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## Why Am I Not Disabled? Making State Subjects, Making Statistics in Post-Mao China

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*In this article I examine how and why disability was defined and statistically quantified by China's party-state in the late 1980s. I describe the unfolding of a particular epidemiological undertaking—China's 1987 National Sample Survey of Disabled Persons—as well as the ways the survey was an extension of what Ian Hacking has called modernity's "avalanche of numbers." I argue that, to a large degree, what fueled and shaped the 1987 survey's codification and quantification of disability was how Chinese officials were incited to shape their own identities as they negotiated an array of social, political, and ethical forces, which were at once national and transnational in orientation. [disability, China, epidemiology, bio-power, identity]*

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As Ma Zhun pushed open the doors that chilly morning and shuffled her way into a branch of Beijing's Xuan Wu district government, her goal was simple: to get a disabled person's ID card so that she could keep her job. Ma Zhun made this very clear, first in a gentle conversational tone and finally in a loud declaration. Like many people I observed during the spring of 1995 visiting Xuan Wu district's *Canjiren Lianhehui* (an agency commonly translated as the "Disabled Persons' Federation"), Ma Zhun had been sent by her employer. Those in charge of the state-owned enterprise for which she worked, a small money-losing engines factory, told Ma Zhun that her only chance of keeping her job, of not being laid off like 35 percent of the factory's other employees, was for her to get a disability ID. That spring, the Beijing government had sent out directives demanding of all work units in the capital document that at least 1.7 percent of their full-time staff be officially recognized disabled persons (*canjiren*) or the work units would face stiff fines. So, like many others in the capital at that time, Ma Zhun was informed by her bosses that either she get a disability ID card or they would dismiss her and hire someone who had one.

That was the same message delivered to Wang Liming, who I had observed the previous afternoon stopping by the Xuan Wu district's federation office. Wang showed up in the late afternoon, around 5 p.m., as two of the office's five staff were packing up to head home. Wang gestured to Cadre Chen and then placed on Chen's

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desk a set of papers, which included a medical report from a nearby hospital and a set of wallet-sized photos. Cadre Chen looked over everything, asked a few background questions, took Wang's fingerprints, and then instructed him to come back two days later to pick up his ID.

Ma Zhun's visit to the Xuan Wu office went far less smoothly. Over a 30-minute period she struggled in vain to convince Cadre Chen that she was entitled to receive an ID. Ma stated over and over that, in an industrial accident a decade earlier, she had lost the toes on her right foot and, thereafter, had difficulty walking. On the second telling of the story, Ma unlaced her shoe and showed Cadre Chen her foot as well as the wooden block she kept in the front of her shoe to help her walk. But, cadre Chen was unmoved. Holding a federation manual in hand, he repeatedly told Ma that whether or not she could walk easily did not matter. If she was only missing toes on one foot, she did not meet the state's standards for *canji* and so she could not have an ID. Just before she left the office, Ma made this terse statement:

Where did your *canji* standard come from? It doesn't make any sense. If that damn industrial machine that fell on my toes ten years ago had cut off more of my foot and I had trouble walking just as I do now, I'd be able to get an ID. But because my foot isn't more mangled, I have to lose my job. That's stupid. If someone can barely walk, why doesn't that count as *canji*?

In this article, I explore the questions posed by Ma Zhun. I will also extend these questions, for, as I have learned over the last decade while conducting research on disability in China, addressing queries like Ma Zhun's requires that one go beyond just asking why the Chinese government created criteria in the late 20th century for *canji*, how they did so, and why the resultant criteria are highly physiological in orientation. Indeed, it requires one to address a broader anthropological conundrum: how and why at the close of the last millennium some of the most powerful institutional artifacts of modernity—nation-states—came to define, standardize, and medicalize aspects of human existence under and within a relatively new social category: that is, disability.

This may strike some as strange. Why associate the existence of disability with the relatively recent phenomenon of the nation-state? Have there not been women, men, and children with disabilities since time immemorial? As contributors to the quickly growing scholarly sphere of disability studies have documented, although people since the beginning of recorded history have suffered from what have been locally understood as disparate forms of bodily disfunction and disfigurement, in fact, it has only been within the last few decades or more that disparate conditions of bodily difference and disfunction have been aggregated and standardized under a universalizing biomedically framed category called "disability." Disability scholars like Lennard Davis, Deborah Stone, and Henri-Jaques Stiker have shown that such processes of aggregation, standardization, and medicalization have played out at different speeds and in different ways from location to location. They have further documented that the processes have been closely linked to modernity, particularly the growth (initially in Europe and North America) of the nation-state as the preeminent unit of mass political organization and, in turn, the nation-state's dependence on the growth of biomedical, legal, and educational institutions (Davis 1995; Stiker 1997; Stone 1984).

Recently, a small but growing number of researchers have been examining these topics outside of North America and western Europe. Not surprisingly, their findings, although cursory, seem to fit with our general anthropological portrait of how the proliferation of institutional structures constitutive of the modern nation-state has coincided with, if not underwritten, the expansion of a wide variety of body-centric regimes of knowledge and practice in localities around the world during the 20th century. For instance, after surveying disability research done up to the mid-1990s, Ingstad and Whyte argue that the existence of a “framework of state, legal, economic, and biomedical institutions” (1995:10) greatly explains how and in what localities disability has been concretized as a locus of societal intervention and identification. Stated more explicitly, Ingstad and Whyte assert that, in locales where such a framework remains weak, popular recognition of disability or local language cognates are generally inchoate. Where such a framework is strong, by contrast, community members often acknowledge disability as a universally applicable condition, one that maps onto various types of bodies, and they expect disability to be a site for at least some degree of social assistance, political action, and identity formation.

Ingstad and Whyte’s broad-sweeping assessment, whatever its overall validity, prompts several questions. These questions are closely aligned with those raised by Ma Zhun and are of vital importance to medical anthropology. If the recent and ongoing emergence of disability as a space of psycho-somato-social production is contingent on the proliferation of modernist institutional frameworks, including those constitutive of nation-states, by what means might these institutional frameworks formally fix boundaries around what is disablement and what is not? By what processes might such institutional apparatuses make disablement not just more perceivable in local contexts but codified such that some locally understood differences and alterities are included and some excluded?

No doubt there are many ways to investigate these matters. To do so, however, and remain attentive to Ma Zhun’s original queries, our focus must be cast on a distinctive set of processes. These are processes of numerical abstraction and biomedical reduction—namely, epidemiology—that medical anthropologists have examined at length, but rarely in regard to disability and rarely in terms of Chinese cultural contexts. Yet, when thinking about the category of disability in contemporary China, why examine epidemiology? The denial of a disability ID to Ma Zhun that day in the mid-1990s occurred largely because her body did not fit criteria created some ten years earlier for an epidemiological exercise. In the mid-1980s, in coordination with several international organizations, branches of China’s party-state crafted those disability criteria for what is called the 1987 National Sample Survey of Persons with Disabilities. This survey reputedly was China’s first “nationwide” count of canji adults and children. It was a mammoth undertaking, one that collected data on more than one-and-a-half million people residing in 424 rural and urban communities distributed throughout China’s provinces and autonomous regions. And by the time it was conducted, after several years of preparation, the 1987 survey had become a decidedly biostatistical study, one informed by several internationally annointed standards for what is and what is not disability.

Why did the 1987 survey occur? Why in the mid-1980s did Chinese government elite decide that it was important to count “the disabled” in more than four hundred communities of the People’s Republic of China (PRC)? And, as they were

preparing the survey for launch, how did their reasoning for mounting it shape the ways they defined disability?

### **Argument, Aims, and Caveat**

By describing the assemblage and execution of China's 1987 National Sample Survey of Disability, I explore how disability in China has become an extension of what Ian Hacking (1981:25) has described as modernity's preoccupation with enumeration. In several essays and a full-length monograph, Hacking provides a history of the expansion in Europe of a "fetishism for numbers" (1981:24; see also Hacking 1990). He focuses on a period of tremendous development and sociopolitical enthusiasm for statistics, the early 1800s. That period, Hacking documents, did more than just trigger the "avalanche of numbers" (1981:22) that in so many parts of the world has come to structure contemporary life. Statistics during that epoch was an extension of and further enabled the proliferation of what we have come to know through Foucault's writings as "biopower": a regime that emerged in Europe, one that under the imprimatur of humanism, placed new social, legal, political, and scientific focus on freshly fashioned bodily categories and that came to exert unprecedented influence over people's lives through these categories (Foucault 1979:138–146). As Hacking shows, it was to a significant degree via enumerative developments—most specifically statistical moves to identify and count ever more detailed bodily distinctions—that biopower created its normalizing gazes, its gradations of standards for what constitutes everything from normal and abnormal behavior to proper and improper ways of dying. Stated more succinctly, with the help of statistics, biopower strove at once to know, manage, and make its subjects (Hacking 1982).

But then and now, what has driven biopolitical processes of enumeration, standardization, and normalization? There is no single answer to this question and to a large degree the factors involved are always context specific, because biopower is never the same from place to place and from epoch to epoch. That said, according to Hacking (1981:15), in 1800s Europe, enumeration of bodily difference was significantly spurred by one of the most significant artifacts associated with biopower's growth, the modern nation-state. Not only was quantification frequently "an overt political response of the state" to quell restlessness among its citizenry, Hacking (1982:281) says, but it was also a technology for justifying state expansion. State officials in Europe promoted numeric inquiry of bodily "deviancy" in part because such inquiry could help substantiate (1) that the state was needed to perform important palliative and curative functions, (2) that the state must be expanded so those functions could be carried out more effectively, and (3) that state authority was unquestionably legitimate.

In this article, I develop an argument vis-à-vis Hacking's ideas. The perspective offered by Hacking no doubt deepens our understanding of how statistics can fuel standardization of, and attention to, disability in many societies in recent years. But when examining disability's enumeration in late-20th-century China, one must look beyond just a vague notion of state formation and expansion. One must take into consideration a more specific although certainly related matter. One must consider something Hacking makes little mention of: government agents' own identity making.<sup>1</sup> For complicit with the statecraft of concretizing disability as

a new somatosocial realm (one that may act as a bulwark against dissent and as a lever for government expansion), what significantly fueled statistical inquiry of disability in 1980s China was how elite government actors themselves were incited to negotiate their identities in relation to conflicting imperatives and discourses. Just as important, if not more so, than expansionary impulses of the nation-state was how government representatives were compelled to manage their own subject positions vis-à-vis a complex set of sociohistorical forces.

By developing this argument, I hope to answer more fully Ma Zhun's questions. I also harbor two additional aims. The first is to promote greater dialogue between, on the one hand, disability scholars, many of whom until now have overlooked the workings of enumeration (cf. Davis 1995), and on the other hand, a group of anthropologists, most of whom have largely ignored disability but who in recent years have been exploring linkages between statistics and transnational forces of state formation (Anderson 1991; Appadurai 1996; Gupta 2001; Horn 1994). Second, I hope to help fill a lacuna in China studies. Several observers have noted that statistics in the PRC, like statistics generated in possibly all cultural contexts, are often as much the product of rigorous inquiry as they are political exigencies (Agency French Press [AFP] 1998; Huang 1996; Merli 1998; Tien 1991), and other China scholars have shown that the PRC's party-state has used statistics to concretize new social categories and policies (Gladney 1991; Greenhalgh 2001; Schein 2000), but little inquiry has occurred in the PRC that focuses on the relationship between statistics and the subject making of enumerators (cf. Lee 1998).

Before continuing, at least one caveat is in order. The development of statistics in China, more specifically, statistical inquiries into the category of *canji*, has a complex and long history. Complexity and historical depth, however, are no excuse for inattention. Elsewhere, I plumb genealogies having to do with *canji* classification and enumeration as far back as the 14th century (Kohrman 1999). That stated, I hope readers will understand my need to pass over those longer genealogies here.

### **Inciting Enumeration: The 1987 National Sample Survey**

To some readers, particularly those with significant knowledge about China, it might seem quite obvious what drove the Chinese government in the late 1980s to design and conduct a large survey of disability and to create China's first government-sanctioned nationwide disability criteria. The primary engine driving this large survey was the needs of an institution emerging from within China's party-state in the 1980s. The institution to which I am referring is the China Disabled Persons' Federation, into whose office Ma Zhun hobbled that frosty Beijing morning.

Founded in March of 1988 amid great fanfare in the Chinese and international media, the China Disabled Persons' Federation is today a vice-ministry within the People's Republic's governmental apparatus. And, like nearly all governmental ministries within the PRC, the federation has a set of formal and well-publicized objectives. Those objectives are threefold: to represent the common interests of all Chinese citizens with disabilities, to protect their legal rights and interests, and to mobilize social forces to serve them.

Yet, the federation has had other agendas that need to be noted. These cannot be found anywhere in the federation's mission statements but have been made quite clear to me by federation officials during my research over the last decade.<sup>2</sup> One agenda has been to develop the federation's own infrastructure as rapidly as possible. Since its founding in 1988, the federation has been racing to expand from a small office within China's Civil Affairs Ministry to a full-fledged ministry of its own. And on the surface, the federation has been quite successful on this front, at least initially. Within only six years of its launch, the federation already possessed more than forty-five thousand chapters nationwide (Chu 1996). What drove this early flurry of federation building? To a sizable degree, the source was a fleeting treasure: privileged links to China's paramount leader, Deng Xiaoping. The federation was founded by Deng Xiaoping's eldest son Deng Pufang in the last decade of Deng's life. Owing to Deng Xiaoping's ill health and his advanced age when the federation was launched, it was understood by all that the clock was ticking for the fledgling institution. Federation staff understood that, as quickly as possible, they needed to transmute their treasure, their somatosocial capital of patrilineal affiliation to the nation's leader, into more durable administrative structures so that their institution, their own bureaucratic authority, and their disability advocacy would continue to exist long after Deng Xiaoping's death and the subsequent decline of Deng Pufang's influence.

Another agenda of the federation that is absent from its mission statement but closely tied to its institution-building efforts has been helping to maintain the legitimacy of the Chinese Communist Party (CCP), in the Post-Mao era. As is well known, following Mao's death in 1976, the party embarked on a major sea change under Deng Xiaoping's direction. It increasingly based its legitimacy on its ability to oversee the growth of market-oriented economics and the replacement of Maoist forms of production and public assistance. To see how Deng Pufang and his staff have shrewdly positioned their institution as a buoy for the post-Mao party-state, one only needs to read the federation's own publicly circulated documents. In such documents, Pufang and his staff openly assert that federation succor for a newly identified needy sector of the population—that is, the *canji*—provides the CCP not only an important boost to its moral status but also serves as an innovative damper against popular anger over rising inequality and the decline of Maoist guarantees (Deng 1988).

In the mid-1990s, shortly after I began research on the federation's early formation, several members of its leadership talked to me about how their various agendas helped prompt disability enumeration in 1980s China. They said that, when Deng Pufang and his staff first became involved in the business of disability assistance in the mid-1980s, when they began placing themselves in the dual roles of disability and party-state advocates, they quickly came to recognize that they needed to produce specific kinds of knowledge to launch the federation and speed its expansion. Most importantly, they needed to produce criteria delineating what their institution's target population was—that is, who China's disabled were—and they needed to produce irrefutable statistical information about that population's special conditions. With such information in hand, the federation leadership could more easily justify to China's vast citizenry, people both inside and outside of government, why the People's Republic required a high-profile national *canji* assistance organization.

Thus, from what has been explained so far, it would seem that Hacking's arguments about the relationship between statistical enumeration, biopower, and the formation of state bureaucracy are quite incisive. Clearly, the push to produce statistical information about disability in 1980s China was tied to the production of state bureaucracy and the maintenance of CCP authority. Yet there are clearly many matters that remain unaddressed by this approach. For instance: Why did Deng Pufang become personally invested in institutionally assisting the disabled? Why in the 1980s did federation and other party-state officials place such a special premium on statistical knowledge about disability rather than other kinds of knowledge? And, finally, why did these officials come to believe that they needed to produce disability criteria that were particularly biomedical in orientation?

To answer these questions, specific sociopolitical processes at play in the 1980s need to be highlighted. Mao had died only a short time before (in 1976), and the Cultural Revolution (1966–76) was still fresh in people's memories. For these and other reasons, many within China were then in the midst of intense deliberations about matters of identity politics, specifically, how China and its people measured up to other nations in terms of "development" (*fazhan*), both economic and civilizational. Significant segments of China's leadership and citizenry were extremely worried that what they were increasingly calling the "lost ten years" of Maoist radicalism had caused China to lag even farther behind other nations in the race for modernity, that the Cultural Revolution had left China shamefully "backward." It was against this backdrop of developmental angst that Deng Xiaoping began promulgating not only his market reforms but also his Open Door policy. A primary goal of this policy, as most readers know, was to strengthen China by giving its people greater access to some, but certainly not all, of what wealthy countries were then billing as their most progressive and most novel techniques for social and economic advancement.<sup>3</sup>

It so happened that, just as the Open Door policy was being launched, disability and disability advocacy were receiving precisely that type of billing. Owing to a number of forces—for example, emergent rights discourses, changing public health imperatives, medical developments, and legislative moves—several of the world's wealthiest countries were increasingly treating disability as a key signifier of a new sociopolitical movement. This "disability movement" was infused with distinctive developmental and globalist orientations when the United Nations mounted its International Year of Disabled Persons in 1981 and subsequently its Decade for Disabled Persons (1983–92).

How did Deng Pufang—the oldest son of one of the most elite of China's 20th-century officials—come to interact with this movement? We know a sizable amount about Deng Pufang, unlike most children of high-ranking CCP officials, in large part because the federation's leaders have deemed his story an effective creation myth for their institution. I have written about the Deng Pufang story at length elsewhere (Kohrman 2003), so I do not delve into it deeply here. In outline, as commonly presented by federation hagiographers, Deng's story is about the maturation of a nationally minded disability advocate, whose identity was forged by elite pedigree, tragic circumstance, and historical contingency. A pivotal period of this maturation began in the mid-1960s, when Mao and his supporters labeled Deng Xiaoping and other high-ranking CCP officials "enemies of the people." Shortly thereafter, Deng Pufang was imprisoned by Maoist radicals at Beijing

University, where he was a graduate student. After several months of captivity in a university building, Deng Pufang tried to commit suicide by throwing himself from a third-floor window. The fall shattered his spine, leaving him paralyzed from the chest down. In the ensuing years, Deng Xiaoping was reinstated as head of the party-state. Following the Open Door policy's launch, visiting U.S. physicians arranged for Deng Pufang to be flown out of the country and receive extensive orthopedic surgery free of charge at the Ottawa Civic Hospital. Deng's Canadian clinical care did more than allow him to sit up again. It prompted him to establish a new persona, his hagiographers tell us. Treated with medical care unavailable anywhere in China and exposed to discourses about disability that then were being championed by a growing number of international organizations, Deng Pufang had an "epiphany" in Canada: he realized he must commit himself to being a leader in the area of disability assistance and use his pedigree to garner public support for China's disabled. As his main hagiographer explains, Deng realized that he had no choice but to quickly leave Canada and propel himself into a life of advocacy so that China's disabled may also benefit from advanced forms of rehabilitation care and "the gospel" (*fuyin*) of disability assistance (Qin 1992:244).

However ideological these representations are, however much they have enabled federation staff to use (and at times abuse) Deng family authority for institutional expansion and political-economic gain, it cannot be denied that they are contingent on notions of identity formation.<sup>4</sup> And whatever the factuality of Deng's Canadian epiphany, it is clear that, not long after his return from Ottawa, his presence in the area of disability advocacy began to be felt in institutional ways across China. By the mid-1980s, he oversaw the founding of the China Disabled Persons' Welfare Fund (*zhongguo canjiren fuli jijinhui*) and raised enough money through the Fund to build a large rehabilitation research center and hospital in southwest Beijing. According to my informants within Deng Pufang's staff, shortly after the Welfare Fund's launch, the staff determined that, to assist China's disabled persons significantly, they would need to do far more than build a technologically advanced medical facility in Beijing. They would need to create a nationwide advocacy organization, one with offices at every level of the state apparatus and in every administrative territory of the country.<sup>5</sup> The staff also determined, as already mentioned, that they would need specific knowledge: detailed information about China's disabled.

To understand what prompted China's 1987 National Sample Survey of Disability and structured its canji criteria, however, one must look beyond the story of Deng Pufang and his federation. For almost a dozen agencies of China's party-state were involved with the decisions to launch and develop the 1987 survey.<sup>6</sup> Some of these organizations began working on disability enumeration several years before Deng Pufang's group entered the mix. What were some of the means by which members of these other agencies were drawn to disability quantification and prompted to mount the 1987 survey?

Again, it would seem that the interplay of national and transnational forces was pivotal. And as far as I have been able to tell, the United Nations (UN) was an important catalyst for those interactions. As the 1980s unfolded, China's central-government officialdom became increasingly eager to interact with the UN, particularly to have it help assess China's socioeconomic situation.<sup>7</sup> Faced with such enthusiasm and given the UN's ongoing global disability campaigns, Beijing's

UNICEF office invited the former director of UNICEF's U.S. Committee, Norman Acton, to come to China for two weeks in 1981 in order to assess China's disability infrastructure. Following his fortnight in China, Acton submitted a consultancy report in which his primary recommendation was for the Chinese government to conduct a detailed "household survey . . . to obtain more complete information about the prevalence of disability among children" (1981:11). A few months later, this recommendation was amplified by the UN's General Assembly. It passed a resolution declaring that "developing countries" should create methods of "data collection" on various disabilities "to be used as essential tools and frames of reference for launching action programs to ameliorate the condition of disabled persons" (United Nations 1990:iii).

Not long thereafter, China's National Statistical Bureau, in conjunction with several other government offices, carried out a survey of children ages one to fourteen living in 137,000 households across China. Among other things, this survey found that, of those children surveyed, 1.4 percent were "obviously and seriously unhealthy."<sup>8</sup>

According to people I interviewed—people who ran the survey of children—the idea of building an organization like the Disabled Persons' Federation was not part of their motivation. Rather, the key factors stimulating the survey of children, these enumerators explained, was the PRC's then new Open Door policy and how the UN's disability initiatives piqued identity politics that were circulating through and structuring the Chinese polity. As already mentioned, these were identity politics informed by modernist perspectives that framed China, at best, as a "developing country," and, at worst, as "backward."

In the early 1980s, with the growing strength of the Open Door policy, many high-ranking Chinese officials increasingly interacted with visiting foreign dignitaries who, prompted by the UN's Year and Decade programs and the General Assembly's pronouncement, repeatedly asked epidemiological questions about China's disability situation. Much to their frustration, these high-ranking Chinese functionaries had no way of answering the foreigners' questions, because China's government had never made disability an object of significant nationwide study. And as one of the surveyors of disabled children told me, "To stem this problem, to stop China from losing face, we felt our only choice was doing a big study based on the most scientific of international techniques."

Not long after the survey of children was conducted, officials within China's Ministry of Civil Affairs informed Beijing-based UN representatives that the Chinese government had decided to do something the representatives had not expected. The Chinese government planned to do a far more ambitious study of disability. This study was ultimately called the 1987 National Sample Survey of Disabled Persons. Why, so soon after the survey of children, did the Chinese state make this decision? As I have come to learn, at that juncture, Deng Pufang's unfolding interest in establishing a disability-advocacy institution had started to play a role in decisions about disability research. But an equal if not stronger impetus for the decision to conduct a large national survey was the fact that, for many Chinese officials, the 1983 survey of children did not allow them to "save face" but, instead, "lose face." This again had to do with Norman Acton, specifically, with something Acton had written two years earlier.

When the UN was preparing to launch its 1981 International Year of Disabled Persons campaign, it asked Acton to help draft UN Secretary General Kurt Waldheim's opening speech for the campaign. That invitation occurred no doubt because Acton was not only a former UNICEF official but also then Director General of Rehabilitation International (RI), an organization that had been pivotal in the globalization of various disability-advocacy discourses and practices during the 20th century. In his contribution to Waldheim's speech, Acton inserted a statistical figure that he hoped would have a serious effect on the development of disability provision worldwide. As Acton explained to me, he wrote that 10 percent of the world's population was disabled. This 10-percent figure was not altogether new; Acton and others at Rehabilitation International had been citing it for more than a decade. But as Acton further noted to me, "This 10-percent figure was not a rigorously derived rate. It was something we at RI largely invented. Based on limited evidence, we created the figure. We wanted to have a weapon to make people respond to our issue. People don't tend to think an issue is big unless you have big numbers."<sup>9</sup>

Because it was included in Waldheim's speech, Acton's 10-percent figure was reproduced frequently from 1981 forward.<sup>10</sup> And in the ensuing years, given modernism's fetish for numbers and given that Acton's 10-percent figure carried the UN's imprimatur, his prevalence rate took on tremendous normative authority.<sup>11</sup> How the 10-percent figure (together with the survey of children) influenced many Beijing officials is something I only began to grasp after interviewing New York-based UN staffers. As one of these staffers explained to me,

The 1983 survey of children made many [Chinese officials] terribly embarrassed and frustrated, so much so they tried to hide their results from us. The UN and Rehabilitation International hoopla had sent a message to the Chinese that their 1983 result would be around 10 percent. And they didn't get 10 percent. They didn't get anywhere near to 10 percent. They got 1.4 percent.

In light of such embarrassment, it is not surprising, then, that the Ministry of Civil Affairs in the mid-1980s asked the State Council to approve and finance a far more ambitious national sample survey or that the Council quickly agreed.

### **Preparing and Launching the Survey**

Yet, with approval in hand, the new survey's Leadership Group had a "tough job ahead," as its director obliquely quipped in an April 1985 *China Daily* report (Chen 1985). Not only did the survey's Leadership Group have to organize and conduct a survey large enough and complex enough to satisfy envisioned international norms of scientific validity, but it also had to guarantee a final prevalence rate that would offer China the maximum benefit. And according to a number of people involved in the survey, there were conflicting pressures that made it very difficult to discern what figure was best for the nation. On the one hand, the 10-percent rhetoric created pressure for a certain kind of number. If the survey's rate did not fall at or above 10 percent, some within China and in international circles might view the Leadership Group (and by extension the CCP and China) as unable to handle basic scientific methodologies and thus as backward and incompetent.

On the other hand, there were powerful forces within China militating against a 10-percent or higher figure. For example, some within the government thought a figure of 10 percent or higher might be damaging to the CCP's authority. Because of how many across the PRC historically viewed *canji* (and its more idiomatic cognates *canfei* and *feiji*) as shameful and to be hidden, and because of the related erstwhile "sick man of Asia" concept,<sup>12</sup> a prevalence rate of 10 percent or higher could potentially call into question the very ground on which the CCP rested its legitimacy in the early 1980s: the purported successes of Mao's revolution.

The various pressures—some pressing for 10 percent or more, some pressing for less—had several effects on how the Leadership Group handled the survey. Before noting some of these, I should point out an important facet of my research. Although our meetings occurred in the informal settings of their and my Beijing residences, and we talked warmly about each others' family and friends, Leadership Group members were often wary if not reluctant to describe the processes by which they designed their survey. Unless I introduced a fact about the survey I had learned elsewhere, most Leadership Group members were extremely parsimonious in what they said and tended to take pains to describe everything they did as having been structured by unanimity and the most rational of scientific techniques.

As time has passed since those meetings, I have become even more convinced that the parsimony and obfuscation of these interlocutors were related to matters of identity making. Specifically, my interlocutors were struggling to craft their subject-positions as highly able cosmopolitan scientists and caretakers of the PRC's image while confronted, in the highly politicized setting of Beijing, with the troublesome intersection of two locally and translocally acknowledged realms of Otherness, two realms of alterity often viewed as suspect and potentially dangerous in China and in many other sociopolitical settings. Not only were my Leadership Group interviewees being confronted with the "foreign investigator," but they were also being confronted by a foreign investigator asking questions having to do with the "abnormal body."

Because of the challenges of conversing with Leadership Group members, much of what I ultimately learned about their design work came through chance encounters with people who contributed to the 1987 survey in ancillary ways. One example of how such chance encounters deepened my understanding relates to the way the Leadership Group defined "canji." In the end, the 1987 survey gathered data on five categories of *canji*: *tingli canji* (hearing disability); *zhili canji* (intellectual disability); *shili canji* (visual disability); *zhiti canji* (physical disability); and *jingshenbing* (mental illness).<sup>13</sup>

Initially, Leadership Group members indicated to me that they had chosen these categories early in the design process after consulting a variety of "foreign standards" (*waiguo bioazhun*). Yet, because of a chance conversation in Beijing during the spring of 1995 with a psychiatrist, Dr. Liu, I learned that the final decision on this five-part definition was far more complex and far more political than group members wanted me to know and that it occurred very late in the survey design stage. Doctor Liu and, subsequently, others explained that the Leadership Group, after consulting a number of countries' national disability criteria, settled on the first four categories quite quickly. But they included mental illness only after intensive lobbying by elite Chinese psychiatrists.

The main reason the psychiatrists pressed to have mental illness included, it would seem, was their wish to expand psychiatry's institutional strength. According to Dr. Liu, the psychiatrists concluded that the soon-to-be-established federation, under the tutelage of Deng Pufang, would probably grow into a powerful institution and that, as a medical discipline, psychiatry would enjoy far more nationwide support if allied with the federation than if it simply remained affiliated with the Ministry of Public Health. The psychiatrists succeeded in having mental illness included in the survey by getting Deng Pufang to take up their cause. The main argument they pitched to Deng was built around three themes: the optics of modernity, national identity, and foreign assessment of China. As Dr. Liu has explained, he and colleagues convinced Deng by asserting that having mental illness excluded from the survey would make China seem out of step with modernity, since Western governments considered the quality of care offered the mentally ill a measurement of "civilizational development."<sup>14</sup>

According to one high-ranking Ministry of Civil Affairs official, who later spoke to me somewhat grudgingly about this matter, the survey's Leadership Group did not want mental illness included because the soon-to-be launched federation did not want to be responsible for and associated with a socially identified group—the mentally ill—that many in China and the Chinese state have long viewed as unpredictable and thus threatening to social order. Another reason for avoiding mental illness, the same Civil Affairs official implied, was that the Leadership Group saw the mutability of mental illness as challenging to their subject-positions as government scientists, as people not just charged with conducting rigorous research but with the vexing need to make sure their research reflects well on the state:

Back then, the survey group just thought that the concept of mental illness was too broad and mutable. Not only is mental illness hard to diagnose, but one day a person may be mentally ill and then tomorrow they might be okay. . . . The Leadership Group felt that disability had to be things . . . that were not only permanent but easy to grasp and control [*zhang wo*]. Only that way could they ensure that their disability research came out right and was good for the nation.

Beyond what categories of disablement were to be included or excluded, the desire to manage data production also had a strong influence on how each category was ultimately defined. During one of my research trips to New York City, I learned from a UN official that initially the survey's Leadership Group did not plan to organize their study around a biomedical vision of the body. Instead, to determine whether or not people were *canji*, the Leadership Group at first planned to outfit its local data gatherers with a relatively idiomatically worded and social function-oriented questionnaire.<sup>15</sup> This questionnaire was short lived, however, largely because it produced a disability prevalence rate of 13 percent during a pilot implementation in the mid-1980s. That left the Leadership Group quite disturbed. According to a UN official, "When they got 13 percent [in their pilot], my New York office started getting constant phone calls from them in which they said, 'We got 13 percent. It's too high.' They were very uncomfortable. They thought, 'Oh my lord, now everybody is going to think we have too many disabled.'"

As a result, the Leadership Group, under advisement from a number of international consultants and Ministry of Health officials, decided that more internationally recognized and biomechanically based orientations should play a much

more central role, and they accordingly changed their methods. This new emphasis not only influenced how each category of disability was defined but also who would ultimately designate a research subject's disability status. In their revised methodology, the Leadership Group required that local, government-employed, biomedical practitioners be enlisted. These clinicians were required to examine each person who nonmedical surveyors deemed potentially disabled and then make a designation (Di 1987).<sup>16</sup>

These definitional and methodological revisions bring us back to one of the questions raised by Ma Zhun, one of the questions highlighted at the start of this article. Why does someone in China who is unable to walk well not merit a disability ID? Ma is ineligible for canji certification because the revisions that occurred shortly before the survey was conducted involved a remapping of zhiti canji (physical disability) in terms of corporeal integrity and mechanics. What is more, she is ineligible because the shift to a more biomaterial approach allowed the Leadership Group to insert several provisions at the end of the new zhiti criteria. One of these provisions states that "loss of forefoot with the heel intact" will not be recognized as a physical disability (Di 1989:1478). Why were these provisions added? As explained to me by a key Leadership Group member, the provisions were borne of the same reasoning that guided much of the survey's design: "Being that we were scientists and government officials, our duty was ensuring that the survey struck the best balance between good science and China's social and political needs. That provision, the one about the forefoot, we felt accorded with both of those goals."

This statement, however, does more than reemphasize a main point made throughout this article (that the identity formation of the survey's designers was instrumental for canji's enumeration and codification in the 1980s). It also helps us recognize that we would be mistaken to portray such identity formation narrowly as simply the outcome of Western hegemony. Indeed, as I have tried to convey during the course of my discussion, why and how enumerators focused on canji in 1980s China, although certainly structured by modernist discourses and practices, many of which were originally developed in North America and western Europe, was not willy-nilly a case of Euro-American domination. Rather it was the product of enumerators struggling to negotiate their way through a historical array of thorny political, economic, and moral issues, and this array was as much local as translocal, as much national as transnational.

### **Final Accounting/Anxieties**

Curiously, not only did China's State Council almost never have a chance to approve the Leadership Group's final criteria as the People's Republic's new nationwide disability standards, but the 1987 survey's results were almost never released. To understand all this, one must know more about the final stages of the Leadership Group's work.

Once their revised two-step methodology was created and their earlier functional criteria jettisoned, the Leadership Group was at long last ready to conduct the survey. And so, in early 1987, the group's locally based research teams descended on neighborhoods across China. With great specificity, the Leadership Group's published *Survey Report* describes that the research teams entered 424 communities and determined that 77,345 of their research subjects possessed one

or more kinds of disability. But something that cannot be known by reading the report's 29 capacious volumes is that this final count, the tally of 77,345 disabled people, initially made many of the Leadership Group members very upset. Why? Given that the total number of research subjects was 1,579,000, the sum of 77,345 meant that the Leadership Group's carefully planned survey produced a national disability prevalence rate of only 4.9 percent. And as a senior public health scholar-official in Beijing explained to me, that rate caused the Leadership Group members to fret they would be viewed as "backward, unscientific, and out-of-step with reputedly universal standards of disability quantification."

Not surprisingly, the Leadership Group considered shelving their results. That they finally released the survey's data in December 1987 and petitioned the State Council to certify their criteria had very much again to do with the interplay of the local and the translocal. After the results were tabulated and the 4.9-percent figure was generated, the group's director, Li Zheng, began seeking out foreign-trained statisticians, a number of whom were either foreign nationals or Chinese citizens recently returned to China from overseas. The ostensible goal of these visits was to hear what such experts thought about the group's data. But, according to at least one of the sought-out PRC experts I interviewed, "it was also quite clear the goal was to see how, in the eyes of international experts, the data reflected on the professionalism and competence of the Leadership Group."<sup>17</sup>

In addition to the role played by such processes, that the data were released and the criteria certified, in all likelihood, also had a great deal to do with the imperatives of the then embryonic federation. On December 7, 1987, China's State Council and the National Statistics Bureau formally accredited the 1987 survey. Then, two days later, on December 9, the State Council drew on the survey's data extensively when it announced to the Chinese public that it was founding the Disabled Persons' Federation. And from that moment forward, federation officials have constantly invoked and celebrated the "scientific validity" of the survey. As they have gone about building broader bureaucratic and financial support for themselves and China's disabled, they have cited the survey's data repeatedly.

## Conclusion

Of course, at this juncture, it is unlikely that someone like Ma Zhun knows much about the inner workings of the 1987 survey that I have described. And given the institutional and identity politics undergirding so much of the 1987 survey, it is unlikely that Ma Zhun will know much anytime in the near future about the moves of standardization, medicalization, and subject making outlined here. To be sure, over the last decade, more and more people in China have been encountering disability statistics because of the federation's purposeful circulation of them in China's mass media. But because, like most government agencies around the world, the federation requires the local and translocal legitimacy afforded by empiricism's supposed remove from social processes, few people in China are likely to know anytime soon why it is that someone like Ma, someone deemed disabled by her employer and told to get a disability ID or lose her job, someone who cannot walk easily, cannot get a disabled persons ID. Few people will know why, at the same time that disability is becoming more and more a recognized form of being, one spanning several types of long-acknowledged alterities (e.g., blindness, deafness, and mental illness), it has been

defined by China's party-state largely in terms of a narrow range of biomedically informed standards and not in terms of discourses more amenable to everyday human experiences such as social functionality or occupational need.

Before concluding, I would like to emphasize that the point of this article has not been to criticize a specific research effort. Rather, my goal has been to highlight processes by which such research is made manifest. My goal has been to show how a research project like the 1987 survey can be shaped by elite subject making—as much as by political economic needs of a nation-state. Giorgio Agamben (1998) has encouraged us to move beyond Foucault's deinstitutionalized portrait of biopower to examine how biopower proliferates within state structures (also see Hall 1985). Yet to do so, as I have tried to show here, we need to not just focus on institutional structures within nation-states, their internal administrative logics, or the internationalist structures that may animate them (such as NGOs, globalizing discourses of development, worldwide campaigns of social justice, colonial histories, and flows of scientific knowledge). We must go further and examine more fully the actors that animate institutions of nation-states, the figures for whom any given nation-state is not just a vague political steward but a work place, a set of professional duties, a set of turf battles, and a locus of identity making. We must examine how, for state officials—many of whom are also “researchers”—locally and translocally informed processes of biopolitics and identity formation are mutually constitutive.

I believe there are vitally important things at stake in pursuing this type of scholarship. In a sociopolitical setting like post-Mao China and no doubt many others, the people who formally codify disability and create government assistance programs for the disabled usually live at great experiential remove from bodily alterity and other forms of otherness. Nearly all of the people who orchestrated the 1987 survey achieved their political authority well in advance of the 1980s through processes—education, professionalization, and political training—that demanded that they have lives largely free from any question of deviance, difference, and otherness. And as I have tried to highlight, for a number of those people, the ongoing need to demonstrate a high level of ability, to conform to perceived international normalizing benchmarks of scientific competence and national respectability, were important factors in how they framed disablement, as much if not more so, it would seem, than say any experientially motivated form of empathy.

For disability to become a more pluralistic arena of biosociality and destigmatization, it is vitally important that scholars examine biopower. But we must not just fall back on a vague understanding that biopower is expansive, that it is becoming omnipresent and multiply sedimented. Rather, we must investigate who are the figures that design and institutionalize new biopolitical arenas and why and how they do so. Only then can people in sociopolitical settings like the PRC or elsewhere more fully “reclaim disability,” to borrow and redirect a phrase of the disability scholar Simi Linton (1998). Only then can people, their families, and others who struggle on a daily basis with meanings and practicalities overlapping with matters of dysfunction and bodily difference and who are potentially subject to the expanding humanitarian gaze of emergent disability-advocacy organizations take greater control over how that gaze works, how inclusive it is, and what benefits it actually provides.

## NOTES

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1. To be sure, Hacking discusses many a person in his writings about statistics. For instance, in his volume *Taming of Chance* (1990), Hacking comments at length on the works of Condorcet, Durkheim, and Peirce who were each quite influential in promoting quantification as a key component of European governance and social thought in the 19th century. That noted, Hacking gives little attention to the processes of identify formation that these types of figures were encountering on a daily basis or how such processes may have shaped their work.

2. My inquiry into the federation's formation began in the early 1990s as part of my doctoral research and has involved several research trips to China. The longest trip lasted 20 months, from 1993 to 1995. During that trip, I divided my time somewhat equally between Beijing and Hainan, a province of southern China located near Vietnam.

3. Of course, the Deng Xiaoping regime did not design the Open Door policy with the idea of allowing all "foreign" discourses and practices into China. In particular, the Deng regime marked for exclusion "foreign" sociopolitical forces it deemed at odds with the Chinese Communist Party's retention of political preeminence.

4. During the 1980s, one of the primary ways the Disabled Persons' Welfare fund raised money was through the Kanghua Corporation. Created by the fund ostensibly to finance disability assistance, Kanghua is now known as one of the more notorious examples of post-Mao elite corruption. Drawing on special trade privileges granted it because of its disability-assistance mission and its association with the Deng family, Kanghua ballooned in size during the mid-1980s and was involved in a wide variety of highly lucrative import-export schemes. The party leadership shut down Kanghua not long after quashing the 1989 Democracy Movement because student protesters had so publicly denounced Kanghua and its ties to Deng Pufang.

5. When the Disabled Persons' Federation was founded in the late 1980s, the Welfare Fund became a subordinate branch of the federation. Although the federation and the fund can be seen as China's first nationwide organization specifically providing services to "disabled persons" (*canji ren*), at least two organizational structures predated it and served allied categories of people. The first is the *China Association for the Blind, Deaf and Mute*. Established in 1960 out of smaller organizations, the Association's history dates to before the founding of the People's Republic and is rooted in educational approaches to visual and auditory limitations, many of which were initially introduced into China by U.S. missionaries. In 1988, the Association (and the schools it had established) was absorbed by the Disabled Persons' Federation. The second organizational structure of note is part of the military. In the 1930s, the Red Army began providing benefits to injured soldiers. In 1950, the military expanded its entitlement infrastructure and started extending specialized health care to "revolutionary crippled soldiers" (*geming canfei junren*). In the late 1980s, as part of the Disabled Persons' Federation's attempt to dissociate the government from what the federation leadership considered to be a derogatory term (i.e., *canfei*), "revolutionary crippled soldiers" was changed to "revolutionary injured and disabled soldiers" (*geming shangcan zhunren*).

6. The agencies that participated in the 1987 survey Leadership Group included the Ministry of Public Health, the National Statistics Bureau, the National Planning Commission, the National Education Commission, the Public Security Bureau, the Ministry of Finance, the State Council's National Census Leadership Group, the Association for the Blind, Deaf and Mute, and the Disabled Persons' Welfare Fund.

7. Joe Judd, UNICEF's representative in Beijing from 1984–85, told me Chinese government officials with whom he interacted were extremely eager for engagement, specifically,

that they “seemed hungry to have us serve as their eyes, to assess where they stood internationally.”

8. “Obviously and seriously unhealthy” included children loosely defined as seriously congenitally deformed, blind, deaf, and mute, and those who were postnatally disabled (for example, as a consequence of polio and encephalitis) (Social Statistical Section of the National Statistical Bureau 1985).

9. One official in the UN Statistical Division, to whom Acton has also made this admission, has commented to me that “Norman thought 10 percent would both stimulate disability activism around the world and give it lots of clout. . . . His 10-percent figure was prompted by nothing other than political expediency.”

10. For instance, in 1992, the office of the UN Secretary General drew upon Acton’s figure in a large glossy brochure produced by the UN to mark the culmination of the Decade of Disabled Persons (Boutros-Ghali 1992:2).

11. Not surprisingly, that normative authority strongly affected the way many governments like China responded to the UN call for national disability surveys. In several countries, so strong was the idea of 10 percent that not only did local statisticians sometimes hide their newly conducted disability surveys whose results did not closely approach 10 percent, but some of these statisticians subsequently took their most up-to-date population figures, applied a 10-percent rate, and published disability statistics based on that equation (UN Statistical Office, personal communication, January 28, 1996).

12. The exact source of the concept “Sick Man of Asia” (*dongya bingfu*, which accurately translates as “East Asia’s sick man”) is unclear. The concept is usually associated with the century following the Opium War period (1840), when large sectors of, what is now the PRC, were controlled by European, North American, and Japanese colonial forces. The concept was built around Social Darwinian notions (common during that period and still latent within much contemporary modernist discourse) that health, racial strength, and modernity co-evolve. After the Opium War, the concept was used by both Chinese and colonial forces to describe Chinese people and the then nascent Chinese nation-state as weak, backward, and economically torpid. The concept is still regularly invoked in China, most often by Chinese nationalists to highlight China’s past humiliations and to emphasize recent forms of “progress.” For a discussion of how *canji*, *canfei*, and *feiji* have been linguistically framed in years past and how they have been negatively coded, see Kohrman 1999, especially pages 67–81.

13. The English-language translations provided here are those that are usually provided by the Disabled Persons’ Federation’s own translators.

14. This information was also conveyed to Drs. Michael Phillips and Veronica Pearson during a formal interview they conducted in the early 1990s with one of the leaders of China’s psychiatric community (Michael Phillips, personal communication, March 16, 1995).

15. This questionnaire was filled with loosely worded queries about social adaptation and self-sufficiency (e.g., Is that person able to see well enough to differentiate ideograms on a newspaper? Is this person able to bathe?).

16. This revised approach was ultimately approved by China’s State Council and made the basis of the Disabled Persons’ Federation’s official standards for *canji*. During the 1987 survey’s implementation, the type of assessment government-employed biomedical practitioners were expected to carry out when evaluating a person’s disability status, of course, differed on the basis of the category of disability under consideration. In general, however, the move toward a biomechanically based orientation was particularly significant in terms of the categories of physical, visual, and hearing disabilities. In the case of *tingli canji* (hearing disability), for instance, potential candidates for disabled designation were assessed mainly in relation to a decibel system. For *shili canji* (visual disability), candidates were primarily assessed in relation to the radius of visual field as measured in mathematical

degrees and the best-corrected visual acuity as measured by the Monoyer's decimal scale. In the case of zhili canji (mental disability), potential candidates were assessed mainly in terms of IQ (intelligence quotient) as defined then by the WHO and to a lesser degree in terms of the American Association on Mental Deficiencies Adaptive Behavior Scale (AAMD 1970). For mental illness, candidates were persons understood to suffer for more than one year from "(1) psychosis associated with organic diseases of brain and body; (2) toxic psychosis including alcohol- and drug-dependencies; (3) schizophrenia; and (4) affective paranoid reactive schizo-affective and periodic psychosis." The 1987 survey literature does not detail what methods were used for diagnosing these forms of mental illnesses. The literature makes clear, however, that, for the purposes of subsequent "international comparisons," the WHO's Social Disability Screening Schedule was used to grade mental illness as more or less severe (Di 1989:1474–1482).

17. One of Li Zheng's statistical consultations involved travel to UN headquarters in Manhattan. There, he and other group members talked at length with quantitative specialists in disability research. One of these specialists described what transpired:

Li and his entourage came to tell us they were considering quashing the survey because they wanted 10 percent and they didn't get it. We carefully looked over everything they brought. We then told them that, as far as we were concerned, the survey was just fine and that they had proven themselves highly effective researchers . . . and that they shouldn't worry about not getting a rate closer to 10 percent. [UN Statistical Office, personal communication, January 28, 1996]

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