such a storm in his life and his relationship with his family. Whilst his decision to be treated by pharmaceuticals was to keep his *tongzhi* identity and his HIV infection from being discovered at the shop where he worked, those same pills had disclosed it to his family. Even though he had not disclosed his infection to them at that moment, and his parents did not confirm with him they knew about it, A-hon believed that their action of segregation next day was evidence of their discovery.

A-hon attempted to ease his mind by saying that, 'they did it because of fear about this contagious disease but not about me'. Nevertheless, he was disappointed that the consanguine *guanxi* between his parents and him did not help them to understand each other better. It was an irony to him that the pharmaceutical intervention led to his parents finally acknowledging A-hon's *tongzhi* identity—something which he would have liked them to realise some ten years previously when he gave them the book *Parents of Lesbians and Gays Talk about their Experiences*. Even so, the son that A- hon's parents now recognised was an HIV-infected *tongzhi*—not that previously uncontaminated *tongzhi* that A-hon would have preferred them to know. He recounted:

Just take the disease as an example. Since I completely know that H[IV] will not affect other

> people through eating meals and washing clothes together, when my family insisted on me using my personal dining utensils and washing my clothes independently, I felt so sad at that moment. Also, I was a bit angry. Thus, from their reactions, I know that it scared them because they don't understand this issue. Everybody has the right to show fear. I'm not able to directly say something about it because of the atmosphere in my family. Neither do I have enough money to find other options from which I can make choices. All I can do is to leave the pity and sadness in my heart. However, I adjusted myself a bit and I am willing to do these things—if washing clothes and using my own dining utensils can make them feel more comfortable (9 March 2013).

In comparison with their earlier approach of not paying attention to and not asking A-hon about his *tongzhi* identity, his homosexual existence was finally visible, and they reacted. His new identity as an HIV-infected *tongzhi* identified him as someone whose body carried a transmissible pathogen and whose residence in the family could pose a threat to anyone in the house and to their supposedly tranquil lives. To his parents, therefore, A-hon had to be watched and avoided. The more contact they had with A-hon the more likely was their risk of contracting HIV. No matter how inhumane or politically incorrect their strategies might have been, they all appeared reasonable to A-hon's parents. Thus, A-hon's true self was only recognised when he was viewed as a danger for which they needed to take preventative measures.

Despite his *tongzhi* identity which ran counter to their values, A-hon's parents were not too concerned with it. They still had two sons who could continue the ancestral line. A-hon's homosexuality did not stir up their everyday lives too much. Neither was his existence as a *tongzhi* within the familial relationship essential enough to be acknowledged. Until he became a threatening subject to others, A-hon's existence did not acquire meaning or warrant attention. In spite of the fact that A-hon's 'two closets' had been opened to his parents, they only noticed the one that needed to be eradicated. For A-hon, he hoped that his parents could understand him not only as someone who was contagious, but also as a member contributing to the family and to society. He pointed out:

> At this stage they know nothing. They can merely see its surface. All they know is that I'm a *tongzhi* and I'm a patient with HIV. From a direct perception and personal prejudiced view, they'll feel that I'm promiscuous, so that's why you got this disease. Also, you're a nine-to-

> fiver. What they can see are the surfaces of these. While the reason I want to make them know what I have experienced is to show them the other side of me, the heart which I'm pursuing for justice, how I fight against inequality and the heart which I used to fight for those rights, such as marriage, reasonable prices of pharmaceuticals and some things regarding the individual, not owned by me currently. Those are enjoyed by some people but not by homosexual or *ganranzhe* in contemporary society where heterosexuality is still the dominating value. I want to let them know that I've done something and made efforts for these … It doesn't matter if they understand, but at least, they have to know first (18 October 2013).

A trail of breadcrumbs

Seven months after he left Taipei, A-hon returned to that city. He was at that time a trainee for client services at a new branch of an Information Technology (IT) company in his hometown. Unlike his previous experience in Taipei, where he worked and lived for one and half years, he would only stay in the capital on this occasion until the IT training course had finished. A-hon intended then to move back to his hometown to take up his IT position and live with his family. As his short-term and provisional accommodation was near the office of PRAATW from which A-hon sought legal advice regarding his violated working rights, he volunteered to give a hand to any staff in need of assistance. Meanwhile, I was collaborating with an interview film project,[10] coordinated by PRAATW and funded by TWCDC, with one of its staff, A-xue. One morning A-xue and I were attending a meeting to discuss how we were going to conduct this project and A-hon was also at that meeting. I realised that he was the character and the author who had written 'Shuobuchudemimi' in *Fashenglianxi* and whose story of lodging an official letter of complaint to the Labor Affairs Department in terms of human rights violation was collected by PRAATW.

In *Hänsel und Gretel* from *Grimm's Fairy Tales*, the brother and sister attempted to find their way home by looking for breadcrumbs which Hänsel had thrown on the path along the way when their stepmother took them to the forest and abandoned them. Although those breadcrumbs were unfortunately taken by birds and they failed to return home through that

[10] 10 See also Chapters One and Two.

approach, I use breadcrumbs to symbolise the clues which A-hon displayed to other people. It is uncertain if anyone picked them up. However, if breadcrumbs can last long enough for someone to collect, 'great quantities of material to describe what people believe and how they behave in everyday situations' (Sangasubana 2011: 570) are available, A-hon's story might be heard, and this might lead the readers to the world which he would like others to know.

As I came to know A-hon, I also understood that the portrait in *Fashenglianxi* was of him. The picture behind the familiar drawing was taken from a milieu when he had grown up. However, from my perspective, his worldview, portrayed in words and images in that book, did not convey the rich, multifaceted personality and experiences of A-hon. Despite these shortcomings, his article formed some of the many breadcrumbs which he threw, and which connected him to his surroundings. If it could be seen and picked up by somebody like me before it disappeared, the 'real me' of his life, which had been ignored by his parents for many years, might possibly be noticed and even reimagined. A-hon's brief memoir was not just a reflection on his struggles with his infection and pharmaceutical regime. It was also about his sufferings which he would like readers to collect as one clue leading to the next one. The completed puzzle after more breadcrumbs were assembled would provide a bigger picture of him.

At our next meeting, a stain had appeared in the corner of A-hon's mouth. I thought that it might be an ointment unknown to me, and which could be an alternative medicine for AIDS therapy. If so, I could not wait to know. Therefore, I asked him 'What is that?' He answered:

> This can reduce the swelling and to relieve itching and it can also be applied to a wound on your skin. It's not a medicine but is extracted from plums. This is a product from Ziranzhisheng where I worked before and was discriminated against. Although it doesn't have a perfect management system, I cannot complain about its incredible products (7 March 2013).

Subsequently, I was told that the stain on his mouth was more than just a commodity produced and sold by his former company. It symbolised the humiliation and misfortune

which he had suffered while working there. Exploring that further, it and other healthy foods from Ziranzhisheng function as catalysts through which A-hon was able to close the gap between himself and his family, friends or even me in order to eventually be recognised by other people. He explained:

> I don't use money to show my affections to my family. Because I've seen that my father often wastes money, I always buy something to take back as a symbol of filial piety. I had bought many products back from my work … Sometimes, when I went back to my hometown during the holiday, I would take many ingredients back to cook meals for my father and stepmother. They could actually taste the quality and uniqueness [of those foods] … I also understand that not every single one of my friends, relatives and even my close family members receive my message so clearly. They're not me and they don't have personal experiences like me. It is my consideration of caring and being kind to others. I hope that they can accept it (9 March 2013).

I was invited by A-hon to visit the room where he was living temporarily. Walking three minutes from the office of PRAATW, he took me into a typical apartment of the type rented to students or those who come from another town to work in Taipei. Each floor of this building had four to five rooms partitioned by wooden boards and with only one shared toilet and bathroom. In A-hon's room there was nothing except a simple set of furniture, the closet, a bed, a desk and a suitcase. In the absence of any huge appliances, my impression was that A-hon could pack up his luggage quickly if he wished to leave immediately. A-hon had endured many nights of insomnia as his mosquito curtain failed to stop the buzzing of insects. I chatted several times with him until midnight and he told me that he was annoyed to be living in such an environment and at the uncertainty of his work. However, he had insufficient funds to choose a better place and he must keep his job to sustain his life.

Occasionally, A-hon would go to either an instant food restaurant or the PRAATW to spend some time. Although those spaces did not belong to him, he could at least get away from the room which upset him so much. This piece of breadcrumb that A-hon left for me exposed some of the realities preventing him from pursuing a better quality of life. I asked him about his willingness to stay in Taipei or whether he would rather return to his hometown. Even though his *guanxi* with his father had gradually worsened and although they

had been in conflict with each other for nearly a decade, he still answered to me that 'I don't want [to stay in Taipei]'. His answer reflected some of his practical concerns—he did not like 'the [high] living cost, the [muggy] climate of Taipei Basin and the [close] location to the nuclear power plant'. 'My hometown is the safest place where I can hide if the nuclear power plant explodes,' he said. If he was financially better off and if *ganranzhe* were not stigmatised and discriminated against, A-hon would rather resort to food therapy instead of his pharmaceutical regime. That regime cost him less, but his sufferings were greater. He said:

> Sigh … I feel that it has some side effects, but at least, its cost is acceptable for me … Just like what I had told you before, about food and pharmaceutical therapy, I don't have the money to do food therapy, so I can only do the pharmaceutical therapy (31 March 2013).

From a desk drawer, A-hon took out some containers with English labelling and a pill box in which each chamber had six tablets (Figure 41). His daily ARVs were partitioned inside the plastic container so that his adherence to the pharmaceutical regime could be remembered and visualised (McCoy 2009). This was the first time I had substantially seen the so-called triple cocktail therapy. Before that, most of my understanding about the therapy was from books, photos, journal articles and other descriptions. The act of swallowing several pills all together at one time was not novel to me. However, I was still quite surprised to personally witness what A-hon called a 'luxurious combination of six pills in four kinds' and which *ganranzhe* had to put into their mouths every day. I cannot remember whether I had ever needed to take so many large sized pills. If I did, any therapy for that corresponding illness would certainly be interrupted by my unwillingness or outright refusal to swallow them. I admired A-hon's will, and that of many other *ganranzhe* who are able to adhere to HAART with its multiple giant pills, any of which can bring adverse side effects to their bodies.

When he placed those pills on the top of a paper tissue, I assumed that A-hon was merely trying to shock me with this combination. However, he was telling me more about his pharmaceutical everyday life. He pointed at the biggest pill and told me that this one 'has to

be stored in the fridge, and I have to wash my clothes by myself and use my own cups, dining utensils and etc.' I then started to grasp that his body was not the only terrain where the impact of ARVs on him could be observed. By presenting his prescription to me, he was hoping that I would pay attention to the chaotic social relations resulting from his infection, treatment and physical side effects. For instance, A-hon was revealing to me that people's judgment and misunderstandings about him were caused not only by his illness but also by someone's overwhelming interest and overreacted concern about his allergic responses to his medication. His disordered *guanxi* with his family was also influenced by the instructions concerning the storage of his supply of ritonavir. Unfortunately, these conflicts may not easily be resolved and his *guanxi* with others might not improve or recover despite the adjusted combinations of his drug therapy.

Whilst his prescription had truly messed up his life, I wondered why A-hon still held his belief in this breadcrumb. He told me, 'Because I haven't fallen in love yet, I have to stay alive. At least I should keep living until I die.' In order to feel those things, he had not yet experienced, no matter how difficult were the side effects of drugs on his body, his life or his *guanxi* with others, he had to conquer his physical and social sufferings. Even though I believe that HAART may become an obstacle for A-hon to develop a relationship with someone he likes, I am reminded of the words of Yu-fan, 'The hope is always there as long as I stay alive'. For A-hon, Yu-fan and Xiao-zheng, choosing and adhering to their triple cocktail therapies is a compelling decision, since it is currently their only opportunity to be seen by and connected with other people, and by which their futures are navigated. They are pharmaceutically incarcerated, and their treatments may possibly be interrupted at any time due to an insufficient budget for AIDS prevention and control. They are constantly aware that their lives are over- determined by those pills. Yu-fan said:

> I suddenly understand why I can keep optimistic even after being infected by H[IV]. It is because of my belief that someday, there must be a way to cure AIDS. No matter how long

> away this day will be I must keep surviving. The hope is always there as long as I stay alive (19 February 2013).

(In)visible uniqueness

Sitting in a restaurant at the Taipei Bus Station, A-hon and I were eating our meals and chatting with each other. We witnessed many people passing through this modern building which served as a multiuse complex encompassing an intercity bus station, shopping mall, cinema, hotel and business and residential area. Some of them were holding shopping bags, while others rushed to the Taipei Main Station next door to take the train, high speed rail service or mass rapid transit (MRT). Many carried luggage and looked confused; they seemed to be freshmen just stepping into the land of *tianlongua* (天龍國, Kingdom or Land of the Heavenly Dragon)[11] after getting off the bus (Sandel, Yueh and Lu 2017: 124–25). A-hon used to be one of those freshmen. 'Interchange' stations transport thousands of people who hold hopes for the future. It changes their paths and also transforms their fortunes.

After exploring Taipei for a while, A-hon was prepared to leave it behind. Although his triple cocktail therapy thwarted his efforts to establish the 'real me' through eating real foods, he did not despair but instead left with an eager anticipation to face unknown possibilities. However, under the health regime of HIV/AIDS in Taiwan, he was forced to adjust and give up pursuing some of his dreams. Some unique pharmaceutical encounters are created after being infected by HIV, while many opportunities of connecting with others through shared experiences are lost. For example, while many of A-hon's friends travelled abroad for one or two years as a challenge or rite of passage and to connect themselves with the world, he has had no choice but to stay in Taiwan where his ARVs are supplied. He complained:

> Many of my classmates and friends around the same age as me went overseas for working

[11] *Tianlongua* is a sarcastic phrase and it means Taipei. When any person from Taipei is considered to be ignorant about, naïve or indifferent to anything happening outside the capital city, they will be sarcastically called someone from *tianlongua* (Wang 2014).

> part-time. Right! But when I have H[IV], I realise that I cannot be away from Taiwan for very long. Yes, that's the only aspect which influences my life. It turns out that I won't be able to leave for too long for my life per se under the consideration of medicines or overseas H[IV] policies … Of course, there're many possibilities for the future. At this stage, I won't leave Taiwan for a long time owing to the pharmaceutical restrictions. At least I need to return within three months. Yes, it is impossible for me to live overseas for a while and then come back once in every three months for those medicines. It's annoying! (12 April 2013).

Despite the pharmaceutically limited distance which A-hon can move within, his visibility to the public has not been constrained by the health regime of HIV/AIDS. Instead of connecting himself with the world through an overseas working holiday or study, A-hon has been able to discover and employ his uniqueness to attract attention. He followed his plan and enrolled in a new company. Although he did not like its structure and systems, and did not perceive it as his ideal job, he decided to settle down in order to save enough money to recompose his own life. Additionally, and in spite of the ongoing conflict with each other, he again decided to live temporarily with his family to reduce his daily expenditure. By temporarily staying with his family, earning a stable income and trimming down his cost of living, he began to save extra money to pay for organic and better food which he could not afford whilst he was in Taipei. A- hon, therefore, was able to not only enjoy a higher quality of life at a lower expense, but also to gradually move himself into a future where he felt satisfied by consuming and eating nontoxic food. More importantly, he was able to turn himself into a real and unique individual. A-hon had been searching for uniqueness:

> If you're free, you can read this information which I have given you. You'll find that in the field of food sale and the agricultural environment of Taiwan, they exist uniquely … Simply speaking, you cannot buy their products in other places. You cannot buy their products in any part of the world, so it has tremendous uniqueness (31 March 2013).

'Being strongly unique' (獨特性很強) was the most common description used by A-hon when he described himself and his living philosophy. Not only did he often label his individuality as such, but also it influenced many of the decisions which he made every day. He described himself as a 'unique child' who has a sexual orientation not accepted by social norms and who prepares 'special' biscuits with which to treat his relatives and friends.

Furthermore, A-hon asserted that his personal 'independence' and 'uniqueness' should be maintained in any relationship. In addition to improving his physiological wellbeing, consuming products from Ziranzhisheng symbolised A-hon's special taste as those ingredients are exclusive and unable to be obtained from the general markets. He has been attempting to discover or create a difference which can set him apart from ordinary routines or other persons. Moreover, A-hon hopes that his 'real me' identity and sincerity will be perceived by other people who will notice his special talents or tastes. 'Tastes (that is, manifested preferences),' theorised in Pierre Bourdieu, 'are the practical affirmation of an inevitable difference. It is no accident that, when they have to be justified, they are asserted purely negatively, by the refusal of other tastes' (1984: 56). Thus, it matters to A-hon to search for, claim and exalt a form of 'independence' and 'uniqueness'. He hesitated on the worth of buying a gift for someone who did not see his uniqueness:

> I am thinking of going up north to meet my vegetarian friends and give them a present on my birthday. I was thinking of getting some snacks from Ziranzhisheng, but I feel hesitant now. First of all, I would spend more as one snack costs 90 dollars and [the cost of] buying two boxes would be more than a thousand. Second, besides the money, the point is that I'm the only one who clearly knows the value of this snack and the idea of my plans. Friends who eat this will only feel that this snack tastes better than normal ones and is a little special, while they won't understand the difficulty involved in getting these snacks and my thoughts. So, I'm still wondering if I should cancel the order (10 June 2013).

Although both HIV and the triple cocktail therapy have already made A-hon 'different' from healthier others, this sort of uniqueness attributed to his 'threatening subject' does not make him confident enough to tell others about his status. A-hon fears that images of scary HIV will cause him to be marginalised by his closest friends. On the other hand, he worries whether someone's curiosity over his HIV infection might divert their attention away from the other aspects of his personality which he would like them to discover. However, as HIV has become an integral part of his body, and as taking ARVs is one of his everyday practices, A-hon can only yearn for a society that understands and is unafraid of *ganranzhe*. In this circumstance if *ganranzhe* were not surrounded by hostile individuals, he would be able

to perform as a complete 'himself', at ease and without fear. Currently, in order to retain a harmonious interaction with his surroundings and to avoid any conflicts, A-hon is obliged to stay reticent about his infection. His logic behind disclosing nothing is quite simple: A-hon has yet to be in love with anyone and telling them that 'I have HIV!' risks frightening away the very people he likes. He does not want to miss any opportunity of approaching or being approached by someone and starting a relationship. A-hon said:

> Because if I am together with him and I find that he is more likely to be a friend as [*feiganranzhe*] heterogeneous[12] to me, I'll consider more when I interact with him. I'll hide the other identity of mine, the identity of being a patient [from him]. Or I won't expose it. In this circumstance, I couldn't be counted as a complete me (17 September 2013).

A-hon eventually moved out of his parent's house to live independently after he secured a stable income. Living in a shared apartment with an ensuite, he totally owned his private space and became more independent. He took his medicines without any concern about hiding them. His preference for cooking for himself was also fulfilled with a functional, although tiny, kitchen. Not only was his dream of taking care of his health through natural ingredients accomplished, but also his immunity improved. The feeling of being connected, which he was desperate to achieve with his family but failed, was compensated by the relationship established with his house mates. In that 'rainbow apartment', as A-hon described it, he did not need to leave the breadcrumb, *Parents of Lesbians and Gays Talk about their Experiences*, on the table. His *tongzhi* identity and homosexual life were visible to and recognised and understood by his housemates who were also *tongzhi*. It was not necessary for him to get special validation from anyone else, and he could be respected and freely interact with other people.

In comparison to the lack of privacy which he had had when living with his family, A-hon had his own space in this new flat. The door in between the individual and the shared

[12] 'Heterogeneous friends' is from 'the heterogenous couple' that refers to the relationship between a *ganranzhe* and *feiganranzhe*. A-hon uses *feiganranzhe* to refer to his friends not infected with HIV.

spaces guaranteed A-hon more flexibility when deciding, as he put it, ‘what has to be kept [secret], and what has to be expressed’. He was making efforts to prompt people outside the door of his room to know the ‘real’ or ‘complete’ him. However, A-hon still had to constrain the threat and any matters in relation to HIV/AIDS in the room. To him, retaining everything regarding his HIV infection in his own space produced no harm to this newly developed relationship in the rainbow apartment. He never ‘deliberately’ hid his illness in the face of the fact that any disclosure would only incur misunderstanding and moral judgment, and that *ganranzhe* would be his only identity that was remembered. Ultimately, whether disclosed or not, A-hon’s existence in any *guanxi* was incomplete.

The denied completeness

When I had almost finished the first draft of this chapter, I went back to Taiwan to sign a contract for my overseas study scholarship, which, for A-hon would have been an impossibility after being enrolled in the health regime of HIV/AIDS in Taiwan. I took the advantage of visiting him in his hometown. A-hon took the day off, so we were able to chat with each other. Although the physical distance between us had been quite wide, through instant messaging software, such as Facebook, Skype or Line, we had kept in touch and updated each other about our respective lives. Hence, my unfamiliarity with A-hon was not as strong as I thought it might have been even though we had not seen each other for some time. On that occasion, if I compared my memories and the story in earlier sections of this chapter, A-hon indeed looked different at this meeting. He looked rather perky and seemed to enjoy a more relaxing lifestyle. To me, he seemed more energetic and healthier.

He did not need to worry whether his salary was too low to afford proper and ‘real’ meals. In his new shared apartment, he could talk and discuss men’s bodies or his preference over certain types of males with others. When I visited A-hon at his new accommodation that night, I was introduced to one of his flat mates who worked at an AIDS NGO. We sat round a

table on the floor in his room drinking and comparing photos on gay social networking applications to see who looked cute, handsome or even delicious. We argued issues and everything regarding AIDS, such as which specialist of Infectious Diseases was cute or the best? We discussed the impact on *ganranzhe* if the HIV case management program (HCMP) converged professionals from biomedicine, public health and social work. Was it really necessary to keep that? We attempted to understand why everybody working in the AIDS industry embraced their jobs as a sacred mission to which they became devoted while they meanwhile felt powerless to contribute their ideas. Backgrounds amongst those campaigning or working for *ganranzhe* were diverse. Most of them were heath providers who delivered biomedical and social services, and included staff and volunteers at NGOs—social workers, nurses, medical doctors and public health researchers, experts or authorities.

More questions were brainstormed. What kind of social structure had entrapped *ganranzhe* in everyday struggles over their visibility, certainty, connection, trust and recognition? Had stories from *ganranzhe* who addressed their infection with HIV and social sufferings been over used and misinterpreted? How could they turn their unorthodox experiences into narratives which would not portray them as sexual deviants but through which they would assume compassion from the public? How much pressure had they coped with by keeping many of their daily encounters and pasts in a Pandora's Box or even by opening it? What selection criteria did they have to meet in order to qualify for limited access to biomedical and social resources, or for their jobs?

Despite our enthusiasm with the debate over these questions, those conversations had to be cautiously locked in A-hon's room. We were not too sure if anyone else outside of the three of us in this space could also be fearless of HIV/AIDS and *ganranzhe*. How many of them would not view him as a threat and sustain their connection with A-hon after the disclosure of his infection? In the end, except for one of his flat mates who was also a

ganranzhe, staff who worked at PRAATW, me and two or three of his *tongzhi* friends, no one knew about A-hon's infection with HIV. He was unable to stabilise his *guanxi* with others unless he could 'keep a secret which cannot be spoken even to the death' (Lo 2013). Alternatively, A-hon could rely on his 'pharmaceutical *guanxi*' established to watch over his adherence to ARVs and where his identity as a *ganranzhe* was less discriminated against.

No matter how this pharmaceutical *guanxi* could be supportive of his health, and how it addressed his violated human rights, its emphasis on eliminating HIV and on controlling the epidemic overlooked the richness that other aspects of his life could encompass. The partial gaze on HIV carriers denies their completeness. The campaign to fight AIDS has not only crippled HIV, but also *ganranzhe* and AIDS suspects. Human rights amongst HIV carriers are ensured, whilst their subjectivities are trivialised in the health regime of HIV/AIDS. Voices concerning their everyday struggles would drown if *ganranzhe* and A-hon could not take their morbid and pharmaceutical uniqueness as a token to exchange for the opportunity of being seen. By detailing a succession of his physical side effects caused by ARVs, A-hon in *Fashenglianxi* and 'My first pill' led readers to learn how the triple cocktail therapy could adversely intervene in one's social relations. Moreover, he subtly revealed in those essays the blueprint for his future outlined in his own narratives and which he would like to create with someone else. Although ARVs contributed to the social side effect that A-hon is not as free as those yet to become infected and not closely overlooked by state governance, taking medicines is at least a moment for him to be visible. This is how I comprehend A-hon's life. He said,

> I really appreciate that I was born in Taiwan where access to the medical care and pharmaceuticals is convenient. Thus, I cherish a life about to start again. I also fully understand that any stigma attached to one's morality and disease is too harsh for patients. Everybody is on the same page and experiences birth, aging, illness and death. Hopefully, all of us can face and treat those [topics] in normal ways. I expect that a small power [of mine] to gradually feel concerned with diverse aspects of social issues can be helpful. Taking medicine every day is a love promise not only to myself but also to the future boyfriend I have yet to see (Quan-hong 2013: 6).

A couple of days before I flew back to Taiwan, A-hon had sent me a link to a web page where a message about recruiting research participants for an AIDS study was posted. He asked me, 'This is a study about ARVs and is conducted by a friend. It is similar to your academic interview. I want to take part in it. What do you reckon?' As A-hon's AIDS experiences became more visible to the public, he had become the target of 'bug chasers' (Dean 2009: 48).[13] Despite his lack of freedom to leave Taiwan for too long, A-hon was not entirely distanced from international connections. Through a researcher's academic witness, and endorsement and dissemination of his everyday life and struggles, he is visible to the world and other cultures. 'Thanks to him, [Yi-tsun], who made me talk about many issues, whether I wanted to or didn't want to, and to speak about many topics which I never thought [about]', he commented on my long- term engagement in his life. Pharmaceuticals, on one hand, thwarted his desire of living overseas and establishing international connections with others from different cultural backgrounds. On the other hand, A-hon was no longer invisible. As most people would only notice the health threats which he and other *ganranzhe* pose to public health and ignore some other parts about them, general knowledge about HIV carriers remains incomplete.

Summary: Trivialised subjectivities in the face of HIV infection

For A-hon, who had been longing to share this unique part of himself with his parents, calling their attention to his confined *tongzhi* identity mattered to him. He considered himself as someone whose existential entity in society was incomplete unless his parents, friends or anyone knowing him could discover and learn every aspect of his worldview. Instead of opening up a dialogue about himself on his own, he resorted to using this book, *Parents of*

[13] For Dean, 'At the most basic level, bug chasers are men who want the human immunodeficiency virus inside their bodies' (2009: 48). Here, I add another explanation to it. Bug chasers can also be those who would like to destroy HIV after identifying carriers.

Lesbians and Gays Talk about their Experiences, as a clue to guide them into his individual self. He was not successful in his reconciliation mission. His parents could ignore his unorthodox sexual preferences, until they found his ARV pills and recognition was forced upon them. They were reminded that their son's insane desire of establishing relationships with men was framed scientifically as posing a significant risk to health. A-hon could be evidently suspected as an HIV carrier posing a threat to the family. Choosing the less costly pharmaceutical regime to control the virus on one hand met A-hon's impoverished financial condition and removed his stress of earning too little to afford expensive food therapies for enhancing his health. On the other hand, it sabotaged the *guanxi* between others—including a workplace he liked— and himself.

Rather than repairing his relationship with his family, A-hon invested his hope in reaching out for interpersonal connections by establishing friendships with his *tongzhi* comrades. He continues to search for someone who can understand his uniqueness, his authentic self. His compulsory enrolment in HCMP has provided him with a pharmaceutical network where both his homosexuality and health condition are recognised but less negatively judged by HIV-friendly companions. However, he is merely connected to the health regime of HIV/AIDS where people clearly know him as an infected *tongzhi* and can barely identify his need for being discovered as a unique person. In the pharmaceutical age of AIDS, A-hon chose to make his trivialised subjectivity noticeable so that his struggles could be recognised by anyone whose connection with him is established, so that they will know the 'real him'. In negotiating with the policies around of AIDS therapy, he struggles to make himself visible through this enaction of intermediary power. In his analysis of the Brazilian reaction to the epidemic, Biehl argued that mobilised individuals have to recognise and navigate the spaces where political and market institutions shape AIDS policy and its industry. Biehl contended:

> In practice, the AIDS policy is neither a global institution nor a novel state apparatus— it is an intermediary power formation. The policy comes into existence in the space between

> international agencies, global markets, and the reforming state. It is implicated in and meddles with the resources of these institutions as it struggles to intervene effectively. Intermediary power formations are not simply extensions of the macro or the micro—they actually exclude the immanence of both. Their operations do not follow a predetermined strategy of control and do not necessarily have normalising effects. As evident in the AIDS policy, their sustainability has to be constantly negotiated in the marketplace. Mobilised individuals and groups must continuously maneuver this particular therapeutic formation to gain medical visibility and have their claims to life addressed. The AIDS policy thus becomes a co-function of political and market institutions, as well as individual lives (2008: 105).

In the absence of anyone who collected A-hon's breadcrumbs and who could piece them together to track his missing stories and struggles, his agency and subjectivity were still sequestered by biomedical and health imperatives. Other aspects of their everyday lives irrelevant to HIV/AIDS may be overlooked and A-hon and *ganranzhe* in Taiwan remained invisible citizens, if their mutual and uncommon experiences in the community, society and world remained unshared and invisible.

Conclusion
Everyday Struggles in the Pharmaceutical Age of AIDS, Taiwan

Individual behaviour, on which the contemporary biomedical discourse on AIDS control and prevention is often exclusively focused, is just one part of the ontology of sickness, illness and disease. Over-emphasising behaviour is reductionist and tends to be regressive in that it attributes the struggles and sufferings of the vulnerable and disadvantaged to actions they have undertaken in isolation. I argue that this overlooks the state's responsibility to produce structural and systematic stability, obviating human rights violations and unnecessary hardship for disadvantaged groups.

Reflecting on and examining perspectives from the bottom or the governed permit us to learn more than lessons and orthodoxies disseminated from the top or the governors. Sexual health education in the service of AIDS control and prevention is not always relevant to the everyday experiences of those who are categorised as at risk. Those who confront human rights violations or social inequalities are not always protected. Neither is social justice for *tongzhi* guaranteed through regulating one's sexual conduct in accordance with biomedical imperatives; in fact such an approach can situate responsibility and blame for the withdrawal of concerns at the individual, rather than structural, level.

Without a belief that one day they well become connected to someone in whom they can feel trust, *ganranzhe* may find their life-saving drugs, with both negative physical and social side effects, too unbearable to continue with long-term. In pursuing their therapy, they must also endure being misrecognised, untrusted and unconnected to society.

Once I discovered these everyday struggles and conundrums facing the *ganranzhe* and AIDS suspects in this study, I became unsure about the role of the pharmaceutical regime that is a cost-effective, affordable and seemingly only solution to bringing the HIV in their bodies

under control while it causes adverse impacts on them. Their social sufferings and everyday struggles are vivid and violent, and they occur through and around the implementation of the AIDS health regime established to reduce their individual viral loads and risk of transmission. Although the treatments demonstrably extend their lifespan and prevent AIDS, they are not liberatory technologies for *ganranzhe*. The regime is simultaneously a state apparatus undermining their social relationships with others and an incubator of more struggles with which they have to cope every day until death.

Through forging a less coercive but more extensive network of social welfare and biomedical services, it is assumed that the needs amongst *ganranzhe* and AIDS suspects could be better looked after by compassionate fellows through humanitarian aid (Fassin 2007a; Huang 2014b; Liu 2015). Their everyday struggles have indeed been recognised by activists, advocates and peers who urge public health authorities to enforce measures to protect the rights of populations at risk and PLWHA. That includes free access to the triple cocktail therapy, an amendment to the *HIV Infection Control and Patient Rights Protection Act*, and the expansion in coverage of sexual health education. However, after their official diagnosis as *ganranzhe*, they have become therapeutic citizens and compulsorily enrolled into a health regime where their everyday lives and movements are watched over by a diverse range of AIDS institutions. On one hand, *ganranzhe* and AIDS suspects are supposedly enabled to reach out for support which is innovative and open to everyone—no matter how underprivileged, through a regime focused on individual agency and rights. At the same time, the attention of the regime is also on the threat *ganranzhe* pose to healthier others and society.

Social stigma and inadequate living conditions have been reported to significantly weaken a person's intention to assume HIV treatment, HIV testing, or any other public health intervention for AIDS control and prevention (Berg and Ross 2014; Lorenc et al. 2011; Malcolm et al. 1998; Obermeyer and Osborn 2007; Wojcicki and Malala 2001). To curtail the

influence of these antagonist circumstances, many in Taiwan believe in the introduction of a holistic system, such as the HIV case management program (HCMP) (Chiu and Lew-Ting 2010; Chiu 2015; Ji 2010; National AIDS Prevention Foundation (NAPF) 2009; Taiwan AIDS Nurses Association (TANA) 2013; TWCDC 2012a). Health experts have argued that the integration of professionals and services between disciplines, including public health, biomedicine and social work, are essential for controlling the further transmission of HIV and for social welfare amongst *ganranzhe* (Lin-ya Chen 2015; Ko, Lai et al. 2012; Ko, Liu et al. 2013; Ko, Liu et al. 2011). The health regime of HIV/AIDS in Taiwan embodies global AIDS recommendations or discourses, such as Treatment as Prevention (TasP), in local projects delivered to the public.

For Taiwan, these practices are seen to be symbolic bridges to the world and to provide political recognition of Taiwanese as global citizens. The state and the Taiwanese population are positioned through this move as in accord with each other's share interest. They are counterparts whose global visibility is constantly obstructed by the People's Republic of China (Ministry of Foreign Affairs (TWMFA) 2006). This partnership facilitates the state and Taiwanese society to stand side by side to fashion themselves as influential players for both individuals and public health.

The moral and social boundary between infected and uncontaminated bodies is no longer drawn as starkly as that experienced by predecessors in the early age of the AIDS epidemic. Stigma and discrimination against *ganranzhe* were better contained after empathetic *tongzhi* were recruited as volunteers from the community into the AIDS industry. Despite the decreasing level of prejudice against AIDS suspects and *ganranzhe* in Taiwan, many still experience profound alienations, imposed on them by strangers or their acquaintances. In Chapter Seven, A-hon was perceived as such a threat to the family after his medication was discovered by his parents, that he was asked to wash his clothes separately.

Xiao-zheng, introduced in Chapter Five, was refused toothache treatment from a dental clinic after disclosure of his infection with HIV. The youngest research participant, Yu-fan, in Chapter Six of this dissertation, failed to become a socially recognised man when his passage to manhood via National Service was denied because of his status as an HIV carrier. These stories are the recognisable tips of so many icebergs. Other examples, too numerous to be included in these limited pages, can be highlighted once more individuals become willing to share their personal stories about social exclusion. Many of them desire to disclose how they have been excluded from jobs, disowned by family members, friends and institutions, and separated from other communal everyday life activities as a result of being tested positive and becoming contagious.

There is a diverse range of conflicts that only AIDS sufferers constantly confront. *Feiganranzhe* yet to experience those conflicts can barely identify the struggles, and they find it difficult to empathise with *ganranzhe* who are constantly experiencing estrangement from most of their intimates. Unless PLWHA are lucky enough to encounter someone not concerned about them being infected by HIV, their body and their mind as a whole cannot become connected or united with another uninfected mindful body. Otherwise, they have to discipline themselves and avoid establishing any intimate relationships which may place others at risk. Alternatively, some have decided to disclose the truth of their HIV infection in an effort to maintain a communication between minds. But this strategy distances their bodies from those of others. A few conceal their HIV status so as to reach close body contact despite the disturbing psychological implications causing them to feel guilty of the likelihood of infecting others with their virus or to feel worried about criminal charges.

Social segregation is not necessarily carried out by those yet to be infected with HIV through demands that *ganranzhe* alone take responsibility for restraining the virus. The apartheid of *ganranzhe* from society can be softly exercised by social workers or voluntary

labourers through altruism and appeals to fairness. Health advocates usually assert that the exemption from National Service, for instance, of HIV-infected adolescents is to save *ganranzhe* from becoming more ill.

No matter whose health is being claimed as a priority, eradicating the epidemic is the reason used by public health officials to address the mobility and sexual behaviour of HIV carriers. In this context, *ganranzhe's guanxi* with others are tactically discouraged so as to keep a distance between them and those yet to be infected. Staying inside the comfort zone and being disciplined by a health regime based on pharmaceutical access might prevent them from being entirely alienated from society and allow their lives to be sustained. However, their *guanxi*, needed by individuals in their everyday life, is sabotaged by their infection, treatments and assertive interventions. Feeling normal and intimately connected with healthier others is no longer an easy mission. Neither is it ever the same again for them to be certain about being trusted and recognised by, and visible to, others.

Individuals in powerful or privileged positions defend their legitimacy by disseminating arguments against the arrival of outsiders by tactically preventing ethnic and religious minorities from entering new places. In a similar manner, 'a right to health', I argue, is served by the state and health professionals and advocates as the moral principle guiding the health regime for HIV/AIDS in Taiwan. This regime has generated a justified and legitimated local landscape for the global governance of AIDS which discreetly perpetuates surveillance over AIDS suspects and *ganranzhe* by segregating them from the uninfected majority.

If *ganranzhe* disobey the requirements of the regime, their right to free access to ARVs can be removed. Under the threat of punishment for indocile *ganranzhe*, AIDS suspects and PLWHA must exercise a neoliberal form of self-disciplinary health management. The essences of neoliberalism coincides with Chinese philosophy that *xieshen* (

修身, improve oneself) after *gewu* (格物, studying the essence of the physical world), *zhizhi* (致知, exhaust one's knowledge), *chengyi* (誠意, maintain sincere intentions), and *zhengxin* (正心, regulate one's mind) are the prerequisites to *qijia* (齊家, managing the family), *zhiguo* (治國, governing the state), *pingtianxia* (平天下, bringing virtue and justice to the world). By applying this philosophy, and through the pharmaceutical supply controlled by the state, gaps to good health are expected to be closed.[1] By contrast, other people's incomplete acceptance of their coexistence, using the discourse of health threats is left unaddressed and unfixed.

'*Ganranzhe* can go nowhere but stay obediently within their pharmaceutical network' is my overall reflection after seeing myself flying and living between geopolitical locations without restriction. They have been precluded from experiencing long-term international living owing to their pharmaceutical regime that requires strict adherence. The maximum prescribed medication is for three months, refillable at monthly interval. The prescription comes with a warning that any discontinuity in taking pills will result in the development of drug resistance and will sabotage their ongoing therapy. Xiao-zheng, Yu-fan, A-hon and many *ganranzhe* are now chronic patients in the second generation of the AIDS epidemic, corralled within Taiwan, as their peers without HIV are not. *Ganranzhe* who have accepted the discipline of the health regime of HIV/AIDS in Taiwan can exchange mobility for attested mortality. However, the value of having a prolonged life without being connected to other persons or social establishments is uncertain for many *ganranzhe*. Nevertheless, the 'hero story' of the long-standing relationship in serodiscordant couples is constantly told to

[1] 'From ancient times, those who want to promote great virtue to the world, first need to govern their states; in order to govern their states, they need to first manage their family; in order to manage their family, they need to first improve themselves; in order to improve oneself, they need to regulate their mind; in order to regulate their mind, one needs to maintain sincere intention; in order to maintain sincere intention, one needs to exhaust one's knowledge; in order to exhaust one's knowledge, one needs to study the essence of the physical world. Study the physical world, learn everything you can learn, be sincere with your intentions and regulate your mind; with your mind at the right place, you'll be able to improve yourself. After you improve yourself, you can manage your family, after your family is managed, you can govern your states and bring justice and virtue to the World' (Shan, Nuotio and Zhang 2018: 96).

encourage *ganranzhe* to live in pharmaceuticalised hope, and to reduce fears amongst *feiganranzhe* (Anglemyer, Horvath and Rutherford 2013; Persson 2008, 2013).[2]

Would it be wiser for me to just witness their suffering? What I have eventually chosen to do, since most of them are fearless in their challenges and have decided to start their pharmaceutical journey to keep the faith and be accepted by anybody and society one day again, is not to question or judge their everyday conduct. They have been criticised, marginalised and prejudiced by the state, health professionals, AIDS experts, academics, NGOs and their comrades too often. After witnessing the many opportunities for reaching out to others slipping away from *ganranzhes'* hands and before their interest in staying alive in this world is exhausted, I would rather just be a listener who can recognise, trust and connect with their stories.

My role in this study is to be a person willing to facilitate them to discover and preserve the meaning of the acts in their everyday lives instead of a reductionist whose parochial views may misinterpret or wrongly weight their experiences. Sincerely listening (without judging their stories) is a remedy to ameliorate their pains that have been decontextualised by the health regime of HIV/AIDS in Taiwan. Whatever decisions they make (such as changing their behaviour or not), at least I can be someone who connects with and is thoughtful about their choices. Even though some of their experiences are not legitimated but are in fact condemned by the social majority, hearing their voices and listening to every one of their previously unshared experiences can at least benefit them. Many, including Xiao-zheng, Yu-fan and A-hon in this study, can feel trusted and recognised by those, such as me, a researcher, walking beside them so that their sense of connecting with or being included in society does not die out.

[2] Serodiscordant couple means a relationship is established between one with the HIV infection and the other yet to become infected (Persson 2011). Serodiscordant couples are exemplified as one supporting discourse to encourage *ganranzhe* to be adherent to their pharmaceutical regime. Only if they do not give it up, may their true love be found one day.

Throughout the entire dissertation I have applied an anthropological lens other than a biomedical approach. Therefore, this study can only humbly offer a possible response, to those who desperately want to know what to do about this irreversible illness and the endless social sufferings facing *ganranzhe*. The answer is to intervene in the economic politics and structural inequalities and influences that contribute to the suffering of those without any power to intervene positively into their everyday conduct and social and sexual relationships with others.

This research has deliberately deemphasised and been critical of biomedical imperialism, which has put overwhelming weight on knowledge regarding human bodies and health topics. It can untangle the complexity of contemporary ideas and public views surrounding HIV and defaming AIDS suspects and PLWHA. As their everyday struggles over social relations and pharmaceutical regimes is gradually and ethnographically addressed throughout this dissertation, the nature of lifesaving measures prolonging lives amongst *ganranzhe* is called into question. Writing in *Homo Sacer* where sovereignty is elucidated in relation to the mechanism of the exception, Giorgio Agamben contended that, 'This is what deconstruction does, positing undesirables that are infinitely in excess of every possibility of signification' (1998: 25.). In a similar manner to Agamben's interpretation of 'a word' that 'always has more sense than it can actually denote' (ibid.), ARVs are more than lifesaving drugs to *ganranzhe* or *feiganranzhe* in the regime of PrEP. By critically exploring how biomedical epistemology and ontology is the primary force shaping and orienting the therapeutic and social lives of *ganranzhe*, this thesis has explored the ways in which biomedical professionals and NGOs are not innocent actors.

By showing me his HAART pills hidden in his pen bag and tissue pack on the dining table of a café and which he would not have liked to have been discovered by his boyfriend, one of the research participants, Yu-fan, honestly let me journey into his muted world

(Figures 42, 43, 44 and 45). He was compelled to hide those secrets perceived as threats to his own and public health but at the same time was looking for a chance to be heard. I deeply appreciated his trust in me. It gave me the confidence to validate myself that I, as a person establishing liminal *guanxi* with him, did not misunderstand his stories and did not make any judgment on the facts that he revealed and shared with me. Otherwise, he would have already stopped telling me any of his private and contingent everyday life experiences in such a deep and emotional manner and neither would he ever have asked me how he should deal with his current dilemma of disclosing his infection with HIV or not.

My answer to his dilemma, 'I don't know and it's up to you,' was not an attempt to distance myself from the ethical situation. Instead, it was intended to show to Yu-fan my complete trust in his decision. His everyday conduct has already been monitored by public health professionals and is assumed by biomedical authority and experts to be deducible through the periodical examination on his CD4 count and viral load. Yu-fan does not need another person to be concerned only with his health condition through numeric moral indices. To be trusted by and to trust someone are what he searches for despite it leading to his become infected or putting others at risks.

Figure 42. Hiding the pills of HAART in tissue packs—which Yu-fan showed me.
Source. Photographed by author, 1 October 2014. Used with Yu-fan's permission.

Figure 43. Pills hidden in tissue packs—which Yu-fan showed me.
Source. Photographed by author, 1 October 2014. Used with Yu-fan's permission.

Figure 44. Yu-fan's HAART pills hidden in his pencil bag.
Source. Photographed by author, 1 October 2014. Used with Yu-fan's permission.

Figure 45. More details of Yu-fan's HAART pills hidden in his pencil bag.
Source. Photographed by author, 1 October 2014. Used with Yu-fan's permission.

The ethical concerns I faced after listening to his secrets which he kept hidden from his acquaintances was overwhelming. I do worry that Yu-fan's experiences will be chastised as being irresponsible and immoral by readers, especially those still seeing Yu-fan as a threat and those judging his undisclosed infection of HIV. Unless social misunderstanding and prejudice against him are absent, and unless everybody views *ganranzhe,* including Yu-fan, as normal, even though they have been infected by (or significantly associated with) HIV, it is impossible for them to honestly disclose that they are *ganranzhe* or belong to 'a population at risk'. Yu-fan begged:

> Just see us like a normal person. Because except for the difference of having this disease, you and I have no difference. And please do not look with the expression that you have the disease. Yeap! I will say just treat us like normal people. And you don't need to make an assumption that he might need your help today. From my point of view, I don't think that I need assistance. Just like today, I asked for help from you and Chi-hon about Kenny. It doesn't matter if I have H[IV] or not. Yeap! Anybody will have issues about intimate *guanxi*. Yeap! What we really need is not your painstaking concern. Like friends will be easy and cool (20 September 2013).

By recording personal voices regarding their physical and social sufferings, some *ganranzhe,* including A-hon and Xiao-Zheng were able to openly speak for themselves and to advocate for the removal of prejudiced and unfair treatment from society. Despite being trivialised, their subjectivities are visible to the public through their sporadic memoirs which

they have drafted into texts for readers. They drew on these to empathise and provide witness to their infectious and pharmaceutical trajectory and to allow others to learn about them in depth. To *ganranzhe,* composing articles on their violated human rights is furthermore the practice guiding them to take part in organising a secret social group of *ganranzhe* and to encourage its members to look after themselves by adhering to their ARVs. Although the development of a grassroots community of HIV carriers has facilitated *ganranzhe* to reveal their previous muted struggles, it has also expanded the state governance on AIDS where some *ganranzhe,* particularly in the NGO community, can wield decentralised power to oversight their comrades.

Bibliography

Adam, Barry D. 2005. 'Constructing the neoliberal sexual actor: responsibility and care of the self in the discourse of barebackers.' *Cult Health Sex* 7(4): 333-46. DOI: https://doi.org/10.1080/13691050500100773.

Agamben, Giorgio. 1998. *Homo sacer: Sovereign Power and Bare Life*. Stanford, CA: Stanford University Press.

Ahmed, Sarah. 2014. 'Selfcare as warfare.' 25 August. Available from: https://feministkilljoys.com/2014/08/25/selfcare-as-warfare/ (accessed 29 September 2020).

A-hon, (阿泓). 2012. '說不出的秘密' (The unspeakable secret). In *發聲練習*(Fashengliansi, Vocal Practice), edited by C.-h. 張正學 Chang and J.-h. 方紀涵 Fang, 18–21. 臺北市 Taipei: 社團法人中華民國愛滋感染者權益促進會 Persons with HIV/AIDS Rights Advocacy Association of Taiwan (PRAATW).

AIDS Prevention and Control Act [1990] Taiwan. Available at: http://www.hivpolicy.org/Library/HPP000040.pdf (accessed 13 November 2018).

Alary, Michel and Catherine M. Lowndes. 2004. 'The central role of clients of female sex workers in the dynamics of heterosexual HIV transmission in sub-Saharan Africa.' *Aids* 18(6): 945–47. DOI: https://doi.org/10.1097/00002030-200404090-00013.

Alary, Michel, Leonard Mukenge-Tshibaka, France Bernier, Nassirou Geraldo, Catherine M. Lowndes, Honoré Meda, Cyriaque A.B. Gnintoungbe, Severin Anagonou and Jean R. Joly. 2002. 'Decline in the prevalence of HIV and sexually transmitted diseases among female sex workers in Cotonou, Benin, 1993–1999.' *AIDS* 16(3): 463–70. DOI: https://doi.org/10.1097/00002030-200202150-00019.

Alboher, Marci. 2007. *One person/multiple careers: a new model for work/life success.* New York: Warner Business Books.

Altman, Dennis. 1998. 'Globalization and the "AIDS industry".' *Contemporary Politics* 4(3): 233–45. DOI: https://doi.org/10.1080/13569779808449965.

Altman, Lawrence K. 1981. 'Rare cancer seen in 41 homosexuals.' *New York Times*, 3 July. Available from: https://www.nytimes.com/1981/07/03/us/rare-cancer-seen-in-41- homosexuals.html (accessed 28 March 2018).

Altman, Lawrence K. 1982. 'New homosexual disorder worries health officials.' *New York Times*, 11 May. Available from: https://www.nytimes.com/1982/05/11/science/new- homosexual-disorder-worries-health-officials.html (accessed 28 March 2018).

And the Band Played on. 1993. Directed by Roger Spottiswoode. Script by Arnold Schulman. San Francisco, CA: HBO Films (as HBO Pictures).

Angel. 2014. *【接線義工心情】銜起一顆小石頭*(Reflection from volunteers of Hotline: Pick up a stone). Available from: https://hotline.org.tw/blog/348 (accessed 23 October 2017).

Anglemyer, Andrew, Tara Horvath and George Rutherford. 2013. 'Antiretroviral therapy for prevention of HIV transmission in HIV-discordant couples.' *Jama* 310(15): 1619–620. DOI: https://doi.org/10.1001/jama.2013.278328.

Asthana, Sheena and Robert Oostvogels. 1996. 'Community participation in HIV prevention: Problems and prospects for community-based strategies among female sex workers in Madras.' *Social Science & Medicine* 43(2): 133–48. DOI: https://doi.org/10.1016/0277-9536(95)00348-7.

Attwood, Emily. 2019. 'Rise of the slashies.' In *Medium/Work*. 17 July. Available from: https://medium.com/@emily_84260/rise-of-the-slashies-df12877523e1 (accessed 5 October 2020).

Avert. 2012. *HIV and AIDS History (1982)*. Available from: http://www.avert.org/aids-history- 86.htm (accessed 13 August 2017).

Babich, Babette. 2015. 'Calling science pseudoscience: Fleck's archaeologies of fact and Latour's "biography of an investigation" in AIDS denialism and homeopathy.' *International Studies in the Philosophy of Science* 29(1): 1–39. DOI: https://doi.org/10.1080/02698595.2015.1071550

Balán, Iván C., Alex Carballo-Diéguez, Ana Ventuneac, Robert H. Remien, Curtis Dolezal and Jordan Ford. 2013. 'Are HIV-negative men who have sex with men and who bareback concerned about HIV infection? Implications for HIV risk reduction interventions.' *Archives of Sexual Behavior* 42(2): 279–89. DOI: https://doi.org/10.1007/s10508-011- 9886-2.

Bayer, Ronald. 2009. 'HIV testing, human Rights, and global AIDS Policy: exceptionalism and Its discontents.' *J Health Polit Policy Law* 34(3): 301-23. DOI: https://doi.org/10.1215/03616878-2009-002.

BBC. 2013. 'Taiwan protest over Hung Chung-chiu death.' *BBC*, 3 August. Available from: http://www.bbc.com/news/world-asia-23561244 (accessed 2 May 2018).

Berg, Rigmor C. and Michael W. Ross. 2014. 'The second closet: A qualitative study of HIV stigma among seropositive gay men in a southern US city.' *International Journal of Sexual Health* 26(3): 186–99. DOI: https://doi.org/10.1080/19317611.2013.853720.

Beyrer, Chris, Patrick Sullivan, Jorge Sanchez, Stefan D. Baral, Chris Collins, Andrea L. Wirtz, Dennis Altman, Gift Trapence and Kenneth Mayer. 2013. 'The increase in global HIV epidemics in MSM.' *AIDS* 27(17): 2665–678. DOI: https://doi.org/10.1097/01.aids.0000432449.30239.fe.

Biehl, João Guilherme. 2006. 'Pharmaceutical governance.' In *Global Pharmaceuticals: Ethics, Markets, Practices*, edited by Adriana Petryna, Andrew Lackoff and Arthur Kleinman, 206–39. Durham and London: Duke University Press. DOI: https://doi.org/10.1215/9780822387916-008

Biehl, João Guilherme. 2004a. 'The activist state: Global pharmaceuticals, AIDS, and citizenship in Brazil.' *Social Text* 22(3): 105–32. DOI: https://doi.org/10.1215/01642472- 22-3_80-105

Biehl, João Guilherme. 2004b. 'Life of the mind: The interface of psychopharmaceuticals, domestic economies, and social abandonment.' *American Ethnologist* 31(4): 475–96. DOI: https://doi.org/10.1525/ae.2004.31.4.475.

Biehl, João Guilherme. 2007a. 'Pharmaceuticalization: AIDS treatment and global health politics.' *Anthropological Quarterly* 80(4):1083–126. DOI: https://doi.org/10.1353/anq.2007.0056.

Biehl, João Guilherme. 2007b. *Will to Live: AIDS Therapies and the Politics of Survival*. Princeton and Oxford: Princeton University Press.

Biehl, João Guilherme. 2008. 'Drugs for all: The future of global AIDS treatment.' *Medical Anthropology* 27(2): 99–105. DOI: https://doi.org/10.1080/01459740802022777.

Biehl, João Guilherme. 2013. *Vita: Life in a Zone of Social Abandonment*. Berkeley and Los Angeles: University of California Press.

Biehl, João Guilherme, Denise Coutinho and Ana Luzia Outeiro. 2001. 'Technology and affect: HIV/AIDS testing in Brazil.' *Culture, Medicine and Psychiatry* 25(1): 87–129. DOI: https://doi.org/10.1023/A:1005690919237.

Biehl, João Guilherme, Peter Locke, Michael M.J. Fischer, Vanessa L. Fong, Angela Garcia, Adam M. Geary, Andrew Gilbert, Clara Han, Victor Igreja and Patrice Schuch. 2010. 'Deleuze and the anthropology of becoming.' *Current Anthropology* 51(3): 317–51. DOI: https://doi.org/10.1086/651466.

Billeter, Jean François (畢來德) and Gang (宋剛) Song. 2011. *莊子四講* (Leçons sur Tchouang-Tseu) Lessons on Zhuangzi. 臺北市 Taipei: 聯經出版 Linking Publishing.

Bluthenthal, Ricky N., Alex H. Kral, Lauren Gee, Elizabeth A. Erringer and Brian R. Edlin. 2000. 'The effect of syringe exchange use on high-risk injection drug users: A cohort study.' *AIDS* 14(5): 605–11. DOI: https://doi.org/10.1097/00002030-200003310-00015.

Boellstorff, Tom, Bonnie Nardi, Celia Pearce and T.L. Taylor. 2012. Ethnography and virtual worlds–a handbook of method. *NJ: Princeton University Press*. DOI: https://doi.org/10.2307/j.cttq9s20.

Bohemian Rhapsody. 2018. Directed by Bryan Singer. Script by Anthony McCarten. Los Angeles: 20th Century Fox. Available from: https://www.npr.org/templates/transcript/transcript.php?storyId=669850052 (accessed 4 December 2018).

Bosco, Joseph. 1992. 'Taiwan factions: Guanxi, patronage, and the state in local politics.' *Ethnology* 31(2): 157–183. DOI: https://doi.org/10.2307/3773619.

Bourdieu, Pierre. 1984. *Distinction: A Social Critique of the Judgement of Taste*. Cambridge, MA: Harvard University Press.

Bourdieu, Pierre. 1989. 'Social space and symbolic power.' *Sociological Theory* 7(1): 14–25. DOI: https://doi.org/10.2307/202060.

Bourdieu, Pierre. 2001. 'Television.' *European Review* 9(3): 245–56. DOI: https://doi.org/10.1017/S1062798701000230.

Brennan, Robert O. and David T. Durack. 1981. 'Gay compromise syndrome.' *Lancet* 318(8259): 1338–339. DOI: https://doi.org/10.1016/S0140-6736(81)91352-0.

Brown, Hannah. 2015. 'Global health partnerships, governance, and sovereign responsibility in western Kenya.' *American Ethnologist* 42(2): 340–55. DOI: https://doi.org/10.1111/amet.12134.

Bunton, Robin. 1997. 'Popular health, advanced liberalism and *Good Housekeeping* magazine.' In *Foucault, Health and Medicine*, edited by Alan Petersen and Robin Bunton, 223-248. London and New York: Routledge. DOI: https://doi.org/10.4324/9780203005347.

Burcham, Joyce L., Brett Tindall, Michael Marmor, David A. Cooper, Geoffrey Berry and Ronald Penny. 1989. 'Incidence and risk-factors for human immunodeficiency virus seroconversion in a cohort of Sydney homosexual men.' *Medical Journal of Australia* 150(11): 634–39.

Butler, Judith. 1997. *Excitable Speech: Contemporary Scenes of Politics*. New York and London: Routledge.

Butt, Leslie, and Richard Eves. 2008. *Making Sense of AIDS: Culture, Sexuality, and Power in Melanesia*. Honolulu: University of Hawai'i Press. DOI: https://doi.org/10.21313/hawaii/9780824831936.001.0001.

Cameron, Edwin. 2014. 'Internalized stigma.' In *Essentials of Global Mental Health*, edited by Samuel O. Okpaku, 72–77. Cambridge: Cambridge University Press. DOI: https://doi.org/10.1017/CBO9781139136341.010.

Campbell, Catherine and Zodwa Mzaidume. 2001. 'Grassroots participation, peer education, and HIV prevention by sex workers in South Africa.' *American Journal of Public Health* 91(12): 1978–986. DOI: https://doi.org/10.2105/AJPH.91.12.1978.

Carballo-Dieguez, Alex and José Bauermeister. 2004. '"Barebacking": Intentional condomless anal sex in HIV-risk contexts. Reasons for and against it.' *Journal of Homosexuality* 47(1): 1–16. DOI: https://doi.org/10.1300/J082v47n01_01.

Carrillo, Héctor. 2009. 'Changes and challenges: Ethnography, homosexuality, and HIV prevention work in Guadalajara.' In *Out in Public: Reinventing Lesbian/Gay Anthropology in a Globalizing World*, edited by Ellen Lewin and William L. Leap, 33–53. West Sussex: John Wiley & Sons, Ltd. DOI: https://doi.org/10.1002/9781444310689.ch2.

Castells, Manuel. 2011. *The Rise of the Network Society. The Information Age: Economy, Society, and Culture. Voume. 1*. New Jersey: John Wiley & Sons.

Chambers, Robert. 1994. 'NGOs and development: The primacy of the personal.' IDS Working Paper 14, Brighton: IDS

Chang, Cheng-hsueh (張正學). 2012. '用「說出口」記憶這一個時代的愛滋故事' (Speaking to memorize AIDS stories in this age). In *發聲練習* (Fashengliansi, Vocal Practice), edited by C.-h. 張正學 Chang and J.-h. 方紀涵 Fang, 46–48. 臺北市 Taipei: 社團法人中華民國愛滋感染者權益促進會 Persons with HIV/AIDS Rights Advocacy Association of Taiwan (PRAATW).

Chang, Hsin-hua (張心華). 2008. '1201 世界愛滋日 熱線推同志愛滋防治網站' (1201 World AIDS Day HIV/AIDS prevention website by Hotline). *苦勞網* (Cooloud), 2 December. Available from: http://www.coolloud.org.tw/node/31067 (accessed 17 April 2018).

Chang, Yong-wei (張詠維). 2006. '漢文化視野下的蠱─以清代嶺南為例' (Gu under the gaze of Han culture: The example of Lingnan in the Qing dynasty). *中正歷史學刊* Chung Cheng Journal of History 8: 291–328.

Chao, Antonia (趙彥寧). 1998. '面具與真實：論台灣同志運動的【現身】問題' (Masking the real: The politics of coming out in Taiwan's gay rights movement). *中央研究院民族學研究所集刊* (Bulletin of the Institute of Ethnology Academia Sinica) 84: 111–35.

Chao, Antonia (趙彥寧). 2000. 'Global metaphors and local strategies in the construction of Taiwan's lesbian identities.' *Culture, Health & Sexuality* 2(4): 377–90. DOI: https://doi.org/10.1080/13691050050174404.

Chattopadhyay, Amit and Rosemary G. McKaig. 2004. 'Social development of commercial sex workers in India: An essential step in HIV/AIDS prevention.' *AIDS Patient Care and STDs* 18(3): 159–68. DOI: https://doi.org/10.1089/108729104322994847.

Chen, Chang-hsun (陳昶勳). 2015. '從防疫及官方角度談人類免疫缺乏病毒傳染防治及感染者權益保障條例: 成果及影響' (From the state perspective of disease control and prevention to speak of the HIV Infection Control and Patient Rights Protection Act: Results and impacts). *愛之關懷季刊* (AIDS Care Quarterly) 90: 8–22.

Chen, Chun-ju (陳俊儒). 2008. '酷兒空間的情慾操演: 以男同志三溫暖為例' (Gay Saunas: Mapping queer space and performing gay men's sexuality). MA thesis, 外國文學與語言學研究所 Graduate Program of Foreign Literatures and Linguistics, 國立交通大學 National Chiao Tung University, 新竹 Hsinchu.

Chen, Jia-shin. 2009. 'Assembling harm reduction policy in Taiwan.' PhD dissertation, Graduate Division of Sociology, University of California, San Francisco.

Chen, Ling-ya (陳伶雅) (interview). 2013. 三軍總醫院愛滋個管師 (HIV Case Manager of Tri-Service General Hospital). *說愛，一五一十* (Narrating AIDS), edited by C.-h. 張正學 Chang and Y.-t. 陳奕村 Chen. 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan). Available from: https://www.youtube.com/watch?v=faKFnkMip0Y&list=PLqWpYzaTLaBiwCfKWAx9BhYSTnJaTBf5o&index=7&t=0s (accessed 16 August 2015)

Chen, Ling-ya (陳伶雅). 2015. '從個案管理師角度談 [人類免疫缺乏病毒傳染防治及感染者權益保障條例] 可能面臨之問題' (From the perspective of an HIV case manager speaking of possible problems facing the HIV Infection Control and Patient Rights Protection Act). *愛之關懷季刊* (AIDS Care Quarterly) 90: 35–42.

Chen, Mei-hua. 2017. 'An incomplete equality: Taiwan moves to legalise same-sex marriage.' *APPS Policy Forum*, 20 June. Available from: https://www.policyforum.net/an- incomplete-equality/ (accessed 22 July 2017).

Chen, Po–chieh (陳伯杰). 2014. '台灣地區男性間性行為者性傳染病感染危險因子探討: 不同 場域 之 比 較 ' (Risk factors of sexual transmitted infection among MSM in Taiwan: Comparison by different settings). MPH thesis, 公共衛生研究所 Department of Public Health, 成功大學 National Cheng Kung University, 臺南市 Tainan.

Chen, Qing-fan (陳清芳). 2007. '關愛之家官司勝訴重症愛滋已遷移他處' (Harmony Home won the lawsuit while severe AIDS patients have moved to somewhere else). *大紀元新聞網* (EpochTimes Taiwan), 7 August. Available from: http://www.epochtimes.com/b5/7/8/7/n1794905.htm (accessed 28 Feburary 2018).

Chen, Ting-yu (陳婷玉). 2001. '愛滋病的死亡建構' (Representations of AIDS Deaths in the Taiwanese Press). In 中華傳播學會年會暨研討會 (Annual Conference of the Chinese Communication Society), July. 浸會大學, 香港 Hong Kong Baptist University, Hong Kong. Available from: http://nccur.lib.nccu.edu.tw/handle/140.119/40314 (accessed 11 September 2020).

Cheng, Chung-yi and Kenneth C.C. Yang. 2011. 'Internet, computer-mediated communications and gay rights movements in Taiwan.' In *Human Rights and Media*, edited by D. Papademas, 161–79. Warrington: Emerald Group Publishing Limited.

Cheng, Dai-lin (鄭黛琳). 2011. '台灣社會中的男子氣概認知' (The perceptions of masculinity in Taiwan). MA thesis. 口語傳播學系 Department of Speech Communication, 世新大學Shih Hsin University, 臺北市 Taipei.

Cheng, Ling-fang (成令方). 2004. '都是異性戀父權惹的禍' (It's the fault caused by heterosexual patriarchy). *性別平等教育季刊* (Journal of Gender Equity Education) 27: 131–38.

Chi, Tai-wei (紀大偉). 1998. *晚安巴比倫：網路世代的性慾、異議與政治閱讀* (Goodnight Babylon: Sexual Desires, Dissenting Views and Politics in the Internet Age). 新北市 New Taipei: 探索文化出版 Cultural Adventure.

Chi, Ta-wei (紀大偉). 2015. '翻譯的公共: 愛滋, 同志, 酷兒' (Translation/public: AIDS, 'Tongzhi,' and 'Ku'er'). *臺灣文學學報* (Bulletin of Taiwanese Literature) 26: 75–112.

Chiang, Howard. 2017. 'From postcolonial to subimperial formations of medicine: Superregional perspectives from Taiwan and Korea.' *East Asian Science, Technology and Society* 11(4): 469–75. DOI: https://doi.org/10.1215/18752160-4242421.

Chillag, Kata, Kelly Bartholow, Janna Cordeiro, Sue Swanson, Jocelyn Patterson, Selby Stebbins, Carol Woodside and Francisco Sy. 2002. 'Factors affecting the delivery of HIV/AIDS prevention programs by community-based organizations.' *AIDS Education and Prevention* 14(3): 27–37. DOI: https://doi.org/10.1521/aeap.14.4.27.23886.

Chin, Mei Ting. 2007. *臺灣健康傳播之研究：以民生報 1985–2005 年肺結核、愛滋病、SARS、禽流感議題建構之內容分析為例* (The Research of Health Mass Communication: Content Analysis of TB, AIDS, SARS and Avian Influenza). 臺北市 Taipei: 唐山出版社Tonshan.

Chang, Hsing-hua (張心華). 2007. '十六日減刑獲釋 635 愛滋毒犯出籠疫情拉警報' (The epidemic is alarming after 635 druggy AIDS prisoners are discharged for the commutation on 16th). *中國時報* (China Times), 11 July. Available from: http://city.udn.com/54532/2305878#ixzz3aZXx3fNG (accessed 14 April 2018).

Chiou, Der-liang (邱德亮). 2009. '亦毒亦藥與鴉片政權' (Pharmakon and opium regimes). *新史學* (New History) 20(3): 127–55. DOI: https://dx.doi.org/10.6756/NH.200909.0127.

Chiou, Piao-yi (邱飄逸), Yi-ming (陳宜民) Chen, and Jih-jin (蔡季君) Tsai. 2013. *社區模式之伴侶知會及接觸者追蹤介入成效探討* (Evaluation on the Effectiveness of the Community Mode for Partner Notification Services and Contact Tracing Intervention). 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan).

Chiu, Chu-ming (邱珠敏) and Chih-yin (丁志音) Lew-Ting. 2010. '「愛滋病個案管理師計畫」對於個案行為與健康狀況之影響' (Effects of the HIV case management program on the behaviour and health outcomes of clients). *台灣公共衛生雜誌* (Taiwan Journal of Public Health) 29(4): 299–310. DOI: https://dx.doi.org/10.6288/TJPH2010-29-04-02.

Chiu, E-ling (邱伊翎). 2006. '一個也不能少：台灣愛滋篩檢的風險治理' (Not one less: Governing risk in AIDS screening and HIV antibody testing in Taiwan). MA thesis, 社會學研究所 Institute of Sociology, 國立清華大學 National Tsing-Hua University, 新竹Hsinchu.

Chiu, Ta-yuan (邱大源). 2015. '「愛滋個案管理和加強型伴侶服務試辦計畫」成效評估' (Evaluation of HIV case management and strengthened partner service program). MPH thesis, 預防保健與衛生學 Institute of Health Policy and Management, 臺灣大學 National Taiwan University, 臺北市 Taipei.

Chu, Wei-cheng (朱偉誠). 1998. '台灣同志運動的後殖民思考' (Coming out or not: Postcolonial autonomy and /gay/ activism in Taiwan). *台灣社會研究季刊* (Taiwan: A Radical Quarterly in Social Studies) 30: 35–62. DOI: https://dx.doi.org/10.29816/TARQSS.199806.0002.

Chuang, Peing (莊苹). 2015. '愛滋修法, 您也有這些疑問嗎?' (Do you also have these questions about the amendment of the AIDS Act?) *愛之關懷季刊* (AIDS Care Quarterly) 90: 43–47.

Clark, John. 1991. *Democratising Development: The Role of Voluntary Organizations*. London: Earthscan.

CNA (中央通訊社). 2010. '防治愛滋 疾管局快付不出錢' (CDC almost cannot afford AIDS control and prevention). *中央通訊社* (CNA), 16 June. Available from: http://mypaper.pchome.com.tw/eddytpe/post/1321377802 (accessed 12 April 2018).

CNA (中央通訊社). 2014. '愛滋藥費可望健保負擔大部分' (The cost of AIDS drugs is expected to be mostly coverd by NHI). *中時電子報* (Chinatimes.com), 3 April. Available from: http://www.chinatimes.com/realtimenews/20140403004443-260405 (accessed 12 April 2018).

Coates, Randall A., Liviana M. Calzavara, Stanley E. Read, Mary M. Fanning, Frances A. Shepherd, Michel H. Klein, J.K. Johnson and Colin L. Soskolne. 1988. 'Risk-factors for HIV infection in male sexual contacts of men with AIDS or an AIDS-related condition.' *American Journal of Epidemiology* 128(4): 729–39. DOI: https://doi.org/10.1093/oxfordjournals.aje.a115026.

Cohen, Jon. 2011. 'HIV treatment as prevention.' *Science* 334(6063): 1628–628. DOI: https://doi.org/10.1126/science.334.6063.1628.

Cohen, Myron S. and Cynthia L. Gay. 2010. 'Treatment to prevent transmission of HIV-1.' *Clinical Infectious Diseases* 50(Supplement 3): S85–S95. DOI: https://doi.org/10.1086/651478.

Cohen, Myron S, Marybeth McCauley and Theresa R. Gamble. 2012. 'HIV treatment as prevention and HPTN 052.' *Current Opinion in HIV and AIDS* 7(2): 99–105. DOI: https://doi.org/10.1097/COH.0b013e32834f5cf2.

Corcuff, Stéphane (高格孚). 2011. *中華鄰國: 臺灣閾境性* (Neighbour of China: Taiwan's Liminality). 臺北市 Taipei: 允晨文化 Asian Culture.

Corcuff, Stéphane (高格孚). 2012. 'The liminality of Taiwan: A case-study in geopolitics.' *Taiwan in Comparative Perspective* 4: 34–64.

Coreil, Jeannine and J. Dennis Mull. 1990. *Anthropology and Primary Health Care*. Boulder, CO: Westview Press.

Cornwall, Andrea and Rachel Jewkes. 1995. 'What is participatory research?' *Social Science & Medicine* 41(12): 1667–676. DOI: https://doi.org/10.1016/0277-9536(95)00127-S.

Cowan, Susan A., Jan Gerstoft, Jakob Haff, Annette H. Christiansen, Jens Nielsen and Niels Obel. 2012. 'Stable incidence of HIV diagnoses among Danish MSM despite increased engagement in unsafe sex.' *JAIDS Journal of Acquired Immune Deficiency Syndromes* 61(1): 106–11. DOI: https://doi.org/10.1097/QAI.0b013e31825af890.

CPSW. 2013. 「廣告」網路約炮達人 (Advertisement: Master of E-Dating) *BBS:PTT*. Available from: https://www.ptt.cc/bbs/gay/M.1365955182.A.532.html (accessed 19 November 2013).

Crane, Johanna Tayloe. 2013. *Scrambling for Africa: AIDS, Expertise, and the Rise of American Global Health Science*, *Expertise: Cultures and Technologies of Knowledge*. Ithaca and London: Cornell University Press.

Criminal Commutation Act [2007] Taiwan. Available from: https://law.moj.gov.tw/Eng/LawClass/LawAll.aspx?PCode=C0010026 (accessed 3 December 2018).

Damm, Jens. 2016. 'From psychoanalysis to AIDS: The early contradictory approaches to gender and sexuality and the recourse to American discourses during Taiwan's societal transformation in the early 1980s'. In *Perverse Taiwan*, edited by H. Chiang and Y. Wang, 76–98. London and New York: Routledge.

Danaher, Geoff, Tony Schirato and Jen Webb. 2000. *Discourses and Institutions:Understanding Foucault*. London: Sage Publications.

Dean, Tim. 2009. *Unlimited Intimacy: Reflections on the Subculture of Barebacking*. Chicago and London: University of Chicago Press. DOI: https://doi.org/10.7208/chicago/9780226139401.001.0001.

Deblonde, Jessika, Petra De Koker, Françoise F. Hamers, Johann Fontaine, Stanley Luchters and Marleen Temmerman. 2010. 'Barriers to HIV testing in Europe: A systematic review.' *European Journal of Public Health* 20(4): 422–32. DOI: https://doi.org/10.1093/eurpub/ckp231.

Del Casino, Vincent J. Jr. 2001. 'Enabling geographies? Non-governmental organizations and the empowerment of people living with HIV and AIDS.' *Disability Studies Quarterly* 21(4): 19–29.

Del Casino Vincent J. Jr. 2004. '(Re)placing health and health care: Mapping the competing discourses and practices of "traditional" and "modern" Thai medicine.' *Health & Place* 10(1): 59–73. DOI: https://doi.org/10.1016/S1353-8292(03)00019-4.

Delius, Peter and Clive Glaser. 2005. 'Sex, disease and stigma in South Africa: Historical perspectives.' *African Journal of AIDS Research* 4(1): 29–36. DOI: https://doi.org/10.2989/16085900509490339.

Derrida, Jacques. 1978. *Writing and Difference*. Chicago: University of Chicago Press.

Des Jarlais, Don C., Michael Marmor, Denise Paone, Stephen Titus, Qiuhu Shi, Therasa Perlis, Benny Jose and Samuel R. Friedman. 1996. 'HIV incidence among injecting drug users in New York City syringe-exchange programmes.' *Lancet* 348(9033): 987–91. DOI: https://doi.org/10.1016/S0140-6736(96)02536-6.

Directorat-General of Budget, Accounting and Statistics (DGBAS) (eds). 行政院主計總處. 2018. 受僱員工薪資統計速報 (Employees' Earnings Survey). 臺北市 Taipei: 行政院Executive Yuan, R.O.C. (Taiwan).

Dill, Brian. 2010. 'Community-based organizations (CBOs) and norms of participation in Tanzania: Working against the grain.' *African Studies Review* 53(2): 23–48. DOI: https://doi.org/10.1353/arw.2010.0019.

Ding, Nai-fei (丁乃非), Amie Elizabeth (白瑞梅) Parry, and Jen-peng (劉人鵬) Liu. 2007. *罔兩問景: 酷兒閱讀攻略* (Penumbrae Query Shadow: Queer Reading Tactics). 桃園 Taoyuan: 中央大學性／別研究室 Center for the Study of Sexualities.

Dingo. 2002. '我對台灣同志運動的一些心裡話' (Some words in my mind on tongzhi movements in Taiwan). In *揚起彩虹旗: 我的同志運動經驗1990–2001 1990–2001* (Raise the Rainbow Flag: My Experiences of Tongzhi Activism, 1990–2001), edited by H.-q. 莊慧秋 Zhuang, 184–90. 臺北市 Taipei: 心靈工坊 PsyGarden.

Douglas, Mary. 2013. *Risk and Blame*. London and New York: Routledge. DOI: https://doi.org/10.4324/9781315015842.

Dowsett, Gary W. 2009. 'Dangerous desires and post-queer HIV prevention: Rethinking community, incitement and intervention.' *Social Theory & Health* 7(3): 218–40. DOI: https://doi.org/10.1057/sth.2009.1.

Dream Boat. 2017. Documented by Tristan Ferland Milewski. Los Gatos, CA: Netflix.

Du, Sean (杜思誠). 2017. '我們杜主任在韓國遊行舞台代表發言' (Our Director Du's speech on the stage of Korean Parade). *臉書* (Facebook), 15 July. 台灣同志諮詢熱線 Taiwan Tongzhi Hotline Association Available from: https://www.facebook.com/TaiwanHotline/videos/10155042646269263/ (accessed 22 October 2017).

Duesberg, Peter, Claus Koehnlein and David Rasnick. 2003. 'The chemical bases of the various AIDS epidemics: Recreational drugs, anti-viral chemotherapy and malnutrition.' *Journal of Biosciences* 28(4): 383–412. DOI: https://doi.org/10.1007/BF02705115.

Elford, Jonathan. 1987. 'Moral and social aspects of aids: A medical students' project.' *Social Science & Medicine* 24(6):546-49. DOI: https://doi.org/10.1016/0277-9536(87)90344-3.

Elias, Norbert. 1956. 'Problems of involvement and detachment.' *The British Journal of Sociology* 7(3): 226–52. DOI: https://doi.org/10.2307/587994.

Elmore-Meegan, Michael, Ronan M. Conroy and C.B. Agala. 2004. 'Sex workers in Kenya, numbers of clients and associated risks: An exploratory survey.' *Reproductive Health Matters* 12(23): 50–57. DOI: https://doi.org/10.1016/S0968-8080(04)23125-1.

Engelke, Matthew. 1999. '"We wondered what human rights he was talking about." Human rights, homosexuality and the Zimbabwe International Book Fair.' *Critique of Anthropology* 19(3): 289–314. DOI: https://doi.org/10.1177/0308275X9901900305.

Epstein, Steven. 1996. *Impure Science: AIDS, Activism, and the Politics of Knowledge*. Berkeley: University of California Press.

Erni, John Nguyet and Anthony J. Spires. 2001. 'Glossy subjects: G&L magazine and "Tonghzi" cultural visibility in Taiwan.' *Sexualities* 4(1): 25–49. DOI: https://doi.org/10.1177/136346001004001002.

Escoffier, Jeffrey. 1998–99. 'The invention of safer sex: Vernacular knowledge, gay politics and HIV prevention.' *Berkeley Journal of Sociology* 43: 1–30.

Fajans, Peter, Kathleen Ford and Dewa Nyoman Wirawan. 1995. 'AIDS knowledge and risk behaviors among domestic clients of female sex workers in Bali, Indonesia.' *Social Science & Medicine* 41(3): 409–417. DOI: https://doi.org/10.1016/0277-9536(94)00327-P.

Fan, Shun-yuan (范順淵). 2013. '2007 年擴大男同志愛滋篩檢政策分析' (The analysis of HIV testing on 'gay men' prevention policy in 2007. MA thesis, 性別研究所 Graduate Institute for Gender Studies, 世新大學 Shih Hsin University, 臺北市 Taipei.

Fang, Chi-tai, Yu-yin Chang, Hsu-mei Hsu, Shiing-jer Twu, Kow-tong Chen, Mao-yuan Chen, Loreen YL Huang, Jing-shiang Hwang and Jung-ser Wang. 2007. 'Cost-effectiveness of highly active antiretroviral therapy for HIV infection in Taiwan.' *Journal of the Formosan Medical Association* 106(8): 631–40. DOI: https://doi.org/10.1016/S0929-6646(08)60020-0.

Fang, Chi-tai, Hsu-mei Hsu, Shiing-jer Twu, Mao-yen Chen, Yu-yin Chang, Jing-shiang Hwang, Jung-der Wang and Che-yen Chuang. 2004. 'Decreased HIV transmission after a policy of providing free access to highly active antiretroviral therapy in Taiwan.' *Journal of Infectious Diseases* 190(5): 879–85. DOI: https://doi.org/10.1086/422601.

Faria, Nuno R., Andrew Rambaut, Marc A. Suchard, Guy Baele, Trevor Bedford, Melissa J. Ward, Andrew J. Tatem, João D. Sousa, Nimalan Arinaminpathy, Jacques Pépin, David Posada, Martine Peeters, Oliver G. Pybus and Philippe Lemey. 2014. 'The early spread and epidemic ignition of HIV-1 in human populations.' *Science* 346(6205): 56–61. DOI: https://doi.org/10.1126/science.1256739.

Farmer, Paul. 2003. *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley and Los Angeles, CA: University of California Press.

Farmer, Paul. 2004. 'Sidney W. Mintz lecture for 2001: An anthropology of structural violence.' *Current Anthropology* 45(3): 305–25. DOI: https://doi.org/10.1086/382250.

Farmer, Paul and Arthur Kleinman. 1989. 'AIDS as human suffering.' *Daedalus* 118(2):135- 160.

Farmer, Paul and Jim Yong Kim. 1991. 'Anthropology, accountability, and the prevention of AIDS.' *Journal of Sex Research* 28(2): 203–21. DOI: https://doi.org/10.1080/00224499109551606.

Fassin, Didier. 2007a. 'Humanitarianism as a politics of life.' *Public Culture* 19(3):499–520. DOI: https://doi.org/10.1215/08992363-2007-007.

Fassin, Didier. 2007b. *When Bodies Remember: Experiences and Politics of AIDS in South Africa*. Berkeley, CA: University of California Press. DOI: https://doi.org/10.1525/california/9780520244672.001.0001.

Faugier, Jean and Steven Cranfield. 1995. 'Reaching male clients of female prostitutes: The challenge for HIV prevention. *AIDS Care* 7(1): 21–32. DOI: https://doi.org/10.1080/09540129550126795.

Feng, Ming-chu, Jui-ying Feng, Tun-chieh Chen, Po-liang Lu, Nai-ying Ko and Yen-hsu Chen. 2009. 'Stress, needs, and quality of life of family members caring for adults living with HIV/AIDS in Taiwan.' *AIDS Care* 21(4): 482-489. DOI: https://doi.org/10.1080/09540120802290373.

Fischer, Michael M.J. 1999. 'Emergent forms of life: Anthropologies of late or postmodernities.' *Annual Review of Anthropology* 28(1): 455–78. DOI: https://doi.org/10.1146/annurev.anthro.28.1.455.

Fisher, William F. 1997. 'Doing good? The politics and antipolitics of NGO practices.' *Annual Review of Anthropology* 26(1): 439–64. DOI: https://doi.org/10.1146/annurev.anthro.26.1.439.

Fordham, Graham. 2015. *HIV/AIDS and the Social Consequences of Untamed Biomedicine: Anthropological Complicities*. Routledge Studies in Anthropology. New York and London: Routledge.

Foucault, Michel. 1978. *The History of Sexuality, Volume I: An Introduction*. New York: Pantheon Books.

Foucault, Michel. 1991. 'Governmentality.' In *The Foucault Effect: Studies in Governmentality*, edited by Graham Burchell, Colin Gordon and Peter Miller, 87–104. Chicago: University of Chicago Press.

Foucault, Michel. 1994a. 'Sex, power, and the politics of identity.' In *The Essential Works of Michel Foucault 1954–1984, Volume 1: Ethics*, edited by Paul Rabinow and translated by Robert Hurley, 163–73. New York: The New Press.

Foucault, Michel. 1994b. 'Security, territory, and population.' In *The Essential Works of Foucault 1954–1984 Vol 1: Ethics*, edited by Paul Rabinow and translated by Robert Hurley, 67–72. New York: The New Press.

Foucault, Michel. 1995. *Discipline and Punish: The Birth of the Prison*. New York: Vintage Books.

Foucault, Michel. 1999. 'Space, power and knowledge.' In *The Cultural Studies Reader*, edited by Simon During, 134–41. London and New York: Routledge.

Frankenberg, Ronald. 1988. 'AIDS and anthropologists.' *Anthropology Today* 4(2): 13–15. DOI: https://doi.org/10.2307/3033232.

Gauthier, Deann K. and Craig J. Forsyth. 1999. 'Bareback sex, bug chasers, and the gift of death.' *Deviant Behavior* 20(1): 85–100. DOI: https://doi.org/10.1080/016396299266605.

Geertz, Clifford. 1973. *The Interpretation of Cultures*. New York: Basic Books.

Gersovitz, Mark. 2011. 'HIV testing: Principles and practice.' *World Bank Research Observer* 26(1): 1–41. DOI: https://doi.org/10.1093/wbro/lkp013.

Gibson, David R., Neil M. Flynn and Daniel Perales. 2001. 'Effectiveness of syringe exchange programs in reducing HIV risk behavior and HIV seroconversion among injecting drug users.' *AIDS* 15(11): 1329–341. DOI: https://doi.org/10.1097/00002030-200107270-00002.

Giddens, Anthony. 1992. *The Transformation of Intimacy: Sexuality, Love and Intimacy in Modern Societies*. Stanford, CA: Stanford University Press.

Gill, Stephen and Solomon Benatar. 2016. 'Global health governance and global power: A critical commentary on the Lancet–University of Oslo commission report.' *International Journal of Health Services* 46(2): 346–65. DOI: https://doi.org/10.1177/0020731416631734.

Goffman, Erving. 1956. *The Presentation of Self in Everyday Life*. Edinburgh: University of Edinburgh.

Goffman, Erving. 1963. *Stigma: Notes on the Management of Spoiled identity*. New York: Penguin.

Goffman, Erving. 2013. *污名: 管理受損身分的筆記* (Stigma: Notes on the management of spoiled identity), translated by F.-t. 曾, Tseng. 臺北市 Taipei: 群學 Socio Publishing Co., Ltd.

Goffy (喀飛). 2007a. '兩岸對話：同志運動組織發展的現況與展望' (Cross-strait Dialogue: The contemporary development and prospect of organisations for tongzhi movements), 桃園 Taoyuan: 國立中央大學 National Central University. 25 October.

Goffy (喀飛). 2007b. '[台灣同運史] 同志運動的撒種工作' (The history of tonghzi movements in Taiwan: Work on seeding tongzhi movements). Available from: http://blog.xuite.net/gofyytw/wretch/187737581-%5B%E5%8F%B0%E7%81%A3%E5%90%8C%E9%81%8B%E5%8F%B2%5D+%E5%90%8C%E5%BF%97%E9%81%8B%E5%8B%95%E7%9A%84%E6%92%92%E7%A8%AE%E5%B7%A5%E4%BD%9C (accessed 14 March 2018).

Goffy (喀飛). 2007c. '[同志諮詢熱線]健康與愛滋部義工培訓工作坊' (Tonzhi Hotline Association: Volunteers training workshop for the department of Health and AIDS). Available from: http://blog.xuite.net/gofyytw/wretch/187737593-%5B (accessed 23 October 2017).

Goffy (喀飛). 2010. '熱線愛滋工作基本理念：以反歧視、保障性權出發的運動觀點' (Ideas about Rexian on AIDS: Anti-discrimination and the protection of sexual rights as starting viewpoint of movements). In *同志諮詢熱線協會愛滋年度工作計畫重新省思* (New Reflections on Rexian's Annual Project of AIDS), edited by 台. T.T.H. Association. 臺北市 Taipei: 台灣同志諮詢熱線 (Taiwan Tongzhi Hotline Association).

Goffy (喀飛). 2013. '歧視與刻板印象從何而來？' (Where do discriminations and stereotypes come from?) *臉書* (Facebook), 5 May. Available from: https://zh-tw.facebook.com/notes/william-shen/%E6%AD%A7%E8%A6%96%E8%88%87%E5%88%BB%E6%9D%BF%E5%8D%B0%E8%B1%A1%E5%BE%9E%E4%BD%95%E8%80%8C%E4%BE%86-by-%E5%96%80%E9%A3%9B-201355/10151596858410901/?tn=H-R (accessed 22 October 2017).

Goffy (喀飛). 2015. '台灣同志運動的歷史回顧' (Historical look back on tongzhi movement in Taiwan). *苦勞網* (Cooloud), 30 October. Available from: http://www.coolloud.org.tw/node/83827 (accessed 22 October 2017).

Goffy (喀飛). 2016. '台灣同運現場：公館彩虹社區—同志就在你身邊' (The landscape of the tongzhi movement in Taiwan: The rainbow community of Gonguan—Tongzhi are next to you). *酷時代* (Age of Queer), 13 October. Available from: http://ageofqueer.com/archives/12324 (accessed 22 October 2017).

Goffy (喀飛). 2018. '大事記' (Historical Milestones). In *同志諮詢熱線20週年紀念專刊* (20 years anniversary of Taiwan Tongzhi Hotline Association), edited by M.-y. 阮美嬴 Ruan and X.-t. 林筱庭 Lin, 35-63. 臺北市Taipei: 台灣同志諮詢熱線協會 Taiwan Tongzhi Hotline Association. Available from: https://hotline.org.tw/book/8.

Golub, Sarit A., Tyrel J. Starks, Gregory Payton and Jeffery T. Parsons. 2012. 'The critical role of intimacy in the sexual risk behaviors of gay and bisexual men.' *AIDS and Behavior* 16(3): 626–32. DOI: https://doi.org/10.1007/s10461-011-9972-4.

Gostin, Lawrence O., Zita Lazzarini, Stephen Jones and Kathleen Flaherty. 1997. 'Prevention of HIV/AIDS and other blood-borne diseases among injection drug users: A national survey on the regulation of syringes and needles.' *Journal of the American Medical Association* 277(1): 53–62. DOI: https://doi.org/10.1001/jama.1997.03540250061033.

Gottlieb, Michael S., Howard M. Schanker, Peng Thim Fan, Andrew Saxon, Joel D. Weisman and Irving Pozalski. 1981. 'Pneumocystis pneumonia—Los Angeles.' *MMWR. Morbidity and Mortality Weekly Report* 30(21): 250–52.

Granich, Reuben, Siobhan Crowley, Marco Vitoria, Caoimhe Smyth, James G. Kahn, Rod Bennett, Ying-Ru Lo, Yves Souteyrand and Brian Williams. 2010. 'Highly active antiretroviral treatment as prevention of HIV transmission: Review of scientific evidence and update.' *Current Opinion in HIV and AIDS* 5(4): 298–304. DOI: https://doi.org/10.1097/COH.0b013e32833a6c32.

Greenwald, Jeffrey L., Gale R. Burstein, Jonathan Pincus and Bernard Branson. 2006. 'A rapid review of rapid HIV antibody tests.' *Current Infectious Disease Reports* 8(2): 125–31. DOI: https://doi.org/10.1007/s11908-006-0008-6.

Guanai, Harmony Home Association, Taiwan (HHAT). 2010. *About Harmony Home*. Available from: http://www.harmonyhometaiwan.org (accessed 10 Feburary 2018).

Hakken, David. 2000. 'Ethical Issues in the Ethnography of Cyberspace.' *Annals of the New York Academy of Sciences* 925: 170-186. DOI: https://doi.org/10.1111/j.1749-6632.2000.tb05589.x.

Hall, Stuart. 1997. 'The work of representation.' In *Representation: Cultural Representation and Signifying Practices*, edited by Stuart Hall, 13–74. London, Thousand Oaks and New Delhi: SAGE Publications Ltd.

Hall, Stuart (ed.). 1997. *Representation: Cultural Representations and Signifying Practices*. London, Thousand Oaks and New Delhi: SAGE Publications Ltd.

Halli, Shiva S., B.M. Ramesh, John O'Neil, Stephen Moses and James F. Blanchard. 2006. 'The role of collectives in STI and HIV/AIDS prevention among female sex workers in Karnataka, India.' *AIDS Care* 18(7): 739–49. DOI: https://doi.org/10.1080/09540120500466937.

Halperin, David M. 2007. *What do Gay Men Want?: An Essay on Sex, Risk, and Subjectivity*. Ann Arbor: University of Michigan Press. DOI: https://doi.org/10.3998/mpub.296688.

Hansen (韓森). 1997. *韓森專欄：愛滋鬥士田啟元* (Hansen's Column: AIDS Fighter, Tian, Qi-yuan). 臺北市 Taipei: 社團法人中華民國愛滋感染者權益促進會 (Person with HIV/AIDS Rights Advocacy Association of Taiwan).

Harbell, Jack, Norah A. Terrault, Peter Stock. 2013. 'Solid organ transplants in HIV infected patients.' *Current HIV/AIDS Reports* 10 (3):217-225. DOI: https://doi.org/10.1007/s11904- 013-0170-z.

Harding, Harry. 1993. 'The concept of "Greater China": Themes, variations and reservations.' *The China Quarterly* 136: 660–686. DOI: https://doi.org/10.1017/S030574100003229X.

Higgins, Christina, and Bonny Norton (eds). 2009. *Language and HIV/AIDS*. Critical Language and Literacy Studies, 5. Bristol: Multilingual Matters.

Hill, Teresa and Michael Dao. 2020. 'Personal pasts become academic presents: engaging reflexivity and considering dual insider/outsider roles in physical cultural fieldwork.' *Qualitative Research in Sport, Exercise and Health.* Advanced online publication. DOI: https://doi.org/10.1080/2159676X.2020.1731576.

HIV Health Education and Risk Reduction Guidelines. 1995. Centers for Disease Control and Prevention. Available from: https://wonder.cdc.gov/wonder/STD/Title3201.html (accessed 13 November 2018).

HIV Infection Control and Patient Rights Protection Act [1990] Taiwan. Amended 11 July 2007, 4 February 2015; 13 June 2018. Available from: https://www.cdc.gov.tw/english/info.aspx?treeid=da883a820ccfc8e2&nowtreeid=2fb5dd81cf0727a0&tid=7B8767E51A070868 (accessed 13 November 2018).

Ho, David D. 1995. 'Time to hit HIV, early and hard.' *N Engl J Med* 333: 450-451. DOI: https://doi.org/10.1056/NEJM199508173330710.

Ho, Josephine Chuen-juei (何春蕤). 2011. '情感嬌貴化: 變化中的台灣性佈局' (The delicacy of affection: Changing sexual deployment in Taiwan). *中國性研究* (Studies on Chinese Sex) 6: 262–76.

Ho, Josephine Chuen-juei (何春蕤). 2012. '反教育的青少年性教育（演講）' (Anti-educated sexual education of adolescent (speech)). Available from: http://sex.ncu.edu.tw/jo_article/2012/04/%E4%BD%A0%E6%B2%92%E6%83%B3%E9%81%8E%E7%9A%84%E9%9D%92%E5%B0%91%E5%B9%B4%E6%80%A7%E6%95%99%E8%82%B2%EF%BC%88%E6%BC%94%E8%AC%9B%EF%BC%89/ (accessed13 March 2018).

Ho, Josephine Chuen-juei (何春蕤). 2015. '性／別 20 年回顧（發言稿)' (The Review over 20 years of Gender/Sexualities (Statement)). Available from: http://sex.ncu.edu.tw/jo_article/2015/05/%E6%80%A7%EF%BC%8F%E5%88%A520%E5%B9%B4%E5%9B%9E%E9%A1%A7%EF%BC%88%E7%99%BC%E8%A8%80%E7%A8%BF%EF%BC%89/ (accessed 13 March 2018).

Holt, Martin, Toby Lea, Limin Mao, Johann Kolstee, Iryna Zablotska, Tim Duck, Brent Allan, Michael West, Evelyn Lee and Peter Hull. 2018. 'Community-level changes in condom use and uptake of HIV pre-exposure prophylaxis by gay and bisexual men in Melbourne and Sydney, Australia: Results of repeated behavioural surveillance in 2013–17.' *The Lancet HIV* 5(8): 448–56. DOI: https://doi.org/10.1016/S2352-3018(18)30072-9.

Horton, Chris. 2018. 'Taiwan asked voters 10 questions. It got some unexpected answers.' *New York Time*s, 26 November. Available from: https://www.nytimes.com/2018/11/26/world/asia/taiwan-election.html (accessed 5 December 2018).

Hsieh, Szu-ming (謝思民). 2014. '一夜情愛滋夢魘 無套嘿咻 醒來懊悔忙求診' (The nightmare of AIDS after a one night stand: Sex without condoms and feeling regret to come to the clinic after waking up.) *蘋果日報*(Apple Daily), 24 August. Available from: https://tw.appledaily.com/headline/daily/20140824/36042392/ (cited 12 April 2018).

Hsu, Mei-ling. 2006. 'What matters and changes in condom use? Public perceptions and practices before and after the 2004 HIV/AIDS campaign in Taiwan.' *Asian Journal of Communication* 16(3): 273–92. DOI: https://doi.org/10.1080/01292980600857815.

Hsu, Sen-chieh (徐森杰). 2016. '從愛滋感染者到帕斯堤聯盟的培力歷程探究' (A study of empowerment of people living with HIV in Taiwan: The case of HIV Positive Alliance). PhD dissertation, 社會工作學系 Department of Social Work, 東海大學 Tunghai University, 台中 Taichung.

Huang, Hans Tao-ming (黃道明). 2000. '召喚同性戀主體: 渾名, 污名與台灣男同性戀文化的表意' (To conjure homosexual subjectivities: spoiled identities, stigma and cultural representation of male homosexuality in Taiwan). In *性／別政治與主體形構* (The Politics of Gender/Sexualities and Construction of Subjectivities), edited by J.C.-j. 何春蕤 Ho and D.D.W. 王德威 Wang, 111–29. 桃園 Taoyuan: 中央大學性／別研究室 The Center for the Study of Sexualities.

Huang, Hans Tao-ming (黃道明). 2010. 'From glass clique to Tongzhi Nation: Crystal boys, identity formation, and the politics of sexual shame.' *positions* 18(2): 373–98. DOI: https://doi.org/10.1215/10679847-2010-005.

Huang, Hans Tao-ming (黃道明). 2011. *Queer Politics and Sexual Modernity in Taiwan*, Queer Asia Series. Hong Kong: Hong Kong University Press.

Huang, Hans Tao-ming (黃道明). 2012a. '愛滋大事紀' (AIDS History). In *愛滋治理與在地行動* (AIDS Governance and Local Actions), edited by H.T.-m. 黃 Huang. 桃園 Taoyuan: 中央大學性／別研究室 The Center for the Study of Sexualities.

Huang, Hans Tao-ming (黃道明). 2012b. *愛滋治理與在地行動* (AIDS Governance and Local Actions). 桃園 Taoyuan: 中央大學性／別研究室 The Center for the Study of Sexualities.

Huang, Hans Tao-ming (黃道明). 2012c. '紅絲帶主流化：台灣愛滋 NGO 防治文化與性治理' (Mainstreaming the red ribbon: AIDS NGO governance and the deployment of sexualities in Taiwan). In *愛滋治理與在地行動* (AIDS Governance and Local Actions), edited by H.T.-m. 黃. Huang, 85-144. 桃園 Taoyuan: 中央大學性／別研究室 The Center for the Study of Sexualities.

Huang, Hans Tao-ming (黃道明). 2012d. *酷兒政治與台灣現代「性」* (Queer politics and Sexual Modernity in Taiwan). 臺北市 Taipei, 桃園 Taoyuan and 香港 Hong Kong: 遠流Yuan-Liou Publishing, 國立中央大學出版社 National Central University Press and 香港大學出版社 Hong Kong University Press.

Huang, Hans Tao-ming (黃道明). 2014a. '列管制度下的醫療治理-人類免疫缺乏病毒傳染防治及感染者權益保障條例與新道德權威' (Medical governance, name-based HIV surveillance and the new moral authoritarianism). *台灣社會研究季刊* (Taiwan: A Radical Quarterly in Social Studies) 94: 107–45.

Huang, Hans Tao-ming (黃道明). 2014b. '慢性病的檢疫隔離與道德重整: 醫療治理, 治療公民權與台灣愛滋列管產業' (HIV care as moral quarantine: Medical governance, therapeutic citizenship and the making of the AIDS surveillance industry in Taiwan). In 新自由主義下的新道德國際研討會 (Neo-Moralism Under Neoliberalism International Conference), 25 May 2014. 嶺南大學, 香港 Lingnan University, Hong Kong. Available from: http://commons.ln.edu.hk/neomoralism_conference/s4/session_4/2/ (accessed 3 December 2018).

Huang, Hans Tao-ming (黃道明). 2014c. '慢性病的檢疫隔離與道德重整：從列管體制看愛滋修法草案 HIV' (Care as moral quarantine: Review the amendment of AIDS policy through the lens of surveillance). *苦勞網* (Cooloud), 14 April. Available from: http://www.coolloud.org.tw/node/78230 (accessed 7 November 2014).

Huang, Hans Tao-ming (黃道明). 2014d. '列管制度下的醫療治理-人類免疫缺乏病毒喘染防治及感染者權益保障條例與新道德權威' (Medical governance, named-based HIV surveillance and the new moral authoritarianism). In *愛滋防治、法律與愉悅的政治* (HIV Prevention, Law and the Politics of Pleasure), edited by H.T.-m 黃 Huang, 115-181. 桃園 Taoyuan: 中央大學性／別研究室 The Center for the Study of Sexualities.

Huang, Hans Tao-ming (黃道明). 2017. 'HIV care as social rehabilitation–medical governance, the AIDS surveillance industry, and therapeutic citizenship in neoliberal Taiwan.' In *The war on sex*, edited by David M. Halperin and Trevor Hope. Durham and London: Duke University Press. DOI: https://doi.org/10.1215/9780822373148-015.

Huang, Hans Tao-ming (黃道明) and Po-his (陳柏旭) Chen. 2012. '台灣國家愛滋教育之國族身體形構與情感政治: 以世界愛滋病日為線索' (World AIDS DAY, national pedagogy and the politics of emotion in Taiwan). *文化研究* (A Journal of Cultural Studies) 15: 9–42.

Huang, Hou-ming (黃厚銘). 2001. '虛擬社區中的身份認同與信任' (Trust and recognition of identity in virtual communities). PhD dissertation, 社會學系 Department of Sociology, 國立臺灣大學 National Taiwan University, 臺北市 Taipei.

Huang, Jing-yi (黃靜宜). 2000. '愛滋患敲不開手術大門？！' (AIDS patients unable to open the surgery theatre?!) 民生報 (Min Sheng Daily), 4 December. Available from: http://intermargins.net/repression/margin/aids/news/2002Jan-Jun/20020501e.htm (cited 11 September 2020).

Huang, Shi-lun (黃詩倫). 2012. '男同志圈內文化與社群界限的建構: 以風城部屋為例' (The culture and the formation of community boundaries among gay men: A case study of GisneyLand). MA thesis, 客家文化學院 College of Hakka Studies, 國立交通大學National Chiao Tung University, 新竹 Hsinchu.

Huang, Shu-min and Shao-hua Liu. 2016. 'Discrimination and incorporation of Taiwanese indigenous Austronesian peoples.' *Asian Ethnicity* 17(2): 294-312. DOI: https://doi.org/10.1080/14631369.2015.1112726.

Huang, Yen-fang (黃彥芳). 2017. *愛滋感染者流病狀況及醫療利用分析* (The analysis of epidemiology and the use of medical services amongst AIDS patients). 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan).

Huang, Yen-Fang, Jyh-Yuan Yang, Kenrad E Nelson, Hsu-Sung Kuo, Chin-Yin Lew-Ting, Chin-Hui Yang, Chang-Hsun Chen, Feng-Yee Chang and Hui-Rong Liu. 2014. 'Changes in HIV incidence among people who inject drugs in Taiwan following introduction of a harm reduction program: A study of two cohorts.' *PLoS Medicine* 11(4): e1001625. DOI: https://doi.org/10.1371/journal.pmed.1001625.

Huang, Yen-Fang, Hsu-Sung Kuo, Chin-Yin Lew-Ting, Fang Tian, Chin-Hui Yang, Tzu-I Tsai, Stephen J Gange and Kenrad E Nelson. 2011. 'Mortality among a cohort of drug users after their release from prison: An evaluation of the effectiveness of a harm reduction program in Taiwan.' *Addiction* 106(8): 1437–445. DOI: https://doi.org/10.1111/j.1360-0443.2011.03443.x.

Huang, Ying-ying, Gail E. Henderson, Suiming M. Pan and Myron S. Cohen. 2004. 'HIV/AIDS risk among brothel-based female sex workers in China: Assessing the terms, content, and knowledge of sex work.' *Sexually Transmitted Diseases* 31(11): 695–700. DOI: https://doi.org/10.1097/01.olq.0000143107.06988.ea.

Huang, Yu-xuan (黃郁軒). 2006. '私領域中的認同展演: 台灣同志運動另一面' (Performing an identity in privates sphere: The other side of the gay and lesbian movement in Taiwan). MA thesis, 社會學研究所 Institute of Sociology, 南華大學 Nanhua University, 嘉義Chiayi.

Hung, Chin-fu. 2014. 'The internet and Taiwan's new civic movement in the information age: Hung Chung-chiu's case (2013).' *Asiascape: Digital Asia* 1(1–2): 54–77. DOI: https://doi.org/10.1163/22142312-12340005.

Hung, Wen-lung (洪文龍) and Heng-da (畢恆達) Bi. 2006. *GQ 男人在發燒* (GQ Men in Fever). 臺北市 Taipei: 女書文化 Fembooks.

Hymes, Kenneth B., Jeffrey B. Greene, Aaron Marcus, Daniel C. William, Tony Cheung, Neil S. Prose, Harold Ballard and Linda J. Laubenstein. 1981. 'Kaposi's sarcoma in homosexual men—a report of eight cases.' *The Lancet* 318(8247): 598–600. DOI: https://doi.org/10.1016/S0140-6736(81)92740-9.

International Federation of the Red Cross (IFRC). 2015. 'Battling stigma and increasing HIV/AIDS testing in Asia: Thai Red Cross campaign, "Adam's Love" expands into Taiwan.' 10 September. Available from: https://www.ifrc.org/en/news-and-media/news- stories/asia-pacific/taiwan/battling-stigma-and-increasing-hivaids-testing-in-asia--thai-red- cross-campaign-adams-love-expands-into-taiwan-69351/ (Accessed 29 May 2019).

International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA). 2013. 'About us.' *International Lesbian, Gay, Bisexual, Trans and Intersex Association*. Available from: http://ilga.org/about-us/ (accessed 22 October 2017).

Janes, Craig R. and Kitty K. Corbett. 2009. 'Anthropology and global health.' *Annual Review of Anthropology* 38: 167-183. DOI: https://doi.org/10.1146/annurev-anthro-091908-164314.

Ji, Bing-zong (紀秉宗). 2010. '愛滋病個案管理計畫效果研究' (The study of the effects of the HIV case management program. MPH thesis. 健康促進與衛生教育學系 Department of Health Promotion and Health Education, 臺灣師範大學 National Taiwan Normal University, 臺北市 Taipei.

Jiang, Zhen-lang (江振郎). 1989. '愛死病的震撼－愛死病防治條例' (The shock of Aisibing: Prevention and Control Act of Aisibing). *律師通訊* (Taipei Bar Journal) 113: 21. DOI: https://dx.doi.org/10.7030/LN.198902.0005.

Jordan, Kathleen Michels. 2013. 'Risk and protective factors for HIV of Portuguese men in Southeastern Massachusetts who have sex with men (MSM): A phenomenological study.' PhD dissertation, School of Health Sciences, Central Michigan University, Michigan.

Juan, Maria Judy See-San. 2011. 'A sociological inquiry into credit card delinquency in the Philippines.' *Asia-Pacific Social Science Review* 11(1): 21–60.

Kalofonos, Ippolytos Andreas. 2010. '"All I eat is ARVs".' *Medical Anthropology Quarterly* 24(3): 363–80. DOI: https://doi.org/10.1111/j.1548-1387.2010.01109.x.

Kamb, Mary L., Beth A. Dillon, Martin Fishbein and Karen L. Willis. 1996. 'Quality assurance of HIV prevention counseling in a multi-center randomized controlled trial. Project RESPECT Study Group.' *Public Health Reports* 111 (Suppl 1): 99–107.

Kao, Ying-chao (高穎超). 2006. '做兵, 儀式, 男人類: 台灣義務役男服役過程之陽剛氣質研究 (2000–2006)' (Doing soldier, rituals and men: A masculinities study on service process of conscriptive soldiers in Taiwan (2000–2006)). MA thesis. Department of Sociology, 臺灣大學 National Taiwan University, 臺北市 Taipei.

Kassler, William J., Beth A. Dillon, Charles Haley, Wanda K. Jones and Anne Goldman. 1997. 'On-site, rapid HIV testing with same-day results and counseling.' *AIDS* 11(8):1045–1051. DOI: https://doi.org/10.1097/00002030-199708000-00014.

Kerrigan, Deanna, Luis Moreno, Santa Rosario, Bayardo Gomez, Hector Jerez, Clare Barrington, Ellen Weiss and Michael Sweat. 2006. 'Environmental-structural interventions to reduce HIV/STI risk among female sex workers in the Dominican Republic.' *American Journal of Public Health* 96(1): 120–25. DOI: https://doi.org/10.2105/AJPH.2004.042200.

Keshavjee, Salmaan, Sheri Weiser and Arthur Kleinman. 2001. 'Medicine betrayed: hemophilia patients and HIV in the US.' *Social Science & Medicine* 53(8):1081-94. DOI: https://doi.org/10.1016/S0277-9536(00)00403-2.

Kim, Jim Yong, Paul Farmer and Michael E. Porter. 2013. 'Redefining global health-care delivery.' *The Lancet* 382(9897): 1060–1069. DOI: https://doi.org/10.1016/S0140- 6736(13)61047-8.

Kinsman, Gary. 1996. 'Responsibility' as a strategy of governance: regulating people living with AIDS and lesbians and gay men in Ontario.' *Economy and Society* 25(3): 393-409. DOI: https://doi.org/10.1080/03085149600000021.

Kipnis, Andrew B. 1997. *Producing Guanxi: Sentiment, Self, and Subculture in a North China Village*. Durham and London: Duke University Press.

Kleinman, Arthur. 1988. *The Illness Narratives: Suffering, Healing, and the Human Condition*. New York: Basic books.

Kleinman, Arthur. 2006. *What Really Matters: Living a Moral Life Amidst Uncertainty and Danger*. New York: Oxford University Press.

Kleinman, Arthur and Iain Wilkinson. 2016. *A passion for society–how we think about human suffering*, California Series in Public Anthropology, 35. Oakland: University of California Press. DOI: https://doi.org/10.1525/9780520962408.

Kleinman, Arthur, Veena Das and Margaret M. Lock. 1997. *Social Suffering*. Berkeley and Los Angeles, CA: University of California Press.

Ko, Nai-ying (柯乃熒). 2009. '愛滋病個案管理概論' (The concept of AIDS case management.' In *愛滋病個案管理手冊*（HIV Case Mangers Manual), edited by 財. T.N.A.P. Foundation, 1–7. 臺北市 Taipei: 財團法人護理人員愛滋病防治基金會 (The Nurses AIDS Prevention Foundation).

Ko, Nai-ying (柯乃熒). 2011. '[學者投書] 2010 年 6 月 24 日蘋果日報論壇：柯乃熒：提高防治預算 抑制愛滋藥價'(Scholar's article: The forum on Apple Daily, 24th June 2010 Ko, Nai-yin, increase the budget of control and prevention, lower the cost of AIDS medications). Available from: http://aidsactions.blogspot.tw/2011/01/2010624.html (accessed 10 Feburary 2018).

Ko, Nai-ying (柯乃熒). 2016. '從實證到政策制定—愛滋病暴露前口服預防性投藥' (From evidence to health policy making: Pre-exposure prophylaxis for HIV prevention). *護理雜誌* (The Journal of Nursing) 63(6): 18-22. DOI: https://doi.org/10.6224/JN.63.6.18.

Ko, Nai-ying (柯乃熒), Hsin-hsin (鍾信心) Chung, Shun-jen (章順仁) Chang, Ying-chin (葛應欽) Ko and Jung-kwang (文榮光) Wen. 1995. '男同性戀, 愛滋病威脅與性行為之探索研究' (Homosexuality, AIDS threat and sexual behavior: An exploratory study). *台灣性學學刊* (Formosa Journal of Sexology) 1(1): 33–46.

Ko, Nai-ying (柯乃熒), Chao-hsien Hsieh, Ming-chi Wang, Chiang Lee, Chun-lin Chen, An- chun Chung and Su-ting Hsu. 2013. 'Effects of internet popular opinion leaders (iPOL) among internet-using men who have sex with men.' *Journal of Medical Internet Research* 15(2): e40. DOI: https://doi.org/10.2196/jmir.2264.

Ko, Nai-ying (柯 乃 熒), Stuart Koe, Hsin-chun Lee, Cheng-fang Yen, Wen-chien Ko and Su- ting Hsu. 2012. 'Online sex-seeking, substance use, and risky behaviors in Taiwan: Results from the 2010 Asia Internet MSM Sex Survey.' *Archives of Sexual Behavior* 41(5): 1273– 282. DOI: https://doi.org/10.1007/s10508-012-9908-8.

Ko, Nai-ying (柯乃熒), Yi-yin Lai, Hsiao-ying Liu, Hsin-chun Lee, Chia-ming Chang, Nan-yao Lee, Po-lin Chen, Ching-chi Lee and Wen-chien Ko. 2012. 'Impact of the nurse-led case management program with retention in care on mortality among people with HIV-1 infection: A prospective cohort study.' *International Journal of Nursing Studies* 49(6): 656–63. DOI: https://doi.org/10.1016/j.ijnurstu.2012.01.004.

Ko, Nai-ying (柯乃熒), Hsin-chun Lee, Jui-ling Chang, Nan-yao Lee, Chia-ming Chang, Meng- ping Lee, Yi-hui Lin, Kang-yen Lai and Wen-chien Ko. 2006. 'Prevalence of human immunodeficiency virus and sexually transmitted infections and risky sexual behaviors among men visiting gay bathhouses in Taiwan.' *Sexually Transmitted Diseases* 33(8): 467– 73. DOI: https://doi.org/10.1097/01.olq.0000204512.15297.5f.

Ko, Nai-ying (柯乃熒), Hsin-chun Lee, Chien-ching Hung, Jui-ling Chang, Nan-yao Lee, Chia- ming Chang, Meng-ping Lee, Hsu-ting Chang and Wen-chien Ko. 2009. 'Effects of structural intervention on increasing condom availability and reducing risky sexual behaviours in gay bathhouse attendees.' *AIDS Care* 21(12): 1499–507. DOI: https://doi.org/10.1080/09540120902923022.

Ko, Nai-ying (柯 乃 熒), Hsiao-ying Liu, Yi-yin Lai, Yun-hui Pai, and Wen-chien Ko. 2013. 'Case management interventions for HIV-infected individuals.' *Current HIV/AIDS Reports* 10(4): 390–97. DOI: https://doi.org/10.1007/s11904-013-0183-7.

Ko, Nai-ying (柯乃熒), Hsiao-ying Liu, Hsin-chun Lee, Yi-yin Lai, Chia-ming Chang, Nan-yao Lee, Po-lin Chen, Chi-jung Wu and Wen-chien Ko. 2011. 'One-year follow-up of relapse to risky behaviors and incidence of syphilis among patients enrolled in the HIV case management program.' *AIDS and Behavior* 15(5): 1067–1074. DOI: https://doi.org/10.1007/s10461-010-9841-6.

Ko, Nei-yin (柯乃熒), Wen-chien (柯文謙) Ko, Chien-ching (洪健清) Hung, Hsi-hsun(林錫勳) Lin, Meng-ping (李夢萍) Li, and An-jun (鍾安峻) Chong. 2012. *發展「網路約會(炮)文化」之網路意見領袖介入策略* (Development and Evaluation for Intervention of E-dating among Web-based Opinion Leaders for Men having Sex with Men). 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan).

Ko, Nei-yin (柯乃熒), Chia-wen (李佳雯) Lee, Wen-chien (柯文謙) Ko, Meng-tzu (吳孟姿) Wuand An-jun (鍾安峻)Chong. 2013. *發展「網路約會(炮)文化」之網路意見領袖介入策略* (Development and Evaluation for Intervention of E-dating among Web-based Opinion Leaders for Men having Sex with Men). 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan).

Koblin, Beryl A., Marla J. Husnik, Grant Colfax, Yi-jian Huang, Maria Madison, Kenneth Mayer, Patrick J. Barresi, Thomas J. Coates, Margaret A. Chesney and Susan Buchbinder. 2006. 'Risk factors for HIV infection among men who have sex with men.' *AIDS* 20(5): 731–39. DOI: https://doi.org/10.1097/01.aids.0000216374.61442.55.

Kong, Travis S.K. 2011. *Chinese Male Homosexualities: Memba, Tongzhi and Golden Boy*. New York: Routledge.

Ku, Zhong-hua (顧忠華). 1999. '公民結社的結構變遷一以台灣非營利組織的發展為例' (The structural transformation of civic association and the development of NPOs in Taiwan). *台灣社會研究季刊*(Taiwan: A Radical Quarterly in Social Studies) 36: 123–45. DOI: https://dx.doi.org/10.29816/TARQSS.199912.0004.

Kwon, Jisoo A., Jenny Iversen, Lisa Maher, Matthew G. Law and David P. Wilson. 2009. 'The impact of needle and syringe programs on HIV and HCV transmissions in injecting drug users in Australia: A model-based analysis.' *Journal of Acquired Immune Deficiency Syndromes* 51(4): 462–69. DOI: https://doi.org/10.1097/QAI.0b013e3181a2539a.

Lacey, Anita and Suzan Ilcan. 2006. 'Voluntary labor, responsible citizenship, and international NGOs.' *International Journal of Comparative Sociology* 47(1): 34–53. DOI: https://doi.org/10.1177/0020715206063256.

Laga, Marie, Michel Alary, N. Nzila, A.T. Manoka, M. Tuliza, Frieda Behets, J. Goeman, M. St Louis and Peter Piot. 1994. 'Condom promotion, sexually transmitted diseases treatment, and declining incidence of HIC-1 Infection in Female Zairian sex workers.' *The Lancet* 344(8917): 246–48. DOI: https://doi.org/10.1016/S0140-6736(94)93005-8.

Lai, Shu-fen (賴淑芬). 2003. '台灣男同志三溫暖顧客感染 HIV 之分子流行病學研究' (Molecular Epidemiology of HIV-1 Infection in Men who have Sex with Men from Gay Saunas in Taiwan). MPH thesis, 公共衛生研究所 Institute of Public Health, 國立陽明大學 National Yangming University, 臺北市 Taipei.

Lai, Yu-lin (賴鈺麟). 2002. '台灣同志運動與同志諮詢熱線之研究' (Analysis of lesbian and gay movements in Taiwan and the Taiwan Tongzhi Hotline Association). MA thesis, 政治學研究所 Department of Political Science, 國立台灣大學 National Taiwan University, 臺北市 Taipei.

Lalkhen, Abdul Ghaaliq and Anthony McCluskey. 2008. 'Clinical tests: Sensitivity and specificity.' *Continuing Education in Anaesthesia Critical Care & Pain* 8(6): 221–23. DOI: https://doi.org/10.1093/bjaceaccp/mkn041.

Latkin, Carl A. 1999. 'Outreach in natural settings: The use of peer leaders for HIV prevention among injecting drug users' networks.' *Public Health* 113(Suupl 1): 151–59.

Latour, Bruno. 1987. *Science in Action: How to Follow Scientists and Engineers through Society*. Cambridge, MA: Harvard University Press.

Lazyball. 2011. '[網路報導] 公民記者 lazyball：愛滋藥費擬收部分負擔 病友嗆：柿子挑軟的吃' (Internet report: The civil journalist, Lazyball, propose the copayment of AIDS drugs, patients argue, only pick up the soft Chinese catalpa). Available from: http://aidsactions.blogspot.tw/2011/01/lazyball.html (accessed 10 Feburary 2018).

Lee, Tae-jin. 2017. 'Mathematical and stochastic modeling of HIV immunology and epidemiology.' PhD dissertation. Department of Biostatistics and Epidemiology, Augusta University, Georgia.

Lee, Tony Szu-hsien, Li-an Fu, Paul Fleming. 2006. 'Using focus groups to investigate the educational needs of female injecting heroin users in Taiwan in relation to HIV/AIDS prevention.' *Health Education Research* 21(1): 55–65. DOI: https://doi.org/10.1093/her/cyh041.

Levine, Susan and Fiona Ross. 2002. 'Perceptions of and attitudes to HIV/AIDS among young adults in Cape Town.' *Social Dynamics* 28(1): 89–108. DOI: https://doi.org/10.1080/02533950208458724.

Li, Andrea, Anchalee Varangrat, Wipas Wimonsate, Tareerat Chemnasiri, Chemnasiri Sinthuwattanawibool, Praphan Phanuphak, Rapeepun Jommaroeng, Sten Vermund and Frits van Griensven. 2009. 'Sexual behavior and risk factors for HIV infection among homosexual and bisexual men in Thailand.' *AIDS and Behavior* 13(2): 318–27. DOI: https://doi.org/10.1007/s10461-008-9448-3.

Li, Shu-ren (李樹人). 2014. '林奏延：不安全性行為者應負一些責任 ' (Lin, Zou-yen: Practitioners of unsafe sex should take responsibility). *聯合晚報*(United Evening News), 4 September. Available from: https://health.udn.com/health/story/6047/361867 (accessed 10 February 2018).

Li, Shu-ren (李樹人). 2015. '愛滋病患 可望接受器捐 最快年底上路' (It is expected that AIDS patients could start to receive organ donations by the end of the year). *聯合晚報* (United Evening News). Available from: https://health.udn.com/health/story/6003/1175857 (accessed 12 April 2018).

Liao, Juan-xiu (廖娟秀). 2000. *韓森的愛滋歲月: 愛之生死* (A Positive Life: Hansen's Story). 臺北市 Taipei: 新自然主義股份有限公司 Green Futures Publisher.

Lin, Hsi-hsun (林錫勳). 2015. '從醫師角度談人類免疫缺乏病毒傳染防治及感染者權益保障條例' (From the perspective of medical doctors to speak of HIV infection control and the Patient Rights Protection Act). *愛之關懷季刊* (AIDS Care Quarterly) 90: 23–25.

Lin, Hsiao-ting (林孝庭). 2016. *Accidental State: Chiang Kai-shek, the United States, and the Making of Taiwan*. Cambridge, MA: Harvard University Press.

Lin, Hsaio-ting (林孝庭). 2017. *意外的國度：蔣介石、美國、與近代台灣的形塑*(Accidental State: Chiang Kai-shek, the United States, and the Making of Taiwan). 臺北市 Taipei: 遠足文化 Walkers Cultural Enterprise Ltd.

Lin, Jian-zhong (林建中). 1995. *這條路上: 國內首位曝光愛滋病毒帶原者林建中親筆自傳*(On this Road: The Autobiography of Lin Jian-zhong as the HIV Carrier First Exposed to the Public in this Country). 臺北 Taipei: Hsin Lin Books.

Lin, Shin-rou (林欣柔). 2017. '愛滋篩檢與告知後同意—愛滋例外主義轉向趨勢與臺灣法制之 檢討' (HIV screening and informed consent: An analysis of the changing paradigm of HIV exceptionalism and HIV screening laws in Taiwan). *政大法學評論* (Chengchi Law Review) 150: 199–259. DOI: https://dx.doi.org/10.3966/102398202017090150004.

Lin, Wei-ping (林瑋嬪). 2016. '線上馬祖: 網路社群與地方想像' (Internet Matsu: Online community and the reimagination of place). *考古人類學刊*(Journal of Archaeology and Anthropology) 85: 17–50. DOI: https://dx.doi.org/10.6152/jaa.2016.12.0002.

Lin, Yi-chieh Jessica. 2011. *Fake Stuff: China and the Rise of Counterfeit Goods*. New York and London: Routledge.

Lin, Yi-hui (林宜慧). 2015. '從民間立場談人類免疫缺乏病毒傳染防治及感染者權益保障條例: 成果及影響' (From the perspective of the local community to speak of HIV infection control and Patient Rights Protection Act: Results and impact). *愛之關懷季刊* (AIDS Care Quarterly) 90: 26–34.

Liou, Liang-ya. 2003. 'At the intersection of the global and the local: Representations of male homosexuality in fictions by Pai Hsien-yung, Li Ang, Chu Tien-wen and Chi Ta-wei.' *Postcolonial Studies: Culture, Politics, Economy* 6(2): 191–206. DOI: https://doi.org/10.1080/13688790308100.

Liu, Jen-peng and Nai-fei Ding. 2005. 'Reticent poetics, queer politics.' *Inter-Asia Cultural Studies* 6(1): 30–55. DOI: https://doi.org/10.1080/1462394042000326897.

Liu, Jen-peng and Nai-fei Ding. 2007. '含蓄美學與酷兒政略' (Reticent poetics and queer politics.) In *罔兩問景:酷兒閱讀攻略* (Penumbrae Query Shadow: Queer Reading Tactics), edited by J.-p. 劉. Liu, Amie Elizabeth and N.-f. 丁. Ding, 3–44. 桃園 Taoyuan: 中央大學性／別研究室 Center for the Study of Sexualities.

Liu, Petrus. 2015. *Queer Marxism in two Chinas*. Durham and London: Duke University Press. DOI: https://doi.org/10.1215/9780822375081.

Liu, Shao-hua (劉紹華). 2010. 'Anthropological ethics in the shadows: Researching drug use and AIDS interventions in Southwest China.' *Asian Anthropology* 9(1): 77–94. DOI: https://doi.org/10.1080/1683478X.2010.10552596.

Liu, Shao-hua (劉紹華). 2011. *Passage to Manhood: Youth Migration, Heroin, and AIDS in Southwest China*. Stanford, CA: Stanford University Press.

Liu, Shao-hua (劉紹華). 2017. '從國際衛生到全球衛生：醫療援助的文化政治' (From internatioal to global health: The cultural politics of medical aids). In *東亞醫療史：殖民、性別與現代性* (A History of Healing in East Asia Colonialism, Gender and Modernity), edited by S.-y. 劉. Liu and W.-J. 王. Wang, 165–87. 臺北 Taipei: 聯經出版事業公司Linking Publishing.

Liu, Wei-li (劉韋利), Yi-yin (賴怡因) Lai, Xiao-ying (劉曉穎) Liu, Pei-yi (賴霈妤) Lai and Nai-ying (柯乃縈) Ko. 2006. '提升服用抗愛滋病毒藥物病患芝芙要遵從性之技巧' (Techniques to increase drug adherence amongst patients in ARVs). *愛之關懷季刊* (AIDS Care Quarterly) 56: 6–14.

Lo, Shih-hsiang (羅士翔). 2010. '反 AIDS 歧視與法律動員-以台灣 AIDS 防治法制為中心(1981–2009)' (Anti-AIDS-discrimination and legal mobilization: On the AIDS control law in Tawian (1981–2009). LL.M thesis. 法律學系 Department of Law, 台灣大學 National Taiwan University, 台北 Taipei.

Lo, Yi-chun (羅一鈞). 2012. '病毒量下降不夠力—抗藥性的警訊' (It is not powerful in decreasing the viral load: The warning of drug resistance). Available from: https://heartvalley.blogspot.tw/2012/05/blog-post_20.html (accessed 12 April 2018).

Lo, Yi-chun (羅一鈞), interview. 2013. '衛福部疾管署防疫醫師、臺大醫院內科部兼任主治醫師' (Medical officer of TWCDC and adjunct attending physician at the Department of Internal Medicine of National Taiwan University Hospital). *說愛，一五一十* (Narrating AIDS), edited by C.-h. 張正學 Chang and Y.-t. 陳奕村 Chen. Available from: https://www.youtube.com/watch?v=xZtRjV9HyzY&list=PLqWpYzaTLaBiwCfKWAx9BhYSTnJaTBf5o&index=3 (accessed 16 August).

Lo, Yi-chun (羅一鈞). 2016. *心之谷：羅一鈞醫生給愛滋感染者和感染者親友的溫暖叮嚀* (Heart in valley: Dr Lo, Yi-chun's warm reminder to *ganranzhe* and their acquaintances). 臺北市 Taipei: 貓頭鷹出版 Owl Publishing House Co., LTD.

Lo, Yi-chun (羅一鈞), Hong-wei (郭宏偉) Guo, Ling-ju (石玲如) Shih and Ying-shih (蘇迎士) Su. 2015. *我國 HIV 監測系統描述與評估* (Description and Evaluation of HIV Surveillance Systems in Taiwan). 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan).

Lorenc, Theo, Isaac Marrero-Guillamón, Alexis Llewellyn, Peter Aggleton, Chris Cooper, Angela Lehmann and Catriona Lindsay. 2011. 'HIV testing among men who have sex with men (MSM): Systematic review of qualitative evidence.' *Health Education Research* 26(5): 834–46. DOI: https://doi.org/10.1093/her/cyr064.

Love, Heather. 2013. 'Close reading and thin description.' *Public Culture* 25(3 (71)): 401–34. DOI: https://doi.org/10.1215/08992363-2144688.

LOVEMYSELF. 2017. '為何我要為 i 篩檢?'(Why do I have to check for 'i'?). Available from: https://web.archive.org/web/20171106003304/http://www.lovemyself.org.tw/articles/75 (accessed 17 December 2018).

Lowndes, Catherine M., Michel Alary, Cyriaque A.B. Gnintoungbé, Emmanuelle Bédard, Léonard Mukenge, Nassirou Geraldo, Patrick Jossou, E. Lafia, F. Bernier, E. Baganizi, J. Joly, E. Frost and S. Anagonou. 2000. 'Management of sexually transmitted diseases and HIV prevention in men at high risk: targeting clients and non-paying sexual partners of female sex workers in Benin.' *AIDS* 14(16): 2523–534. DOI: https://doi.org/10.1097/00002030-200011100-00015.

Lu, Tsung-hsueh, Hong-jen Chang, Long-shen Chen, Miao-hui Chu, Nai-ming Ou and Ian Jen. 2006. 'Changes in causes of death and associated conditions among persons with HIV/AIDS after the introduction of highly active antiretroviral therapy in Taiwan.' *Journal of the Formosan Medical Association* 105(7): 604–609. DOI: https://doi.org/10.1016/S0929-6646(09)60158-3.

Lupton, Deborah. 1993. 'AIDS risk and heterosexuality in the Australian press.' *Discourse & Society* 4(3): 307–28. DOI: https://doi.org/10.1177/0957926593004003002.

Lupton, Deborah. 1994. 'Panic computing: The viral metaphor and computer technology.' *Cultural Studies* 8(3): 556–68. DOI: https://doi.org/10.1080/09502389400490361.

Luzi, Anna Maria, Barbara De Mei, Anna Colucci and Pietro Gallo. 2010. 'Criteria for standardising counselling for HIV testing.' *Annali dell'Istituto Superiore di Sanità* 46(1): 42–50. DOI: https://doi.org/10.1590/S0021-25712010000100006.

Maartens, Gary, Connie Celum and Sharon R. Lewin. 2014. 'HIV infection: Epidemiology, pathogenesis, treatment, and prevention.' *The Lancet* 384(9939): 258–71. DOI: https://doi.org/10.1016/S0140-6736(14)60164-1.

MacDonald, Margaret, Matthew Law, John Kaldor, Jim Hales and Gregory J. Dore. 2003. 'Effectiveness of needle and syringe programmes for preventing HIV transmission.' *International Journal of Drug Policy* 14(5–6): 353–57. DOI: https://doi.org/10.1016/S0955-3959(03)00133-6.

Malcolm, Anne, Peter Aggleton, Mario Bronfman, Jane Galvão, Purnima Mane and Jane Verrall. 1998. 'HIV-related stigmatization and discrimination: Its forms and contexts.' *Critical Public Health* 8(4): 347–70. DOI: https://doi.org/10.1080/09581599808402920.

Malinowski, Bronislaw. 1978. *Argonauts of the western pacific-an account of native enterprise and adventure in the Achipelagoes of Melanesian New Guinea.* London: Routledge & Kegan Paul Ltd. (Original work published 1922). DOI: https://doi.org/10.4324/9780203421260.

Mann, Jonathan M. 1989. 'A worldwide pandemic.' In *Current Topics in AIDS*, edited by M.S. Gottlieb, D.J. Jeffries, D. Mildvan, A.J. Pinching, T.C. Quinn and R.A. Weiss. Chichester: Wiley.

Mann, Jonathan M. 1989. 'A worldwide pandemic.' In *Current Topics in AIDS*, edited by Michael Stuart Gottlieb, Donald James Jeffries, Donna Mildvan, Anthony J. Pinching, Thomas C. Quinn and Robin A. Weiss. 1–10. Chichester: Wiley.

Manning, Susan E., Lorna E. Thorpe, Chitra Ramaswamy, Anjum Hajat, Melissa A. Marx, Adam M. Karpati, Farzad Mostashari, Melissa R. Pfeiffer and Denis Nash. 2007. 'Estimation of HIV prevalence, risk factors, and testing frequency among sexually active men who have sex with men, aged 18–64 years – New York City, 2002.' *Journal of Urban Health* 84(2): 212–25. DOI: https://doi.org/10.1007/s11524-006-9135-5.

Mansergh, Gordon, Sathapana Naorat, Rapeepun Jommaroeng, Richard A. Jenkins, Ronald Stall, Supaporn Jeeyapant, Praphan Phanuphak, Jordan W. Tappero and Frits van Griensven. 2006. 'Inconsistent condom use with steady and casual partners and associated factors among sexually-active men who have sex with men in Bangkok, Thailand.' *AIDS and Behavior* 10(6): 743–51. DOI: https://doi.org/10.1007/s10461-006-9108-4.

Marien, Michael and Lane Jennings (eds). 1992. *Future Survey Annual, 1992: A Guide to the Recent Literature of Trends, Forecasts, and Policy Proposals*, The Future Survey Annual Series. Bethesda, MD: World Future Society.

Martin, Fran. 2003. *Situating Sexualities: Queer Representation in Taiwanese Fiction, Film and Public Culture*. Hong Kong: Hong Kong University Press.

Massey, Doreen. 1993. 'Power-geometry and a progressive sense of place.' In *Mapping the Futures: Local Cultures, Global Change*, edited by John Bird, Barry Curtis, Tim Putnam and Lisa Tickner, 75–85. London and New York: Routledge.

Masur, Henry, Mary Ann Michelis, Jeffrey B. Greene, Ida Onorato, Robert A. Vande Stouwe, Robert S. Holzman, Gary Wormser, Lee Brettman, Michael Lange and Henry W. Murray. 1981. 'An outbreak of community-acquired Pneumocystis carinii pneumonia: Initial manifestation of cellular immune dysfunction.' *New England Journal of Medicine* 305(24): 1431–438. DOI: https://doi.org/10.1056/NEJM198112103052402.

Mathers, Bradley M., Louisa Degenhardt, Hammad Ali, Lucas Wiessing, Matthew Hickman, Richard P. Mattick, Bronwyn Myers, Atul Ambekar and Steffanie A. Strathdee. 2010. 'HIV prevention, treatment, and care services for people who inject drugs: A systematic review of global, regional, and national coverage.' *The Lancet* 375(9719): 1014–1028. DOI: https://doi.org/10.1016/S0140-6736(10)60232-2.

Mattes, Dominik. 2014. 'Caught in transition: The struggle to live a "normal" life with HIV in Tanzania.' *Medical Anthropology* 33(4): 270–87. DOI: https://doi.org/10.1080/01459740.2013.877899.

Mau, Steffen. 2004. 'Welfare regimes and the norms of social exchange.' *Current Sociology* 52(1): 53–74. DOI: https://doi.org/10.1177/0011392104039314.

Mayhew, Susannah H. 2005. 'Hegemony, politics and ideology: the role of legislation in NGO–government relations in Asia.' *Journal of Development Studies* 41(5): 727–58. DOI: https://doi.org/10.1080/00220380500145263.

Mayr, Andrea. 2008. *Language and Power: An Introduction to Institutional Discourse.* London and New York: Continuum International Publishing Group.

McCamish, Malcolm, Graeme Storer and Greg Carl. 2000. 'Refocusing HIV/AIDS interventions in Thailand: The case for male sex workers and other homosexually active men.' *Culture, Health & Sexuality* 2(2): 167–82. DOI: https://doi.org/10.1080/136910500300787.

McCoy, Liza. 2009. 'Time, self and the medication day: A closer look at the everyday work of "adherence".' *Sociology of Health & Illness* 31(1): 128–46. DOI: https://doi.org/10.1111/j.1467-9566.2008.01120.x.

Meinert, Lotte, Hanne O. Mogensen and Jenipher Twebaze. 2009. 'Tests for life chances: CD4 miracles and obstacles in Uganda.' *Anthropology & Medicine* 16(2): 195–209. DOI: https://doi.org/10.1080/13648470902940697.

Merson, Michael H. 2006. 'The HIV–AIDS pandemic at 25—The global response.' *New England Journal of Medicine* 354(23): 2414–417. DOI: https://doi.org/10.1056/NEJMp068074.

Merson, Michael H., Jeffrey O'Malley, David Serwadda and Chantawipa Apisuk. 2008. 'The history and challenge of HIV prevention.' *The Lancet* 372(9637): 475–88. DOI: https://doi.org/10.1016/S0140-6736(08)60884-3.

Miklavcic, Alessandra. 2011. 'Canada's non-status immigrants: Negotiating access to health care and citizenship.' *Medical Anthropology* 30(5): 496–517. DOI: https://doi.org/10.1080/01459740.2011.579586.

Miller, Casey James. 2016. 'Dying for money: The effects of global health initiatives on NGOs working with gay men and HIV/AIDS in Northwest China.' *Medical Anthropology Quarterly* 30(3): 414–30. DOI: https://doi.org/10.1111/maq.12300.

Mimiaga, Matthew J., Hilary Goldhammer, Candice Belanoff, Ashley M. Tetu and Kenneth H. Mayer. 2007. 'Men who have sex with men: Perceptions about sexual risk, HIV and sexually transmitted disease testing, and provider communication.' *Sexually Transmitted Diseases* 34(2): 113–19. DOI: https://doi.org/10.1097/01.olq.0000225327.13214.bf.

Mitchell, Gregory. 2014. 'Economies of masculinity: male sex work in urban Brazil.' In *Men Who Sell Sex: Global Perspectives*, edited by Peter Aggleton and Richard Parker, 68–81. London and New York: Routledge.

Ministry of Education (MoE) (教育部). 2007. *The Plan to Promote 12-Year Compulsory Education*. 教育部 Ministry of Education. Available from: http://english.moe.gov.tw/cp- 32-14572-73BC5-1.html (accessed 2 May 2018).

Ministry of Foreign Affairs (TWMFA). 2006. 'Taiwan addresses UN call for accountability.' Available from: https://taiwantoday.tw/news.php?unit=2,23,45&post=53 (accessed 10 February 2018).

Ministry of Labor (MoL) (勞動部). 2018. '勞動條件方面的權利' (Rights for the labouring condition). Available from: https://www.mol.gov.tw/topic/5973/5974/7532/ (accessed 2 May 2018).

Morales, Michele Elaine. 2006. 'Persistent pathologies: The odd coupling of alcoholism and homosexuality in the discourses of twentieth-century science.' PhD dissertation. American Culture, College of Literature, Science, and the Arts, University of Michigan, Ann Arbor.

Muehlebach, Andrea. 2013. 'The Catholicization of neoliberalism: On love and welfare in Lombardy, Italy'. *American Anthropologist* 115(3): 452–65. DOI: https://doi.org/10.1111/aman.12028.

Muñoz-Laboy, Miguel A., Laura Murray, Natalie Wittlin, Jonathan Garcia, Veriano Terto Jr. and Richard G. Parker. 2011. 'Beyond faith-based organizations: Using comparative institutional ethnography to understand religious responses to HIV and AIDS in Brazil.' *American Journal of Public Health* 101(6): 972–78. DOI: https://doi.org/10.2105/AJPH.2010.300081.

Myers, Ted, Kevin W. Orr, David Locker and Edward A. Jackson. 1993. 'Factors affecting gay and bisexual men's decisions and intentions to seek HIV testing.' *American Journal of Public Health* 83(5): 701–704. DOI: https://doi.org/10.2105/AJPH.83.5.701.

Myers, Ted, Catherine Worthington, Dennis J. Haubrich, Karen Ryder and Liviana Calzavara. 2003. 'HIV testing and counseling: Test providers' experiences of best practices.' *AIDS Education and Prevention* 15(4: special issue): 309–19.

Nachega, B. Jean, Vincent C. Marconi, Gert U. van Zyl, Edward M. Gardner, Wolfgang Preiser, Steven Y. Hong, Edwards J. Mills, Robert Gross. 2011. 'HIV treatment adherence, drug resistance, virologic failure: evolving concepts.' *Infectious Disorders – Drug Targets* 11(2): 167-174. DOI:https://doi.org/10.2174/187152611795589663.

Nading, Alex M. 2013. 'Love isn't there in your stomach.' *Medical Anthropology Quarterly* 27(1): 84–102. DOI: https://doi.org/10.1111/maq.12017.

Nall, Rachel. 2020. 'The history of HIV and AIDS in the United States.' In *healthline*. 24 April. Available from: https://www.healthline.com/health/hiv-aids/history (accessed 24 September 2020).

National Development Council (NDC). 2015. 'e-participation.' Available from: https://www.ndc.gov.tw/en/Content_List.aspx?n=C3C5AABC54ECEA0D (accessed 24 September 2020).

Nurses AIDS Prevention Foundation (NAPF) (財團法人護理人員愛滋病防治基金會) 2009. *愛滋病個案管理概論* (The Concept of AIDS Case Management). 臺北市 Taipei: 財團法人護理人員愛滋病防治基金會 (The Nurses AIDS Prevention Foundation).

Nguyen, Vinh-Kim. 2005a. 'Antiretroviral globalism, biopolitics, and therapeutic citizenship.' In *Global Assemblages, Anthropology, Politics, and Ethics as Anthropological Problems*, edited by Stephen J. Collier and Aihwa Ong, 124–44. Malden, MA: Blackwell Publishing Ltd. DOI: https://doi.org/10.1002/9780470696569.ch8.

Nguyen, Vinh-Kim. 2005b. 'Uses and pleasures: Sexual modernity, HIV/AIDS, and confessional technologies in a West African metropolis.' In *Sex in Development: Science, Sexuality, and Morality in Global Perspective*, edited by Stacy Leigh Pigg and Vincanne Adams, 245–68. Durham and London: Duke University Press. DOI: https://doi.org/10.1215/9780822386414-012.

Nguyen, Vinh-Kim. 2009a. 'Government-by-exception: Enrolment and experimentality in mass HIV treatment programmes in Africa.' *Social Theory & Health* 7(3): 196–217. DOI: https://doi.org/10.1057/sth.2009.12.

Nguyen, Vinh-Kim. 2009b. 'Therapeutic evangelism—confessional technologies, antiretrovirals and biospiritual transformation in the fight against Aids in West Africa.' In *AIDS and Religious Practice in Africa*, edited by Felicitas Becker and P. Wenzel Geissler, 359–78. Leiden and Boston: Brill. DOI: https://doi.org/10.1163/ej.9789004164000.i-410.117.

Nguyen, Vinh-Kim. 2010. *The Republic of Therapy: Triage and Sovereignty in West Africa's Time of AIDS*. Durham and London: Duke University Press. DOI: https://doi.org/10.1215/9780822393504.

Nguyen, Vinh-Kim, Cyriaque Yapo Ako, Pascal Niamba, Aliou Sylla and Issoufou Tiendrébéogo. 2007. 'Adherence as therapeutic citizenship: impact of the history of access to antiretroviral drugs on adherence to treatment.' *AIDS* 21(Suppl 5): S31–S35. DOI: https://doi.org/10.1097/01.aids.0000298100.48990.58.

Nguyen, Vinh-Kim, Nathalie Bajos, Françoise Dubois-Arber, Jeffrey O'Malley and Catherine M. Pirkle. 2011. 'Remedicalizing an epidemic: From HIV treatment as prevention to HIV treatment is prevention.' *Aids* 25(3): 291–93. DOI: https://doi.org/10.1097/QAD.0b013e3283402c3e.

Nguyen, Vinh-Kim and Karine Peschard. 2003. 'Anthropology, inequality, and disease: A review.' *Annual Review of Anthropology* 32(1): 447–74. DOI: https://doi.org/10.1146/annurev.anthro.32.061002.093412.

Niemöller, Martin. ca. 1936. *'First they came for the Socialists…'* United States Holocaust Memorial Museum (USHMM). Available from: https://www.ushmm.org/wlc/en/article.php?ModuleId=10007392 (accessed 9 May 2018).

Ning, Ying-bin (甯應斌) and Josephine Chuen-juei (何春蕤) Ho. 2012. *民困愁城: 憂鬱症, 情緒管理, 現代性的黑暗面* (People in Trouble: Melancholia, the Management of Feelings, the Dar Side of Modernity). 台北市 Taipei: 台灣社會研究雜誌社.

Obermeyer, Carla Makhlouf and Michelle Osborn. 2007. 'The utilization of testing and counseling for HIV: A review of the social and behavioral evidence.' *American Journal of Public Health* 97(10): 1762–774. DOI: https://doi.org/10.2105/AJPH.2006.096263.

Padilla, Mark B., Ernesto Vásquez del Aguila and Richard G. Parker. 2007. 'Globalization, structural violence, and LGBT health: A cross-cultural perspective.' In *The Health of Sexual Minorities: Public Health Perspectives on Lesbian, Gay, Bisexual and Transgender Populations*, edited by Ilan H. Meyer and Mary E. Northridge, 209–41. Boston, MA: Springer. DOI: https://doi.org/10.1007/978-0-387-31334-4_9.

Pai, Hsien-yung (白先勇). 1983. *孽子* (Crystal Boys). 臺北市 Taipei: 遠景出版事業公司Vista Publishing.

Pai, Hsien-yung (白先勇). 1990. *Crystal Boys*. United States: Prentice Hall.

Parker, Richard G. 1993. 'After AIDS: Changes in (homo)sexual behaviour.' In *Sexuality, Politics and AIDS in Brazil: In Another World?*, edited by Herbert Daniel and Richard Parker, 111–30. London and Washington DC: The Farmer Press.

Parker, Richard G. 2001. 'Sexuality, culture, and power in HIV/AIDS research.' *Annual Review of Anthropology* 30: 163–79. DOI: https://doi.org/10.1146/annurev.anthro.30.1.163.

Parker, Richard G. 2009. *Bodies, Pleasures, and Passions: Sexual Culture in Contemporary Brazil*. Nashville: Vanderbilt University Press.

Parker, Richard G., Shivananda Khan and Peter Aggleton. 1998. 'Conspicuous by their absence? Men who have sex with men (MSM) in developing countries: Implications for HIV prevention.' *Critical Public Health* 8(4): 329–46. DOI: https://doi.org/10.1080/09581599808402919.

Parker, Richard G., Renato Quemmel, Katia Guimares, Murilo Mota and Veriano Terto Jr. 1995. 'AIDS prevention and gay community mobilization in Brazil.' *Development* 2: 49–53.

Paley, Julia. 2002. 'Toward an anthropology of democracy.' *Annual Review of Anthropology* 31: 479-496. DOI: https://doi.org/10.1146/annurev.anthro.31.040402.085453.

Patton, Cindy. 1990. *Inventing AIDS*. New York: Routledge.

Patton, Cindy. 2002. *Globalizing AIDS*. Minneapolis: University of Minnesota Press.

Payne, Richard J. and Cassandra R. Veney. 2001. 'Taiwan and Africa: Taipei's continuing search for international recognition.' *Journal of Asian and African Studies* 36(4): 437–50. DOI: https://doi.org/10.1177/002190960103600406.

Pels, Peter. 1997. 'The anthropology of colonialism: Culture, history, and the emergence of western governmentality.' *Annual Review of Anthropology* 26(1): 163–83. DOI: https://doi.org/10.1146/annurev.anthro.26.1.163.

Peragallo, Nilda, Rosa M. Gonzalez-Guarda, Brian E. McCabe and Rosina Cianelli. 2012. 'The efficacy of an HIV risk reduction intervention for Hispanic women.' *AIDS and Behavior* 16(5): 1316–326. DOI: https://doi.org/10.1007/s10461-011-0052-6.

Persons with HIV/AIDS Rights Advocacy Association of Taiwan (PRAATW) (愛滋感染者權益促進會). 2012. *發聲練習* (The Unspeakable Secret). 臺北市 Taipei: 社團法人中華民國愛滋感染者權益促進會 Persons with HIV/AIDS Rights Advocacy Association of Taiwan (PRAATW). Available from: https://praatw.org/sites/default/files/fa_sheng_lian_xi_20121107.pdf (accessed 2 December 2018).

PRAATW (愛滋感染者權益促進會). 2013. *我的第一顆藥丸* (My First Pill). 臺北市 Taipei: 社團法人中華民國愛滋感染者權益促進會 Persons with HIV/AIDS Rights Advocacy Association of Taiwan (PRAATW). Available from: https://issuu.com/praatw/docs/__2014 (accessed 2 December 2018).

PRAATW. 2020. '健保署：因疫情無法返臺國人領取長期慢性病用藥' (TWCDC: epidemic impacted Taiwanese citizens from returning to the prescription of chronic diseases). 13 April. Available from: https://praatw.org/news/1999 (accessed 11 September 2020).

Persson, Asha. 2004. 'Incorporating pharmakon: HIV, medicine, and body shape change.' *Body & Society* 10(4): 45–67. DOI: https://doi.org/10.1177/1357034X04047855.

Persson, Asha. 2008. 'Sero-silence and sero-sharing: Managing HIV in serodiscordant heterosexual relationships.' *AIDS Care* 20(4): 503–506. DOI: https://doi.org/10.1080/09540120701787487.

Persson, Asha. 2011. 'HIV-negativity in serodiscordant relationships: The absence, enactment, and liminality of serostatus identity.' *Medical Anthropology* 30(6): 569–90. DOI: https://doi.org/10.1080/01459740.2011.561456.

Persson, Asha. 2013. 'Notes on the concepts of "serodiscordance" and "risk" in couples with mixed HIV status.' *Global Public Health* 8(2): 209–20. DOI: https://doi.org/10.1080/17441692.2012.729219.

Persson, Asha and Christy Newman. 2008. 'Making monsters: heterosexuality, crime and race in recent Western media coverage of HIV.' *Sociology of Health & Illness* 30: 632-646. DOI: https://doi.org/10.1111/j.1467-9566.2008.01082.x.

Persson, Asha, Christy E. Newman, Limin Mao and John Wit. 2016. 'On the margins of pharmaceutical citizenship: not taking HIV medication in the "treatment revolution" era.' *Medical Anthropology Quarterly* 30(3): 359–77. DOI: https://doi.org/10.1111/maq.12274.

Petersen, Alan and Deborah Lupton. 1996. *The New Public Health: Health and Self in the Age of Risk*. London: Sage.

Petras, James. 1997. 'Imperialism and NGOs in Latin America.' *Monthly Review* 49(7): 10–27. DOI: https://doi.org/10.14452/MR-049-07-1997-11_2.

Petras, James. 1999. 'NGOs: In the service of imperialism.' *Journal of Contemporary Asia* 29 (4): 429–40. DOI: https://doi.org/10.1080/00472339980000221.

Phoolcharoen, Wiput. 1998. 'HIV/AIDS prevention in Thailand: Success and challenges.' *Science* 280(5371): 1873–874.

Pigg, Stacy Leigh. 2001. 'Languages of sex and AIDS in Nepal: Notes on the social production of commensurability.' *Cultural Anthropology* 16(4): 481–541. DOI: https://doi.org/10.1525/can.2001.16.4.481.

Pizi, (痞子). 2002. 'TO-GET-HER 的四海情誼' (Companionship of to-get-her from the four seas). In *揚起彩虹旗: 我的同志運動經驗 1990–2001* (Raise the Rainbow Flag: My Experiences of Tongzhi Activism, 1990–2001), edited by H.-q. 莊慧秋 Zhuang, 191–97. 臺北市 Taipei: 心靈工坊 PsyGarden. Pride. 1994. Directed by Matthew Warchus. Script by Stephen Beresford. England: BBC Films.

Prieur, Annick. 1990. 'Norwegian gay men: Reasons for continued practice of unsafe sex.' *AIDS Education and Prevention* 2(2): 109–15.

Quan-hong, (權泓). 2013. '對自己的承諾' (The promise to myself). In *我的第一顆藥丸* (My First Pill), edited by 林. L. Yi-hui, J.-h. 方紀涵 Fang and M.-K. 蔡旻光 Tsai, 4–6. 臺北市 Taipei: 社團法人中華民國愛滋感染者權益促進會 Persons with HIV/AIDS Rights Advocacy Association of Taiwan (PRAATW).

Quattrociocchi, Water. 2017. 'Why Social Media Became the Perfect Incubator for Hoaxes and Misinformation.' *Scientific American* April. Available from: https://www.scientificamerican.com/article/why-social-media-became-the-perfect- incubator-for-hoaxes-and-misinformation/?redirect=1(accessed 29 May 2019).

Qvist, Tavs, Frederik Engsig, Gitte Kronborg, Carston Shade Larsen, Birgit Røge, Jan Gerstoft and Niels Obel. 2011. 'Predictors of unsafe sex among HIV patients in Denmark: A population-based cohort study.' *Scandinavian Journal of Infectious Diseases* 43(3):181–87. DOI: https://doi.org/10.3109/00365548.2010.534501.

Race, Kane. 2001. 'The undetectable crisis: Changing technologies of risk.' *Sexualities* 4(2): 167–89. DOI: https://doi.org/10.1177/136346001004002004.

Race, Kane. 2009. *Pleasure Consuming Medicine: The Queer Politics of Drugs*. Durham and London: Duke University Press. DOI: https://doi.org/10.1215/9780822390886.

Race, Kane. 2010. 'Engaging in a Culture of Barebacking: Gay Men and the Risk of HIV Prevention.' In *HIV Treatment and Prevention Technologies in International Perspective*, edited by Mark Davis and Corinne Squire, 144-166. Palgrave Macmillan, London. DOI: https://doi.org/10.1057/9780230297050_8.

Race, Kane. 2019. 'What possibilities would a queer ANT generate?' In *The routledge companion to Actor-Network theory*, edited by Anders Blok, Ignacio Farías and Celia Roberts, 168-180. London and New York: Routledge. DOI: http://doi.org/10.4324/9781315111667-19.

Rexian, Taiwan Tongzhi Hotline Association (台灣同志諮詢熱線). 2003. *親愛的爸媽, 我是同志* (Parents of Lesbians and Gays Talk About Their Experiences). 臺北市 Taipei: 心靈工坊 PsyGarden.

Rexian, Taiwan Tongzhi Hotline Association (台灣同志諮詢熱線). 2006. '同志諮詢熱線協會95 年度義工招募' (The recruitment of volunteers at Tongzhi Hotline Association, year 95). Available from: http://mychannel.pchome.com.tw/channel/class/show_preview.php3/?d=2006-03-16&enname=hotline&t=.htm&fn=main&view=1 (accessed 2 March 2018).

Rexian, Taiwan Tongzhi Hotline Association (台灣同志諮詢熱線). 2008a. '篩檢衝管數 防治不算數─2008 男同志 HIV 場所篩檢評鑑記者會會議資料'(Counting numbers of those testing does not count as prevention─the information or the press conference of HIV-testing review on gay venues, 2008). *苦勞網* (Cooloud), 28 November. Available from: http://www.coolloud.org.tw/node/30913 (accessed 29 November 2008).

Rexian, Taiwan Tongzhi Hotline Association (台灣同志諮詢熱線). 2008b. '@熱線為什麼需要一個辦公室?' (Why does Rexian need an office?). In *台灣同志諮詢熱線協會97 年度工作報告書* (Taiwan Tongzhi Hotline Association: The Annual Report of 2008), edited by P.-c. 陳伯杰 Chen, 22. 臺北市 Taipei: 台灣同志諮詢熱線協會 Taiwan Tongzhi Hotline Association.

Rexian, Taiwan Tongzhi Hotline Association (台灣同志諮詢熱線). 2010. *彩虹熟年巴士: 12 位老年同志的青春記憶* (The Rainbow Bus of Mature Age: The Youth Memory for 12 Gay Seniors). 臺北市 Taipei: 基本書坊 Gbooks.

Rexian, Taiwan Tongzhi Hotline Association (台灣同志諮詢熱線). 2013. *「網路約炮達人」討論會@熱線* (The Discussion Group of 'Master of E-Dating' @ Rexian) *臉書* (Facebook). Available from: https://m.facebook.com/TaiwanHotline/posts/277988569002769? tn =R (accessed 19 November 2013).

Rexian, Taiwan Tongzhi Hotline Association (台灣同志諮詢熱線). 2016a. '轉角遇見愛：全台愛滋零距離巡迴計畫' (Corner to meet love: The project of zero distance to AIDS). Available from: https://www.flyingv.cc/projects/9230 (accessed 1 December 2016).

Rexian, Taiwan Tongzhi Hotline Association (台灣同志諮詢熱線). 2016b. 回家 (Coming Home), 30 November. Available from: https://www.youtube.com/watch?v=B8oisi_KVio (accessed 1 December 2016).

Rexian, Taiwan Tongzhi Hotline Association (台灣同志諮詢熱線). 2016c. 'I AM HIV+ ，我挺愛滋感染者拍照串聯活動' (Listen to the little story about Rexian) *臉書* (Facebook), 1 April. Available from: https://www.facebook.com/TaiwanHotline/posts/i-am-hiv-%E6%88%91%E6%8C%BA%E6%84%9B%E6%BB%8B%E6%84%9F%E6%9F%93%E8%80%85%E6%8B%8D%E7%85%A7%E4%B8%B2%E8%81%AF%E6%B4%BB%E5%8B%95%E8%88%89%E8%B5%B7-i-am-hiv-%E7%9A%84%E6%A8%99%E8%AA%9E%E6%94%B9%E8%AE%8A%E5%BE%9E%E6%AD%A4%E9%96%8B%E5%A7%8B%E6%B4%BB%E5%8B%95%E6%9C%89%E6%8A%BD%E5%A5%AC%E6%84%9F%E8%AC%9D%E7%A6%AE%E5%96%94-%E7%86%B1%E7%B7%9A%E8%87%AA223422%E5%9C%A8flyingv%E9%9B%86%E8%B3%87%E5%B9%B3%E5%8F%B0%E7%99%BC%E8%B5%B7%E8%BD%89%E8%A7%92%E9%81%87%E8%A6%8B/10153718294364263/ (accessed 22 October 2017).

Rexian, Taiwan Tongzhi Hotline Association (台灣同志諮詢熱線). 2016d. '熱線全新募資專案《轉角遇見愛：全台愛滋零距離巡迴計劃》' (Rexian's completely new fundrasing project 'Corner to meet love: The project of zero distance to AIDS'). Available from: https://hotline.org.tw/event/794 (accessed 1 December 2016).

Rexian, Taiwan Tongzhi Hotline Association (台灣同志諮詢熱線). 2017a. 'About hotline.' Available from: https://hotline.org.tw/english/209 (accessed 22 October 2017).

Rexian, Taiwan Tongzhi Hotline Association (台灣同志諮詢熱線). 2017b. '來聽聽熱線小故事' (Listen to the little story about Rexian) *臉書* (Facebook), 27 June. Available from:https://zh-tw.facebook.com/TaiwanHotline/posts/10154983292829263 (accessed 22 October 2017).

Rexian, Taiwan Tongzhi Hotline Association (台灣同志諮詢熱線). 2017c. '工作小組' (Working Teams). Available from: https://hotline.org.tw/book/7 (accessed 23 October 2017).

Rexian, Taiwan Tongzhi Hotline Association (台灣同志諮詢熱線). 2017d. '愛滋：18 個關於熱線匿名篩檢的' (Q&A AIDS: 18 Q&A about Rexian's anonymous testing). Available from: https://hotline.org.tw/pagegeneral/172 (accessed19 December 2017).

Rexian, Taiwan Tongzhi Hotline Association (台灣同志諮詢熱線). 2017e. '我要匿名篩檢'(I need an anonymous test). Available from: https://hotline.org.tw/services/87 (accessed 19 December 2017).

Rexian, Taiwan Tongzhi Hotline Association (台灣同志諮詢熱線). 2017f. '2017 年熱線第 21 期接線義工即日起招募中！'(2017, 21st Recuitment of Hotline volunteers starts right now). Available from: https://hotline.org.tw/event/1077 (accessed 20 November 2018).

Rexian, Taiwan Tongzhi Hotline Association (台灣同志諮詢熱線). 2018a. 'Services.' Available from: https://hotline.org.tw/english/208 (accessed Feburary 10 2018).

Rexian, Taiwan Tongzhi Hotline Association (台灣同志諮詢熱線). 2018b. '電話諮詢服務' (Telephone Counselling Service). Available from: https://hotline.org.tw/services/84 (accessed 14 March 2018).

Rexian, Taiwan Tongzhi Hotline Association (台灣同志諮詢熱線). 2018c. *2017 台灣同志 (LGBTI) 人權政策檢視報告* (2017 Review of LGBTI Human Rights Policies in Taiwan). 臺北市 Taipei: 台灣同志諮詢熱線協會 Taiwan Tongzhi Hotline Association. DOI: https://hotline.org.tw/sites/hotline.org.tw/files/20180103_Ren_Quan_Bao_Gao_A4_Zhong_Wen_Ban_pages.pdf.

Robins, Steven. 2006. 'From "rights" to "ritual": AIDS activism in South Africa.' *American Anthropologist* 108(2): 312–23. DOI: https://doi.org/10.1525/aa.2006.108.2.312.

Robles, Rafaela R., Héctor M. Colón, Tomás D. Matos, H. Ann Finlinson, Aileen Munoz, C. Amalia Marrero, Myriam Garcia and Juan C. Reyes. 1998. 'Syringe and needle exchange as HIV/AIDS prevention for injection drug users in Puerto Rico.' *Health Policy* 45(3): 209–20. DOI: https://doi.org/10.1016/S0168-8510(98)00046-3.

Rose, Nikolas. 2009. *The Politics of Life itself: Biomedicine, Power, and Subjectivity in the Twenty-first Century*. Princeton and Oxford: Princeton University Press. DOI: https://doi.org/10.2307/j.ctt7rqmf.

Rosengarten, Marsha. 2009. *HIV Interventions: Biomedicine and the Traffic between Information and Flesh*. Seattle and London: University of Washington Press.

Rosengarten, Marsha, John Imrie, Paul Flowers, Mark D. Davis and Graham Hart. 2004. 'After the euphoria: HIV medical technologies from the perspective of their prescribers.' *Sociology of Health & Illness* 26(5): 575–96. DOI: https://doi.org/10.1111/j.0141- 9889.2004.00406.x.

Rosengarten, Marsha and Mike Michael. 2009. 'Rethinking the bioethical enactment of medically drugged bodies: Paradoxes of using anti-HIV drug therapy as a technology for prevention.' *Science as Culture* 18(2): 183–99. DOI: https://doi.org/10.1080/09505430902885565.

Samuel, Michael C., Nancy Hessol, Steve Shiboski, Robert R. Engel, Terence P. Speed and W. Winkelstein Jr. 1993. 'Factors associated with human immunodeficiency virus seroconversion in homosexual men in three San Francisco cohort studies, 1984–1989.' *Journal of Acquired Immune Deficiency Syndromes* 6(3): 303–12.

Sandel, Todd L., Hsin-I Sydney Yueh and Peih-ying Lu. 2017. 'Some distinctive Taiwanese communication practices and their cultural meanings.' In *The Handbook of Communication in Cross-Cultural Perspective*, edited by Donal Carbaugh, 118–28. New York: Routledge.

Sangasubana, Nisaratana. 2011. 'How to conduct ethnographic research.' *The Qualitative Report* 16(2): 567–73.

Schechter, Martin T., William J. Boyko, Bruce Douglas, Brian Willoughby, A. McLeod, Maynard Maynard, K.J. Craib and M. O'Shaughnessy. 1986. 'The Vancouver Lymphadenopathy-AIDS Study: 6. HIV seroconversion in a cohort of homosexual men.' *Canadian Medical Association Journal/Journal de l'association medicale canadienne* 135(12): 1355–60.

Scheper-Hughes, Nancy. 1994. 'AIDS and the social body.' *Social Science & Medicine* 39(7): 991–1003. DOI: https://doi.org/10.1016/0277-9536(94)90210-0.

Scheper-Hughes, Nancy and Margaret M. Lock. 1987. 'The mindful body: A prolegomenon to future work in medical anthropology.' *Medical Anthropology Quarterly* 1(1): 6–41. DOI: https://doi.org/10.1525/maq.1987.1.1.02a00020.

Schlegel, Stuart A. 1984. 'The anthropologist as outsider.' *Philippine Quarterly of Culture and Society* 12(1): 57-66. Available from: https:// https://www.jstor.org/stable/29791814 (accessed 1 October 2020).

Schwandt, Michael, Eileen Nicolle and Sheila Dunn. 2012. 'Preferences for rapid point-of-care HIV testing in primary care.' *Journal of the International Association of Physicians in AIDS Care* 11(3): 157–63. DOI: https://doi.org/10.1177/1545109711427605.

Scott, J. Blake. 2003. *Risky Rhetoric: AIDS and the Cultural Practices of HIV Testing*. Carbondale and Edwardsville: Southern Illinois University Press.

Scott, James C. 1985. *Weapons of the Weak: Everyday Forms of Peasant Resistance*. New Haven and London: Yale University Press.

Scott-Sheldon, Lori A.J., Michael P. Carey, Kate B. Carey, Demetria Cain, Redwaan Vermaak, Jacqueline Mthembu, Ofer Harel, Leickness C. Simbayi and Seth C. Kalichman. 2011. 'Impact of HIV testing on sexual health communication in South Africa.' *Sexually Transmitted Infections* 87(3): 242–47. DOI: https://doi.org/10.1136/sti.2010.045732.

Seidel, Gill. 1990. '"Thank God I said no to AIDS": On the changing discourse of AIDS in Uganda.' *Discourse & Society* 1(1): 61–84. DOI: https://doi.org/10.1177/0957926590001001004.

Sending, Ole J. and Iver B. Neumann. 2006. 'Governance to governmentality: Analyzing NGOs, states, and power.' *International Studies Quarterly* 50(3): 651–72. DOI: https://doi.org/10.1111/j.1468-2478.2006.00418.x.

smile. 2020. '人類免疫缺乏病毒傳染防治法及感染者權益保障條例第二十一條，應修正符合法源與醫學實證之提案' (Proposal to amend Article 21, HIV Infection Control and Patient Rights Protection Act based on sources of law and biomedical evidence). In *公共政策網路參與平台* Join, Public Policy Participation Platform. 8 May. Available from: https://join.gov.tw/idea/detail/d420795c-8a76-49bd-8cdc-b24de0a8337c?utm_source=Facebook_PicSee&fbclid=IwAR0Mdo4WB3Yva6l0Ivy0xXZvx2l10liQjVNmx3A3viEZpy5pB12W-WDwYJU (accessed 11 September 2020).

Shan, Wen-hua, Kim-mo Nuotio and Kang-le Zhang (eds). 2018. *Normative Readings of the Belt and Road Initiative*. Switzerland: Springer. DOI: https://doi.org/10.1007/978-3-319- 78018-4.

Sheon, Nicolas Maurice. 1999. 'Sacraments of surveillance: Ethnography of an HIV test clinic.' PhD dissertation, Anthropology Department, University of California, Berkeley.

Shernoff, Michael. 2006. *Without Condoms: Unprotected Sex, Gay Men and Barebacking*. New York: Routledge.

Shi, Wen–nan (石文南). 2007. '再興社區：政府應集中安置患者' (Zaxhing Community: Government should centralize patients). *性／別新聞資料庫* (Archive of Gender/Sexuality News), 8 August. Available from: http://sexnews.twfriend.org/?p=2067 (accessed 28 February 2018).

Shore, Cris and Susan Wright (eds). 2003. *Anthropology of policy: Critical perspectives on governance and power*. London and New York: Routledge.

Smith, Julia H. and Alan Whiteside. 2010. 'The history of AIDS exceptionalism.' *Journal of the International AIDS Society* 13(47): n.p. DOI: https://doi.org/10.1186/1758-2652-13-47.

Sontag, Susan. 1990. *AIDS and its Metaphors*. New York: Doubleday

Stokely, Carmichael and Charles Hamilton. 1967. *Black Power: The Politics of Liberation in America*. New York: Vintage Books.

Stone, Jeffrey C. 1988. 'Imperialism, colonialism and cartography.' *Transactions of the Institute of British Geographers* 13(1): 57–64. DOI: https://doi.org/10.2307/622775.

Stover, John, Stefano Bertozzi, Juan-Pablo Gutierrez, Neff Walker, Karen A. Stanecki, Robert Greener, Eleanor Gouws, Catherine Hankins, Geoff P. Garnett, Joshua A. Salomon, J. Ties Boerma, Paul De Lay, and Peter D. Ghys. 2006. 'The global impact of scaling up HIV/AIDS prevention programs in low- and middle-income countries.' *Science* 311(5766): 1474–476. DOI: https://doi.org/10.1126/science.1121176.

Strub, Sean. 2014. *Body counts: a memoir of politics, sex, AIDS and survival*. New York: Simon and Schuster.

Sullivan, Noelle. 2011. 'Mediating abundance and scarcity: Implementing an HIV/AIDS- targeted project within a government hospital in Tanzania.' *Medical Anthropology* 30(2): 202–21. DOI: https://doi.org/10.1080/01459740.2011.552453.

Sun, Hsin-yun (孫幸筠). 2019. *愛滋病防治整合型研究計畫* (The collaborative research project for AIDS control and prevention). 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan).

Sunderam, Gnana, Reynard J. McDonald, Theodore Maniatis, James Oleske, Rajendra Kapila, and Lee B. Reichman. 1986. 'Tuberculosis as a manifestation of the acquired immunodeficiency syndrome (AIDS).' *JAMA* 256(3): 362–66. DOI: https://doi.org/10.1001/jama.1986.03380030064029.

Taiwan AIDS Action (TAA) (台灣愛滋行動聯盟). 2011a. '【報導總輯】8/16 記者會 各家媒體報導' (Overview of reports 16th August press conference: Reports from media). Available from: http://aidsactions.blogspot.tw/2011/08/816.html (accessed 10 February 2018).

TAA (台灣愛滋行動聯盟). 2011b. '愛滋感染者對政府實施部分負擔的疑慮' (The concern from ganranzhe about the policy of copayment). Available from: http://aidsactions.blogspot.tw/2011/04/blog-post_23.html (accessed 10 February 2018).

TAA (台灣愛滋行動聯盟). 2011c. '愛滋預算少又少，疫情就要擋不了，國安就要拉緊報。總統你人去哪了？' (The budget for AIDS is getting less and the epidemic is almost unavoidable. Home security is alarming. President, where are you?) Available from: http://aidsactions.blogspot.tw/2011/08/blog-post_16.html (accessed 10 Feburary 2018).

TAA (台灣愛滋行動聯盟). 2011d. '[背景說明] 2010 年 6 月 17 日～11 月 7 日 媒體報導： 愛滋費用不足相關' (Background: Media coverage from 17th June to 7th November 2011 about insufficient fees for AIDS). Available from: http://aidsactions.blogspot.tw/2011/01/2010617117.html (accessed 10 Feburary 2018).

TAA (台灣愛滋行動聯盟). 2011e. '[評論] 2010 年 12 月 30 日「愛滋治療部分負擔」之回應—-致愛滋二十五年在台灣年末之「絕對不能忘」紀聞' (Comment 30th December 2010 The response to AIDS Copayment: A memo, 'never forget,' to the end of the year after 25 years of AIDS in Taiwan). Available from: http://aidsactions.blogspot.tw/2011/01/20101230_7557.html (accessed 18 October 2017).

TAF (財團法人台灣紅絲帶基金會). 2018. '財團法人紅絲帶基金會'(Taiwan AIDS foundation). Available from: http://www.taiwanaids.org.tw/ (accessed 1 August 2018).

Taiwan AIDS Nurses Association (TANA) (社團法人台灣愛滋病護理學會). 2013. *愛滋病個案管理和加強型伴侶服務試辦計畫* (The Pilot Project: HIV Case Management and Strengthened Partner Service Program). 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan).

Tanabe, Shigeharu and James E. Roberson, 2009. 'Imagining communities: Anthropological reflections.' *Japanese Review of Cultural Anthropology* 10: 3–26. DOI: https://doi.org/10.14890/jrca.10.0_3.

Ten Brummelhuis, Han and Gilbert H. Herdt. 1995. *Culture and Sexual Risk: Anthropological Perspectives on AIDS*. Amsterdam: Gordon and Breach Publishers.

'The first and second island chains.' *Maps from Military Power of the People's Republic of China 2009*. University of Texas Libraries, Austin. Available from: http://legacy.lib.utexas.edu/maps/middle_east_and_asia/china_first_and_second_island_chains_2009.jpg (accessed 1 August 2018).

Tomso, Gregory. 2004. 'Bug chasing, barebacking, and the risks of care.' *Literature and Medicine* 23(1): 88–111. DOI: https://doi.org/10.1353/lm.2004.0014.

Trnka, Susanna and Catherine Trundle. 2014. 'Competing responsibilities: Moving beyond neoliberal responsibilisation.' *Anthropological Forum* 24(2):136–53. DOI: https://doi.org/10.1080/00664677.2013.879051.

Tsai, Chun-mei (蔡春美), interview. 2013. '初老青春性愛滋工作者' (Early young aged AIDS worker). *說愛，一五一十* (Narrating AIDS), edited by C.-h. 張正學 Chang and Y.-t. 陳奕村 Chen 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan). Available from: https://www.youtube.com/watch?v=bfBac2dwhYE (accessed 24 January).

Tsai, Meng-che (蔡孟哲). 2007. '哥弟麻煩（Ge-Di Trouble）？台灣男同志情慾類型學初探' ('Ge-Di' trouble? Note on the sexual style of gay men in Taiwan). MA thesis. 社會學研究所 Institute of Sociology, 清華大學 National Tsing-Hua University, 新竹 Hsinchu.

Tu, Wei-ming. 1976. 'The Confucian perception of adulthood.' *Daedalus* 105(2): 109–23. Turkle, Sherry. 1995. *Life on the Screen*. New York: Simon & Schuster.

Taiwan Centers for Disease Control (TWCDC). 1985. 'AIDS added to list of reportable diseases.' *Epidemiology Bulletin Republic of China* 1(7): 49–50.

TWCDC. 1990. '台灣的愛滋病現況' (The current trend of AIDS in Taiwan). 臺北市 Taipei: *疫情報導* (Epidemiology Bulletin Republic of China) 6(2): 9–12.

TWCDC. 2002. '衛生署再度公告受理「人道補助藥害血友愛滋病患」作業' (TWCDC reopens applications for Humanitarian Subsidies for Haemophiliacs Affected by AIDS). 26 June. Available from: https://www.cdc.gov.tw/Category/ListContent/TKG-8nvtp3Y1fHxeMxWJ1Q?uaid=ukmXe_1BIvIJDo1kqnXKbg (accessed 24 September 2020). TWCDC.

TWCDC. 2005. *後天免疫缺乏症候群防治第三期五年計畫執行進度* (The progress of AIDS Control and Prevention: phase 3 of five-years plan). 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan).

TWCDC. 2006. *愛滋病檢驗及治療指引* (Guidelines for Diagnosis and Treatment of HIV/AIDS). 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan).

TWCDC. 2008. *愛滋病檢驗及治療指引* (Guidelines for Diagnosis and Treatment of HIV/AIDS). 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan).

TWCDC. 2010a. *[官方文件] 2010 年 12 月 31 日 疾管局：政策說明新聞稿* (Official Document 31st December, 2010, TWCDC Press Release of Policy Explanation). 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan). Available from: http://aidsactions.blogspot.tw/2011/01/20101231.html (accessed 10 February 2018).

TWCDC. 2010b. *愛滋病檢驗及治療指引* (Guidelines for Diagnosis and Treatment of HIV/AIDS). 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan).

TWCDC. 2011. '回應壹週刊「護士控衛生署放水 愛滋名人轟趴害人」之報導' (Response to the press about 'Nurse accused that the unawareness of DOH in Taiwan: A HIV celebrity tansmitted HIV to other people in a home party' in *Next Magazine*). 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan). Available from: https://www.mohw.gov.tw/cp-3160-25150-1.html.

TWCDC. 2012a. '國內愛滋大事紀' (The history of HIV/AIDS in Taiwan). 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan). Available from: http://203.71.152.9/aids/link01_03.html.

TWCDC. 2012b. *愛滋病毒感染者之個案管理實務* (The Practice of Case Management of HIV Positives). 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan). Available from: https://www.cdc.gov.tw/epaperinfo.aspx?epaperid=6CCCBBB6B05EBBF1&pid=8737897D300C7CEB (accessed 10 February 2018).

TWCDC. 2012c. '更生法寶『出獄錦囊包』' (Blessed treasure of aftercare: Discharge kit). 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan). Available from: http://www.cdc.gov.tw/professional/info.aspx?treeid=7b56e6f932b49b90&nowtreeid=BF8212C8B091475E&tid=6CD256913AED3F51 (accessed 18 November 2018).

TWCDC. 2012d. '疾管局 6 月 1 日起實施「抗人類免疫缺乏病毒藥品處方使用規範」，多元調整控制愛滋醫療費用成長，有效降低社會成本' (TWCDC has started to implement 'Guidelines for the prescription of antiretroviral agents' to multiply control the expenditure of AIDS treatment in order to reduct the social cost). 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan). Available from: http://www.cdc.gov.tw/professional/info.aspx?treeid=7b56e6f932b49b90&nowtreeid=BF8212C8B091475E&tid=D590DD5FC87FE0BC (accessed 13 November 2018).

TWCDC. 2013a. *HIV 感染者HAART 用藥品質提升計畫* (Program of Increasing the Quality of Taking HARRT among HIV Ganranzhe). 臺北市 Taipei: 衛生福利部疾病管制署Centers for Disease Control, R.O.C. (Taiwan).

TWCDC. 2013b. *愛滋病檢驗及治療指引* (Guidelines for Diagnosis and Treatment of HIV/AIDS). 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan).

TWCDC. 2018. *107 年愛滋病毒篩檢與暴露愛滋病毒前預防性投藥 (PrEP 計畫)* (2018 Program of PrEP: HIV-testing and pre-exposure prophylaxis). 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan).

TWCDC. 2020. '愛滋病統計資料–HIV月報109-08' (AIDS statistics–monthly report of HIV, August 2020). December. Available from: https://www.cdc.gov.tw/Category/Page/rCV9N1rGUz9wNr8lggsh2Q (accessed 29 September 2020).

Taiwan Government Information Office (TWGIO). 2002. *The Republic of China Yearbook – Taiwan 2002 Public Health*. Available from: http://www.post-information-age.com/Zeme(2/mapa/Asie/Vy(1chodni(1_Asie/Taiwan/Yearbook2002/chpt15-7.htm (accessed 10 Feburary 2018).

Taiwan Legislative Yuan (TWLY) (立法院). 1987. 院會紀錄 (Records of Legislative Yuan). In *立法院公報* (Legislative Yuan Gazette). 臺北市 Taipei: 立法院 The Legislative Yuan.

Twu, Shiing-jer (涂醒哲). 1996. *以濾紙乾血法作高危險群HIV-1 抗體篩選第三年計畫* (The Approach of Filter Paper Dried Blood for HIV-1 Antibody Screening on Populations at Risk, Year Three Project). 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan).

Twu, Shiing-jer (涂醒哲), Yen-fang Huang, An-chi Lai, Nai Ming and Ih-jen Su. 2004. 'Update and projection on HIV/AIDS in Taiwan.' *AIDS Education and Prevention* 16(Suppl. A): 53–63. DOI: https://doi.org/10.1521/aeap.16.3.5.53.35530.

Twu, Shiing-jer (涂醒哲) and Zheng-hua (莊徵華) Zhuang. 1994. *同性戀者之流行病學研究* (Epidemiological Study of Homosexual Men in Taiwan). 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan).

UNAIDS. 2004. *UNAIDS/WHO Policy Statement on HIV Testing*. Available from: http://data.unaids.org/una-docs/hivtestingpolicy_en.pdf (accessed 13 November 2018).

UNAIDS. 2007. 'Policy brief: HIV and sex between men.' 19 January. Available from: http://www.unaids.org/sites/default/files/media_asset/jc1269-policybrief-msm_en_0.pdf (accessed 13 November 2018).

UNAIDS. 2011a. 'Getting to zero selected as World AIDS Day theme,' 1 November. Available from: http://www.unaids.org/en/resources/presscentre/featurestories/2011/november/20111101wadtheme (accessed 8 March 2018).

UNAIDS. 2011b. *UNAIDS Terminology Guidelines*. Available from: http://www.unaids.org/sites/default/files/media_asset/JC2118_terminology-guidelines_en_1.pdf (accessed 13 November 2018).

UNESCO. 2001. *A Cultural Approach to HIV/AIDS UNAIDS Prevention and Care*. Methodological Handbooks, Special Series, Issue No. 3. Division of Cultural Policies, UNESCO.

van Griensven, Godfried J.P., Robert A.P. Tielman, Jaap Goudsmit, Jan van Der Noordaa, Frank de Wolf, Ernest M.M. de Vroome and Roel A. Coutinho. 1987. 'Risk-factors and prevalence of HIV antibodies in homosexual men in the Netherlands.' *American Journal of Epidemiology* 125(6): 1048–1057. DOI: https://doi.org/10.1093/oxfordjournals.aje.a114620.

Venkatesh, Sudhir. 2013. *Floating City: A Rogue Sociologist Lost and Found in New York's Underground Economy*. New York: Penguin.

Wacquant, Loïc. 2009. *Punishing the Poor: The Neoliberal Government of Social Insecurity*. Durham and London: Duke University Press. DOI: https://doi.org/10.1215/9780822392255.

Walby, Kevin. 2012. *Touching Encounters: Sex, Work, and Male-for-Male Internet Escorting*. Chicago and London: University of Chicago Press. DOI: https://doi.org/10.7208/chicago/9780226870076.001.0001.

Walden, Vivien M., Kondwani Mwangulube and Paul Makhumula-Nkhoma. 1999. 'Measuring the impact of a behaviour change intervention for commercial sex workers and their potential clients in Malawi.' *Health Education Research* 14(4): 545–54. DOI: https://doi.org/10.1093/her/14.4.545.

Wang, Hao-zhong (王顥中). 2016. '權促會揭愛滋感染者受侵權狀況批「蓄意傳染」條款致感染者入罪' (PRAARW exposes cases of human rights violation amongst ganranzhe and criticizes the article of deliberate transmission enabling the criminalization of ganranzhe). 16 December. *苦勞網*(Colloud). Available from: http://www.coolloud.org.tw/node/87175 (accessed 22 October 2017).

Wang, Ya-ko (王雅各). 1999. *臺灣男同志平權運動史* (The History of the Movement for Equality amongst Nantongzhi). 臺北市 Taipei: 開心陽光出版有限公司 Happy Sunshine Publisher.

Wang, Ying-chun (王盈淳). 2014. '天龍人蓋高尚?台北人主觀社會地位初探' (Do 'TIAN- LONG' people feel superior? Subjective social status of Taipei residents.' MA thesis. 社會學系 Department of Sociology, 臺北大學 National Taipei University, 新北市 New Taipei.

Wang, Zhao-bin (王昭濱). 2018. '【AIDS 名單外洩】 院譽受損 莊苹記申誡拔主管職' (The leak of the AIDS list: Hospital reputation is in jeopardy Chuang, Pei receives an admonition and is removed from the position as a supervisor). *鏡週刊* (Mirror Media), 21 June. Available from: https://www.mirrormedia.mg/story/20180621soc005/ (accessed12 October 2018).

Waterston, Alisse. 1997. 'Anthropological research and the politics of HIV prevention: Towards a critique of policy and priorities in the age of AIDS.' *Social Science & Medicine* 44(9): 1381–391. DOI: https://doi.org/10.1016/S0277-9536(96)00141-4.

White, Kevin. 1991. 'Marxist approaches to the sociology of health.' *Current Sociology* 39(2): 23–49. DOI: https://doi.org/10.1177/001139291039002004.

Whitlock, Kay. 2016. *On Orlando: Was this an Act of Hate, a Massive Hate Crime, or an Act of Terrorism?* American Friends Service Committee. Available from: https://www.afsc.org/blogs/acting-in-faith/orlando-was-act-hate-massive-hate-crime-or-act-terrorism (accessed 1 August 2018).

WHO (World Health Organization) 2002. 'Increasing access to knowledge of HIV status: conclusions of a WHO consultation, 3-4 December 2001' December. Available from: https://apps.who.int/iris/handle/10665/67362 (accessed 4 September 2020).

WHO (World Health Organization). 2007. 'HIV/AIDS–WHO and UNAIDS issue new guidance on HIV testing and counselling in health facilities.' 30 May. Available from: https://www.who.int/hiv/testing/en/ (accessed 4 September 2020).

WHO (World Health Organization). 2009. 'Towards universal access: Scaling up priority HIV/AIDS interventions in the health sector.' 30 September. Available from: http://www.who.int/hiv/pub/2009progressreport/en/. (accessed 3 July 2012).

WHO (World Health Organization). 2011. 'Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: recommendations for a public health approach.' June. Available from: http://www.who.int/hiv/pub/guidelines/msm_guidelines2011/en/. (accessed 3 July 2012).

Whyte, Susan Reynolds. 2014. *Second Chances: Surviving AIDS in Uganda*. Durham and London: Duke University Press.

Wilson, Petra. 1996. 'HIV and AIDS in the workplace.' *Work, Employment and Society* 10(4): 767–76. DOI: https://doi.org/10.1177/0950017096104009.

Wojcicki, Janet Maia and Josephine Malala. 2001. 'Condom use, power and HIV/AIDS risk: Sex-workers bargain for survival in Hillbrow/Joubert Park/Berea, Johannesburg.' *Social Science & Medicine* 53(1): 99–121. DOI: https://doi.org/10.1016/S0277-9536(00)00315-4.

Worthington, Catherine. 2001. 'Being tested: An investigation of recipient perspectives on HIV testing services using a multi-method approach.' PhD dissertation, Faculty of Social Work, University of Toronto, Toronto, Ontario.

Worthington, Catherine and Ted Myers. 2002. 'Desired elements of HIV testing services: Test recipient perspectives.' *AIDS Patient Care and STDs* 16(11): 537–48. DOI: https://doi.org/10.1089/108729102761041092.

Wu, Chung-shen (吳宗昇). 2017. '惡債：卡債、債務人與社會傷害' (Evil debt: The debt of cards, debtors and social harms). In *金融經濟、主體性、與新秩序的浮現* (The Finance Economy, Subjectivity, and the Emerging Order), edited by Y.-k. 黃應貴 Huang and W.-n. 鄭瑋寧 Cheng, 117–83. 臺北市 Taipei: 群學 Socio Publishing Co., Ltd.

Xia, Chuan-wei (夏傳位). 2008. *塑膠鴉片: 雙卡風暴刷出台灣負債危機* (Plastic Opium: The Storm of Double Cards Wiping the Crisis of Debt in Taiwan). 臺北市 Taipei: 行人出版社 WANDERER Digital Publishing Inc.

Xiaolou, Taiwan Lourdes Association (TLA). 2011. 'About Taiwan Lourdes Association.' Available from: https://www.lourdes.org.tw/OnePage_en.aspx?tid=193. (accessed 10 Feburary 2018).

Xu, Jun-jie, Ning Wang, Lin Lu, Yi Pu, Guo-lei Zhang, Michelle Wong, Zheng-lai Wu and Xi- wen Zheng. 2008. 'HIV and STIs in clients and female sex workers in mining regions of Gejiu City, China.' *Sexually Transmitted Diseases* 35(6): 558–65. DOI: https://doi.org/10.1097/OLQ.0b013e318165926b.

Xu, Qiong-wen (許瓊文). 2012. '莊苹用癡情換真情，只為多救一個人' (Chuang, Peing exchange the real heart with the blind love so as to save one more person). *今周刊* (Businesstoday), 20 September. Available from: http://www.businesstoday.com.tw/article/category/154685/post/201209200027/%E8%8E%8A%E8%8B%B9%E7%94%A8%E7%99%A1%E6%83%85%E6%8F%9B%E7%9C%9F%E6%83%85%EF%BC%8C%E5%8F%AA%E7%82%BA%E5%A4%9A%E6%95%91%E4%B8%80%E5%80%8B%E4%BA%BA (accessed 12 October 2018).

Yang, Chao-lin (楊朝琳) (interview). 2013. 台灣關愛之家協會護理師楊朝琳 (The Nurse of Harmony Home). *說愛，一五一十* (Narrating AIDS), edited by C.-h. 張正學 Chang and Y.-t. 陳奕村 Chen. 臺北市 Taipei: 衛生福利部疾病管制署 Centers for Disease Control, R.O.C. (Taiwan). Available from: https://www.youtube.com/watch?v=cC0DpeL4FyE (accessed 16 August 2015).

Yang, Chin-hui, Shih-yan Yang, Ming-hui Shen and Hsu-sung Kuo. 2008. 'The changing epidemiology of prevalent diagnosed HIV infections in Taiwan, 1984–2005.' *International Journal of Drug Policy* 19(4): 317–23. DOI: https://doi.org/10.1016/j.drugpo.2006.11.016.

Yang, Hui. 2016. 'Quest for the Chinese identity: An analysis of the reception of AH Smith's Chinese characteristics in Contemporary China, 1990–2014.' *Journal of Intercultural Studies* 37(1): 84–91. DOI: https://doi.org/10.1080/07256868.2015.1119673.

Yang, Jie. 2017. 'Virtuous power: Ethics, Confucianism, and Psychological self-help in China.' *Critique of Anthropology* 37(2): 179–200. DOI: https://doi.org/10.1177/0308275X17694943.

Yang, Suo (楊索). 2015a. '祁家威的憤怒道' (The anger of Chi, Chia-wei). *蘋果日報* (Apple Daily), 27 June. Available from: http://www.appledaily.com.tw/realtimenews/article/new/20150627/636988/. (accessed 22 October 2017).

Yang, Suo (楊索). 2015b. '談台首位出櫃者祈家威 楊索：社會正義終將臨' (Talk about the first one coming out, Chi, Jia-wei: The coming of social justice). *新頭殼* (Newtalk). 27 June. Available from: http://newtalk.tw/news/view/2015-06-27/61644 (accessed 2 March 2018).

Yoder, P. Stanley. 1997. 'Negotiating relevance: Belief, knowledge, and practice in international health projects.' *Medical Anthropology Quarterly* 11(2): 131–46. DOI: https://doi.org/10.1525/maq.1997.11.2.131.

Young, Ingrid. 2016. 'Imagining biosocial communities: HIV, risk and gay and bisexual men in the North East of England.' *European Journal of Cultural Studies* 19(1): 33–50. DOI: https://doi.org/10.1177/1367549415585550.

Yu, Tai-fa. 1997. 'Taiwanese democracy under threat: Impact and limit of Chinese military coercion.' *Pacific Affairs* 70(1): 7–36. DOI: https://doi.org/10.2307/2761226.

Yu, Chia-hui (余嘉惠), Yi-chi Chiu (邱奕頎), Su-fen Cheng (鄭夙芬), and Nai-ying Ko (柯乃熒). 2018. 'HIV stigma and spiritual care in people living with HIV.' (愛滋感染者的汙名與靈性照顧). *護理雜誌* (The Journal of Nursing) 65(3): 11–16. DOI: https://doi.org/10.6224/JN.201806_65(3).03

Zhang, Jia-fang (張嘉芳) 2012. '莊苹把愛滋藥癮者當好友' (Chuang Peing treats IDUs as good friends). 財 團 法 人 厚 生 基 金 會 Health, Welfare & Environment Foundation Available from: http://www.hwe.org.tw/award_winners_22_3.asp (accessed 12 October 2018).

Zhang, Li. 2017. 'Cultivating the therapeutic self in China.' *Medical Anthropology* 37(1): 45– 58. DOI: https://doi.org/10.1080/01459740.2017.1317769.

Zhang, Yan-hua. 2014. 'Crafting Confucian remedies for happiness in contemporary China.' In *The Political Economy of Affect and Emotion in East Asia*, edited by J. Yang, 55–68. London and New York: Routledge.

Zhou, Wen-jie , Rui Ma, Manoj Sharma and Yong Zhao. 2014. 'Nutritional attitudes of homosexual people living with human immunodeficiency virus (HIV) in Chongqing, Southwest China: A cross-sectional study.' *International Quarterly of Community Health Education* 34(1): 87–100. DOI: https://doi.org/10.2190/IQ.34.1.g.

Zhong, Shu-ren (鍾樹人). 2017. '同溫層效應蔓延中' (The expanding effect of stratosphere). *科學月刊 (Scientific American)* April. Available from: http://sa.ylib.com/MagArticle.aspx?Unit=featurearticles&id=3609 (accessed 29 May 2019).

Zhuang, Hui-qui (莊慧秋). 2002. *揚起彩虹旗: 我的同志運動經驗 1990–2001* (Raise the Rainbow Flag: My Experiences of Tongzhi Activism, 1990–2001). 臺北市 Taipei: 心靈工坊 PsyGarden.

Zhuangzi. 2011. *中國哲學書電子化計劃：在宥* (Chinese Text Project: Letting Be, and Exercising Forbearance), edited by Sturgeon, Donald (德龍), tanslated by James Legge. Available from: http://ctext.org (accessed 11 May 2018).