SECTORS

Newsletter of the American Sociological Association's Sociology of Development Section

Symposium Introduction: Covid-19 Vaccine Testing, Production and Distribution

After a year of collective uncertainty, anxiety, and loss, the development of effective COVID-19 vaccines has offered a ray of hope. Yet, more than five months into 2021, the pandemic has not been contained. Instead, critical prognostications have materialized: the uneven roll-out of vaccines has enabled some countries, like the United States, to inoculate large parts of their population, re-activate the economy, and start "getting back to normal," while others, like India and Brazil, which lag far behind in vaccination rates, are being ravaged by new waves and even more virulent strains of COVID-19.

Cross-national disparities in COVID-19 vaccination are stark. As of June 2021, over 51% of adults in the United States have received at least one dose. In the EU, this number is closer to 35%, whereas in Israel it tops 63%. Nonetheless, the world average hovers at only 12%[1] and in dozens of countries, including South Sudan, Syria, Papua New Guinea, and Tajikistan, the vaccination rate is below 1%. Well into 2021, the United States, the United Kingdom, and a few other high-income countries dominated the global vaccine market, as poorer countries struggled to secure doses.[2] Although this trend is slowly shifting, the world's 27 wealthiest countries, which contain around 10.5% of the global population, still account for over 25% of all vaccinations.[3] On the

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[1] Coronavirus (COVID-19) Vaccinations https://ourworldindata.org/covid-vaccinations?country=OWID_WRL

[2] Collins, Keith and Josh Holder. 2021. "See How Rich Countries Got to the Front of the Vaccine Line." *New York Times.* https://www.nytimes.com/interactive/2021/03/31/world/global-vaccine-supply-inequity.html?smid=tw-share

[3] "More than 2.42 Billion Shots Given: Covid-19 Tracker." 2021. *Bloomberg* https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/

opposite side of the spectrum are countries like Nigeria which, despite being home to 2.6% of the world's population, accounts for only .1% of all vaccinations.[4]

The pernicious effects of global inequities in COVID-19 vaccination may be evident, but their causes remain open to debate. To what extent have corporate profit motives or "vaccine hoarding" by wealthy countries generated an economy of scarcity in the Global South? To what extent have partisan infighting and weak state capacity contributed to low vaccination rates? Is widespread vaccine hesitancy among particular groups driven by reasonable skepticism about the efficacy of vaccines and the public agencies administering them or by disinformation intentionally propagated by competing geo-political powers? Finally, how have specific forms of US imperialism and economic warfare impacted the global distribution of vaccines and people's access to them, particularly among targeted societies, such as Iran and Venezuela? These are important questions with no simple answers. Undoubtedly, as development sociologists, we will continue to analyze them for years.

This special Sectors symposium addresses some of these questions by examining the hows and whys of COVID-19 vaccine roll-out in four countries: China (Li), Brazil (Flynn), India (Jalali), and Kenya (Chorev & Mutwafy). As the authors make clear, each of these countries faces unique, local challenges based on factors like population size and distribution, infection rates, health system capacity, political configurations, and position within the world system. Yet their accounts also serve to highlight the dynamic interplay between local and global pressures and the complex causal chains that transcend national boundaries. Li describes how China was able to contain the spread of the pandemic within its territory, thereby prioritizing the export of Chinese-made vaccines to other countries. In striking contrast, Jalali describes how India - the world's largest vaccine manufacturer - remains severely underprepared to produce and vaccinate its own people. As we go to press with this issue, India recorded the highest number of deaths due to Covid-19 in one day (June 11, 2021): 6,148 as reported by the national health ministry.[5] The situation in India has parallels with that of Brazil, which currently has the highest death toll in the Western Hemisphere (after the United States). Flynn explains how political disputes have undermined coordination within the Brazilian state and how President Bolsonaro has actively sown doubts about the efficacy of the Chinese-made CoronaVac - the only vaccine available to most Brazilians. As evidenced by these accounts, domestic politics matter for vaccine roll-out. However, country-level responses cannot be understood without accounting for global and transnational processes. Using the case of Kenya, Chorev and Mutwafy draw attention to these processes, showing how vaccine diplomacy, health nationalism, and struggles to (re)define the "hierarchy of innovation" have influenced both the availability of vaccines and their perceived legitimacy among Kenyans.

All four pieces in this special Sectors symposia examine the local challenges of vaccine roll-out amidst the propagation of new variants and surging infection and death rates. These local challenges must be contextualized within a global capitalist system that has prioritized patents and profits over people. In October 2020, several countries from the Global South sought a waiver on patent restrictions for COVID-19 vaccines in the World Trade Organization (WTO).[6] Presumably, this would have boosted global vaccine supplies and reduced per-unit costs, preventing many of the stark inequities we are currently witnessing. However, the patent waiver initiative was blocked by a coalition of powerful WTO members, including the European Union, Switzerland, Norway, Australia, Canada, Japan, Brazil, and, critically, the United States.[7] whose political leaders argued in favor of protecting intellectual property rights with backing from major pharmaceutical companies.[8]

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[4] "More than 2.42 Billion Shots Given: Covid-19 Tracker." 2021. *Bloomberg* https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/

[5] Mishra, Manas and Neha Arora. 2021. "Indian state Sharply raises COVID-19 Death Toll Prompting Call for Wide Review." https://www.reuters.com/world/india/india-records-6148-deaths-covid-19-past-24-hours-2021-06-10/

[6] Usher, Ann Danaiya. 2020. "South Africa and India Push for Covid-19 Patents Ban." *World Report.* 396(10265): 1790-1791. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32581-2/fulltext

[7] "WTO TRIPS Council (October 2020): South Africa issues clarion call urging support for TRIPS waiver proposal." 2020. *Knowledge Ecology International.* https://www.keionline.org/34235

[8] Fang, Lee. "Pharmaceutical Industry Dispatches Army of Lobbyists to Block Generic Covid-19 Vaccines." 2021. *The Intercept.* https://theintercept.com/2021/04/23/covid-vaccine-ip-waiver-lobbying/

The patent waiver debate remains alive within the WTO, and there is no clear indication of what its outcome will be.[9] Meanwhile, the export and sharing of vaccines remains essential for pandemic containment. Yet, vaccines (or their denial) have become a currency through which countries exercise power and influence in the world. Many countries in the Global South rely heavily on cost-effective vaccines from China and Russia. The United States has shared its vaccines through the COVAX system, but has simultaneously crippled the capacity of healthcare systems in countries such as Iran, Syria, and Venezuela to purchase both vaccines and medical equipment. As noted in the pieces by Chorev and Mutwafy and Flynn, Russia and the United States are competing over international markets for their vaccines. In sum, the manufacturing and distribution of COVID-19 vaccines helps illustrate how global capitalism intersects with geopolitics as various countries seek to retain and expand their influence, with the US regularly operating in a hegemonic role.

While life may be "returning to normal" throughout much of the United States, the COVID-19 pandemic continues to cripple many parts of the Global South, in part due to the slow roll-out of vaccines. As development sociologists, we need to keep asking hard questions about how and why this has happened - attending to the particularities of place, without losing sight of the international and global system. At the same time, we must be ready to grapple with the ethical questions that our empirical data can inform but, ultimately, cannot answer: Who should be prioritized for vaccination and associated public health investments? Who should absorb the costs? Who bears responsibility for the risks? And who should be empowered to make these decisions? Looking beyond the present moment, we believe these questions cut to the core of many ongoing debates about global development.

Sectors Co-Editors,
Jeb Sprague, Preethi Krishnan, and Leslie MacColman

[9] Jimenez, Darcy. 2021. "Covid-19 Vaccine Inequity: The Debate Over Patent Waivers Intensifies." *Pharmaceutical Technology.* https://www.pharmaceutical-technology.com/features/covid-19-vaccine-inequity-patent-waivers/

Brief on China: COVID-19 Testing and the Production, Distribution, and Export of Vaccines

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China has successfully contained the spread of the pandemic within its territory. Despite the initial chaos, life in China has come back to normal. Data shows that for most of the days since last spring, the total number of new infection cases in China was below 100. The core idea of pandemic control is "dynamic elimination" (*dongtai qingling*).[10] That is, whenever a new case was diagnosed, the local health agency would quickly follow up with strict quarantine and travel restrictions, large-scale testing and aggressive contact tracing until the case number in the locality returned to zero.

In this context, China has enforced one of the most thorough and strict COVID-19 testing policies in the world. This is best exemplified by its rather rigorous flight test requirement. For instance, given the sharp increase of imported cases from the U.S. last winter, since December 23, 2020, China required all passengers travelling to China from the U.S. to show negative results of not only nucleic acid rt-PCR test but also IgM serum antibody test.[11] More recently, believing that anal swab is more effective than oral or nasal swab in tests, China began to apply anal swab in certain domestic quarantine zones and foreign visitor testing. This aggressive move triggered controversies among both foreign visitors and the Chinese public, including those who have been very cooperative in pandemic-related restrictions since day one. Some netizens mocked this arguably overreaction as "not very harmful, but very offensive," (*shanghaixing buda, wuruxing jiqiang*) which soon became a catchphrase online.[12]

The success of the aggressive pandemic control, on the other hand, seemed to have partly contributed to the slow progress of the country's mass vaccination program. China is among one of the few countries that have developed their own COVID-19 vaccines (approved 5 in total so far). The two leading vaccines were made through conventional inactivated technologies by Sinopharm and Sinovac. By the end of March, over 100 million Chinese vaccines have been administered domestically.[13] Yet this number is far from enough for herd immunity given the huge population size of 1.4 billion (about 7%). According to Yanzhong Huang, a global health expert, the challenge is daunting since the herd immunity in China would require at least 66% of the total population to receive vaccines of over 91% efficacy.[14] Huang also cited Ipsos-World Economic Forum survey data and showed that one reason for the vaccine hesitancy is that many people thought "the risk of infection in China is not that big," though 80% of the surveyed Chinese said they would be willing to receive vaccines if they were available. Others were more worried about the side effects. Notably, although the Chinese vaccines reported lower overall efficacy than m-RNA vaccines marketed by Pfizer-BioNTech and Moderna, only around 16% of surveyed Chinese expressed suspicions over their effectiveness.

The Chinese state probably also predicted low risk of local outbreaks, and thus prioritized the vaccine export to other Southern countries over domestic mass vaccination. By early March, China had exported its vaccines to 28 countries and provided vaccine aid for 69 countries and 2 international organizations. The clinical data collected from other Southern countries reported different efficacy rates, e.g., 50.4% in Brazil (Sinovac), 86% in United Arab Emirates

[10] Huang, Yanzhong, "Has China Done Too Well Against Covid-19?" New York Times, Jan 24, 2021.
[11] Embassy of the People's Republic of China in theUnited States, "Notice on the Requirement Adjustment of the Nucleic Acid rt-PCR and IgM Serum Antibody Tests" Dec 19, 2020.
[12] Zhang, Ping and Sha Hong, "China Applying Anal Swab in Nucleic Acid Test Unsettled Netizens." Deutsche Welle, Jan 27, 2021.
[13] Meng, Yaxu, "Over 100 Million COVID Vaccines Have Been Administered Nationwide." Xinhuanet, Mar 29, 2021.
[14] Huang, Yanzhong, "Has China Done Too Well Against Covid-19?" New York Times, Jan 24, 2021.

(Sinopharm with localized production plan), 83.5% in Turkey (Sinovac), and 67% against symptoms and 80% against death in Chile based on a real-world study of millions (Sinovac).[15] Recently on April 12, China's CDC director Gao Fu publicly acknowledged that Chinese vaccines "don't have very high protection rates," whereas China has not approved any foreign vaccines for use.[16] Despite the effectiveness controversies and anti-China sentiments, China has been pushing the "vaccine diplomacy" to boost its global influence. This seemed to have garnered support from some Southern countries that were hit hard by the pandemic but struggled to access Western-produced vaccines, which were predominantly procured by rich countries. [17]

Looking forward, China seems to have become a new safe haven with close to zero new infection rate, as well as a critical export site of COVID-19 vaccines for the Global South. As it ramps up production capacity, it is likely that the dual promise of mass inoculation and export acceleration could be met in the near future. However, if the global pandemic lingers on and other countries try to resume a certain level of openness after mass vaccination, China might find it hard to maintain the aggressive "dynamic elimination" pandemic control measures, unless it continues to enforce strictest border closing policies.

[15] Barrington, Lisa, "UAE Firm to Manufacture Chinese Sinopharm Vaccine from April." Mar 27, 2021. Kucukgocmen, Ali, "Turkish Study Revises down Sinovac COVID-19 Vaccine Efficacy to 83.5%." Reuters, Mar 3, 2021. Simões, Eduardo, "New Brazil Data Shows Disappointing 50.4% Efficacy for China's CoronaVac Vaccine." Reuters, Jan 12, 2021. Vergara, Eva, "Big Chile Study Finds Chinese Vaccine Slashes COVID Deaths." Associated Press, April 16, 2021.

[16] McDonald, Joe and Huizhong Wu, "Top Chinese Official Admits Vaccines Have Low Effectiveness." Associated Press, April 10, 2021.

[17] Huang, Yanzhong, "Vaccine Diplomacy Is Paying Off for China." Foreign Affairs, Mar 11, 2021.

Politics, Ideology, and Poor Planning in Brazil's Bumpy COVID-19 Vaccine Rollout

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Brazil's efforts to address the SARS-COV-2 pandemic within its borders rank among the worst. Much of the blame falls on President Jair Bolsonaro who has consistently dismissed the disease as a "little flu" and touted ineffective treatments, such as using hydroxychloroquine as a prophylactic.[18] Once a model for addressing infectious disease like its HIV/AIDS programs, the country has now become a pariah nation. Competent public health administrators have exited the Health Ministry as retired and active military officers assumed key positions throughout government. Three health ministers have come and gone since the start of the pandemic. A recent constitutional amendment-imposed limits on the budget of its continental-size public health system premised on universality and right to health. By threatening the judicial branch, governors, and mayors who disagree with his views, Bolsonaro's authoritarian tendencies have even put the country's democracy at risk. Political disputes, ideology, and poor planning have also marred Brazil's efforts to acquire, produce, and distribute vaccines.

Due to high infection rates and competent research scientists, the country became a favored location for conducting clinical trials, including those by Johnson & Johnson, Pfizer and partner BioNTech, AstraZeneca/Oxford, and China's Sinovac Biotech. The latter two companies, in fact, established partnerships with Brazil's two large vaccine manufacturers—federally controlled Biomanguinhos (part of the FioCruz health research institute) and São Paulo state government's Butantan Institute, respectively. The Ministry of Health depended on Biomanguinhos-AstraZenaca/Oxford effort that would eventually include the transfer of the technology to produce the active principal ingredient (API) locally. But delays in completing clinical trials and in importing the API have set back production. Meanwhile, Butantan quickly ramped up output of its CoronaVac vaccine using imported API's from Sinovac and accounted for 80% of all the doses administered during the first three months of its national vaccination program.

While public-private partnerships to build local capacity and guarantee supplies of strategic health inputs follow recent industrial policies, politics and messaging have plagued coordination for effective vaccine roll out.[19] Bolsonaro, who employed anti-China rhetoric prior to the pandemic, denigrated CoronaVac as a way to undermine his political foe and rival, the governor of São Paulo state. That the Chinese-developed vaccine only showed an initial 50.4% efficacy against COVID-19 buttressed the president's attacks and suspicions of Brazil having to rely on second-tier treatments, although later studies and spacing between doses revealed much higher levels of efficacy, especially against severe cases and hospitalization. The president's own vaccine hesitancy further compounded the situation. By mid-April only 4% of Brazil's population had been fully vaccinated, putting the country in 73rd place in world rankings. In the past, Brazil vaccinated 92 million people against H1N1 in three months in 2009 and had quickly distributed useless hydroxychloroquine throughout the country.[20]

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[18] Flynn, Matthew B., André Pereira Neto, and Leticia Barbosa. 2020. "Democracy (Still) on the Edge: An Analysis of Brazil's Political Response to the Covid-19 Crisis." *Duck of Minerva* Retrieved July 3, 2020 (https://duckofminerva.com/2020/05/democracy-still-on-the-edge-an-analysis-of-brazils-political-response-to-the-covid-19-crisis.html).

[19] Flynn, Matthew B. 2015. *Pharmaceutical Autonomy and Public Health in Latin America: State, Society and Industry in Brazil's AIDS Program*. 1 edition. New York, NY: Routledge.

[20] Mazza, Luigi, and Renata Buono. n.d. "Cloroquinas, vacinas e mortes." *Revista Piauí*. Retrieved March 22, 2021 (https://piaui.folha.uol.com.br/cloroquinas-vacinas-e-mortes/).

Needless to say, slow vaccine rollout fails to address the scale of what MSF calls a "humanitarian catastrophe" in Brazil. With more than 3,500 COVID-19 related deaths daily in April 2021, Brazil overtook the US with the highest mortality rate among countries with populations over 70 million. The country's health system was verging on collapse with hospitals running out of oxygen and intubation kits. More contagious virus variants have proliferated and intensive care units have witnessed an influx of younger patients. Inequitable access to vaccines mars other social determinants made apparent by the disease. Apart from successes in targeting some indigenous communities, those districts with higher incomes and whiter skin color have obtained better access to vaccines, although the lower class and Afro-descendent populations have suffered higher COVID-19 mortality rates (Flynn forthcoming).[21]

Meanwhile, the country scrambles to secure more vaccines and imported APIs for locally produced vaccines. The private company União Química established an agreement to produce Russia's Sputnik V vaccine, but regulatory officials have yet to approve it and Brazil allegedly faced pressure from the United States not to. After rebuffing offers from Pfizer last year over contract terms, the Ministry of Health finally agreed to purchase 100 million of its doses that will only arrive in the second half of 2021 andwhose distribution is limited due to the need for an ultra-cold chain. A mere 1 million doses arrived at the end of March for the COVAX purchasing facility. Despite having several research and university labs spearheading several pre-clinical initiatives to produce a vaccine locally, the paucity of resources and industrial bottlenecks have constrained efforts to develop a vaccine locally (South Centre 2021).[22] Only Butantan, through an international R&D collaboration, announced clinical trials of ButanVac that would be produced 100% nationally but only available towards the end of the year in best case scenario.

Politically, there is growing disillusionment with government leadership and efforts. While there is increased interest to suspend patents on Covid-19 related treatments locally, Brazil has not supported a patent waiver at the World Trade Organization. Recently, federal lawmakers want to allow private companies to side-step the public health system and acquire vaccines directly from suppliers—a move that would exacerbate vaccine apartheid. For his part, an isolated Bolsonaro must now deal with a congressional investigation of his administration's handling of the pandemic.He may also face an election against his arch-political rival, former president Luiz Inácio "Lula" da Silva, released from jail when courts overturned his corruption charges and now calling Bolsonaro's government as "genocidal."

[21] Flynn, Matthew B. forthcoming. "Global Capitalism, Racism, and Social Triage During COVID-19." *Kalfou.*
[22] South Centre. 2021."Covid-19 Vaccines: Experience of Butantan Institute, Brazil," March 23, South Centre Web Presentation.

Ineptitude and misplaced priorities define India's Response to the COVID-19 Pandemic

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COVID-19 is tearing through India causing immense suffering to millions. The country is experiencing a second wave with a massive surge in cases and death rates. From a previous daily high of 93,180.43 confirmed cases on September 17, 2020 (seven day rolling average) the cases have risen to over 400,000 daily cases, far exceeding the highest global one-day record several days in a row. According to official counts, a total of 234,083 deaths have occurred as of May 7, 2021 with over 3000 deaths reported daily since the end of April. India's health infrastructure which was always weak and underfunded is unable to cope with the flood of patients. There is a dire shortage of oxygen, drugs, and hospital beds in rural and urban metropolitan cities. Patients are being turned away from hospitals. Even crematoriums do not have enough wood or space for funeral pyres.

The official data on cases and death rates do not reveal the true extent of the pandemic. Shortage of tests in some parts of the country and hesitancy to get tested in the middle of the pandemic has hidden the actual prevalence of the disease. Large-scale seroprevalence studies in India have shown case counts are only a fraction of the total number of people who have been infected (with only 6 percent of the infections reported).[23] Regarding death data, according to media reports, a single crematorium is reporting more deaths than official figures for the entire state.[24] In addition, testing is not being conducted on dead bodies and deaths are being attributed to existing comorbidities. Finally, India's death registration system is incomplete. Many of the deaths occur at home without medical attention. According to the Registrar General of India in 2018, only 86% of deaths were registered and of these only 21.1 were medically certified deaths in hospitals. In late April, more than 350 Indian scientists signed a petition asking the government to publicly release details on COVID-19 data.[25]

What explains the massive surge in cases?

While new variants of the SARS-CoV-2 virus may explain the surge in cases, the evidence for this is not yet definitive. However, the government's poor management of the crisis has played a major role in how the virus has ravaged the country. As cases declined from September onwards, the central and state governments assumed that the worst was over. The national COVID-19 task force did not meet for months this year. Not enough was done to monitor the outbreak with testing declining from October 28, 2020 when the first surge was peaking and not rising until April 11th the following year. Large-scale gatherings- from cricket matches, election rallies to religious congregations attended by

[23] ICMR sero survey: One in five Indians exposed to Covid-19 - BBC News; Mukherjee et al. (2021) "Under-reporting does hurt the COVID fight" The Hindu May 4, 2021. Also see Mohanan et al. (2021). "Prevalence of SARS-CoV-2 in Karnataka, India." *JAMA*. 2021;325(10):1001-1003. https://jamanetwork.com/journals/jama/article-abstract/2776292

[24] https://indianexpress.com/article/india/in-bhopal-official-covid-toll-in-april-is-109-but-over-2500-at-pyres-graves-7299729788/ Also see, As Covid-19 Devastates India, Deaths Go Undercounted - The New York Times (nytimes.com)

[25] https://apnews.com/article/asia-pacific-narendra-modi-india-coronavirus-business-4ebe86aa3d342274c8dc6eedeb2d4b46

millions - were all allowed. COVID-care centers were dismantled; nearly a year into the pandemic, only 33 of the 162 oxygen plants planned for district hospitals in 14 states were completed (and 14 of them, the largest number were sanctioned for BJP-ruled Uttar Pradesh).[26]

Hubris and misplaced priorities have also exemplified the government's handling of the crisis. Senior members of the government, including the Prime Minister repeatedly proclaimed that India had successfully contained the pandemic, and "saved humanity from a big disaster" (Prime Minister Modi's speech at Davos).[27] Warnings about the new and more contagious variant of the virus from government scientists (the SARS-COV-2 Genetics Consortium constituted by the central government) were ignored in early March. The government was more focused on winning local elections in 5 states where massive rallies were held while the country was witnessing a tidal wave of infections. In the middle of the pandemic, the Modi government has also prioritized construction of a new Central Vista in Delhi, including the Prime Minister's house, declaring it an Essential Service to be completed by December 2022 for an estimated cost of more than $1.8 billion.

The government has even botched up the vaccination roll-out. Despite being home to the world's largest vaccine manufacturer (Serum Institute of India - SII), only 2.3 percent of Indians have been fully vaccinated (as of May 6, 2021). The pace of vaccination has slowed down partly because of vaccine shortages. The government did not anticipate the need to build production and distribution capacity for vaccines (only contracting with SII for 21 million in February and another 100 million in March, when over 1.8 billion doses are needed).[28] It donated vaccines (as of March 24, 2021, India, had exported more vaccines - 60 million doses - than it had administered domestically); until recently, failed to give emergency use authorization to foreign vaccine manufacturers approved by WHO; despite earmarked funds for COVID, shifted responsibility for vaccine procurement from the center to under-resourced states; and created a vaccine market with differential pricing so states now have to compete with each other and the private sector for a limited supply of vaccines (no other country has done this). These missteps may make it difficult for the government to achieve its goal of vaccinating 300 million people by August 2021 and will surely create inequities in access to vaccines.

Criticism of the government's abysmal response to the pandemic has come from several quarters. The courts have accused the government of "genocide" for failing to provide supplies of oxygen to hospitals, of using unscientific methods to distribute oxygen to states, of not being transparent to the public about oxygen supply and distribution, and of relying only on a few government officials rather than a broad-based expert committee to decide on allocation of oxygen to states. Critics, including the media and opposition political parties, have accused the BJP ruled central government of giving preference in distribution of life-saving drugs, oxygen, and even vaccines to states ruled by its own party. Even party workers, activists, and voters from the Prime Minister's own party have criticized the government's handling of the pandemic.[29]

Poor planning and implementation also characterized the central government's response to the first wave of the pandemic. During my research on the first wave, I found the government had severely underestimated the number of people who could get infected in the country – testing reagents were stockpiled for only 70,000 tests by Feb. 25th, 2020 - nearly a month after the first case was detected; only 64 labs were operational and only 6 storage units available to store COVID supplies six to nine weeks after the first case was found. Funds for COVID preparedness were allocated late; technical staff such as epidemiologists who are critical to any testing, tracing, and surveillance system were absent in many districts.

A government administrator in charge of a small tribal district in the state of Maharashtra has shown how foresight

[26] *https://scroll.in/article/993309/fact-check-did-states-fail-to-use-pm-cares-funds-allocated-by-the-centre-to-build-oxygen-plants*
[27] https://www.pmindia.gov.in/en/news_updates/pms-address-at-the-world-economic-forums-davos-dialogue/
[28] Financial Times May 4, 2021 "India's vaccine shortage will last for months, biggest manufacturer warns"
[29] https://www.livemint.com/news/india/bjp-workers-question-party-pm-as-covid-takes-a-severe-toll-11620240888210.html

and planning (by ensuring adequate supplies of oxygen, hospital beds, isolation wards, doctors, and vaccines) can protect residents from a pandemic.[30] In contrast, many parts of the country have been scarred by central and state government incompetence and people have had to appeal to the courts to force the governments to act to save lives.

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https://www.hindustantimes.com/india-news/how-a-ias-officer-made-a-maharashtra-tribal-district-oxygensufficient-101619599643512.html

Innovation contests, vaccine diplomacy, and health nationalism: The case of Kenya

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The SARS-CoV-2 virus has been referred to by some as the "Chinese virus" and its mutations as the "South African" or "British" variants. If the virus and its variants have nationality, the vaccines that were developed certainly have nationality too. Vaccine development has been used as a geopolitical tool for establishing a *hierarchy* of innovators, based on which country uses which vaccine. Drawing on the experience of Kenya, we suggest that these international contests over innovation, combined with vaccine diplomacy as well as instances of health nationalism, have an important impact on both the availability of vaccines and their perception in low-income countries.

Innovation is integral to countries' pursuit of economic growth, military dominance, and geopolitical influence. The race to develop a COVID-19 vaccine therefore came with high reputational stakes. The United States and Western Europe, still considered leading innovating forces, produced four of the vaccines currently in use. American companies developed Pfizer/BioNTech (with a German company), Moderna, and Johnson & Johnson (J&J). Oxford-AstraZeneca was developed through a collaboration between the United Kingdom's Oxford University and AstraZeneca, a British-Swedish company. China, which has been investing in becoming a global knowledge power, has produced five different vaccines including by Sinovac Life Sciences and Sinopharm. Russia, not considered a serious player in this game, has developed Sputnik V – whose very name demands geopolitical respect. Other countries are advancing their own vaccine development, most notably Cuba.

Geopolitical competition over innovation also encouraged "vaccine diplomacy" – donating, subsidizing, or selling vaccines to low-income countries. The US government is a major contributor to the COVAX Facility – a pooled procurement initiative led by the World Health Organization (WHO) aimed at improving vaccine access worldwide. COVAX has so far distributed mostly AstraZeneca vaccines, and smaller quantities of Pfizer and J&J vaccines. China has contributed only minimally to COVAX, but recently declared that it would donate 10 million vaccine doses, thus promoting the use of its own vaccines. The stakes for China are high: for the donations to be accepted, the WHO must first qualify the vaccines as safe and effective. In addition, China and Russia have donated or sold their vaccines directly to low- and middle-income countries, with Americans warning that this was a way to wield influence and buy political favors.

Innovation contests and vaccine diplomacy are playing out within institutional arrangements that reflect American and European dominance. The US Food and Drug Administration (FDA) has so far issued emergency use authorization only to the three "American" vaccines. The WHO listed for emergency use AstraZeneca, Pfizer, and J&J. China and Russia received emergency use approval from some countries, but have not received WHO authorization yet. Competition over hierarchy takes place through informal channels as well. Some European countries and US commentators were quick to dismiss the "Russian" and "Chinese" vaccines. Other reports have, in turn, described a concerted Russian misinformation campaign in Spanish-speaking countries that disparaged vaccines developed in the West.[31]

Vaccine diplomacy, which encourages countries to support vaccine distribution in other countries, may clash with "health nationalism," by which countries attempt to ensure vaccine availability to their nationals first. Health

[31] Sheera Frenkel, Maria Abi-Habib and Julian E. Barnes. 2021. "Russian Campaign Promotes Homegrown Vaccine and Undercuts Rivals." *New York Times*, February 5.
https://www.nytimes.com/2021/02/05/technology/russia-covid-vaccine-disinformation.html

nationalism led the European Union and India to ban the export of AstraZeneca. Vaccine diplomacy may further clash with health nationalism when countries, to minimize the risk of adverse reactions to their own population, refuse to use vaccines that they offer to others. In such cases, health nationalism may also clash with innovation contests. Indeed, at the time of this writing, the hierarchy of vaccines is in disarray. Several high-income countries have temporarily paused the use of AstraZeneca and J&J due to concerns over blood clots. Further undermining the assumed reputational order, Sputnik V joins Pfizer and Moderna in the tier of vaccines considered highly effective and with no reported side effects. What are the implications of a divided distribution, where high-income countries hesitate to endorse exactly those vaccines that reach poor countries?

The ongoing vaccine distribution in Kenya reveals the ground-level ramifications of health nationalism and reputational contestations at the international level. Kenya is currently distributing AstraZeneca vaccines manufactured in India and acquired through a cost-sharing agreement with COVAX. The country is set to have 30% of its 53 million people vaccinated by 2023. The first consignment, containing 1.02 million doses, arrived in early March. The vaccine is provided free of charge. The Sputnik V vaccine, which was approved for emergency use by Kenya's Pharmacy and Poisons Board (PPB), was briefly available in select private clinics at a cost of up to $80 per dose, before its importation was prohibited by the Ministry of Health. This onset of vaccine distributionis occurring against the backdrop of new lockdown measures imposed in response to a surge in COVID-19 cases: the number of new daily cases, around 1,000, is the highest that Kenya has experienced since the beginning of the pandemic.

The start of the vaccine distribution was marked by a slow uptake by healthcare and other essential workers who were eligible for the vaccine: less than 1% of vaccines were administered within the first 2 weeks of their arrival.[32] As a result of this lukewarm reception – but also due to the surge in infections – the second phase of Kenya's vaccine rollout, which expanded vaccine eligibility to adults above 58 years old, was pushed up from July to the end of March. As of late April, around 650,000 vaccines have been administered. This means that only 1.24 doses are available for every 100 people, compared to a global average of 12 doses per 100 people.

There are important local factors impacting the limited vaccine availability and the slow rollout, but global institutional arrangements and political contestations are consequential as well. To begin with, in justifying the decision to reverse the PPB's approval of Sputnik V, the Ministry of Healthheld that the vaccine had to be cleared by the WHO *and only then* by the PPB.[33] In a separate incident, the WHO's Regional Office for Africa emphasized that the AstraZeneca vaccine "has been reviewed and found safe not only by the WHO rigorous process but also by several stringent regulatory authorities, including the United States FDA and the European regulatory authority."[34] These two cases illustrate how an institutional order – where American and European institutions are ranked higher than the WHO, which is ranked higher than Kenyan regulatory authorities – help reproduce current hierarchy by legitimating the rejection of a Russian vaccine in the private sector and the use of a European vaccine provided by COVAX. It is one of the ways by which global contestations over innovation shape health politics and policies in places like Kenya.

As for "health nationalism," export restrictions by India and the European Union resulted in the interruption in COVAX supply, which is the only source of vaccine supply in Kenya and many other countries. In addition to availability, "health nationalism" has impacted the legitimacy of vaccines as well, possibly intensifying vaccine hesitancy. This has occurred in those instances in which vaccines given to poor countries - namely, AstraZeneca and

[32] Hassan, Saada. 2021. "Covid-19 Vaccine Rollout off to Slow Start as Hesitancy Grows." *The Standard*, March 16. https://www.standardmedia.co.ke/kenya/article/2001406446/covid-19-vaccine-rollout-off-to-slow-start-as-hesitancy-grows

[33] Waliaula, Beldeen, and Gloria Milimu. 2021. "Private Jab Imports Banned as the UK Blacklists Kenya." *Standard Health*, April 3. https://www.standardmedia.co.ke/health/article/2001408337/private-jab-imports-banned-as-the-uk-blacklists-kenya

[34] Mwakisha J. March 4, 2021. "WHO Statement on the Catholic Doctors Association of Kenya Advisory on COVID-19 Vaccines and Treatment." *WHO | Regional Office for Africa*. https://www.afro.who.int/news/who-statement-catholic-doctors-association-kenya-advisory-covid-19-vaccines-and-treatment-0. (accessed April 11, 2021)

J&J - have been temporarily paused for use in several high-income donor countries. In Kenya, concerns regarding the efficacy and safety of the AstraZeneca vaccine, and suspicions surrounding the reasons for its selection, were common. While some "politicians, captains of business, government officials and even journalists" found ways to jump the queue and get vaccinated,[35] others have urged against the vaccine, at times employing conspiracy theories.[36] Why put faith in a vaccine that rich countries are refusing? As Catherine Kyobutungi, the Executive Director of the African Population and Health Research Center in Nairobi, summarizes, "Fears and suspicion about COVID-19 vaccines have not been helped by reports linking the AstraZeneca vaccine to the development of blood clots." Kyobutungi empathetically continues, "AstraZeneca is currently the only available vaccine in Kenya."[37] By pausing the use of certain vaccines, high-income countries have signaled that although they do employ stringent levels of safety requirements for vaccines approved for emergency use *elsewhere*, they hold even lower risk tolerance for vaccines they allow at home. For countries where there is access to a wider array of vaccines, including those that require transportation and storage facilities, this zero-tolerance is a feasible strategy. It may not be for Kenya.

The geopolitics of vaccines, then, involve a multiplicity of double-edge swords. Innovation contests have likely contributed to the development of a large number of vaccines and to their distribution as part of "vaccine diplomacy" efforts, but the same contests have also led to the reputational undermining of competing vaccines. Vaccine diplomacy, in turn, improved access to vaccines in many low-income countries, but it also restricted, in some cases, access to other vaccines. Finally, health nationalism may serve the public health interests of some populations, but it undercuts the availability of vaccines in some cases and the legitimacy of vaccines that are available in others.

[35] Gathara, Patrick. 2021. "What Is Going on with Kenya's COVID-19 Vaccine Drive?" *Al Jazeera*, April 3. https://www.aljazeera.com/opinions/2021/4/3/what-is-going-wrong-with-kenyas-covid-19-vaccine-drive

[36] Nzwili, Fredrick. 2021. "Some Kenyan Catholic Doctors Say No to Vaccine, but Bishops Push Back." *Catholic Philly*. https://catholicphilly.com/2021/03/news/world-news/some-kenyan-catholic-doctors-say-no-to-vaccine-but-bishops-push-back/ (accessed April 23, 2021)

[37] Kyobutungi, Catherine. 2021. "Kenya's COVID-19 Vaccine Rollout Has Got off to a Slow Start: The Gaps, and How to Fix Them." *The Conversation*, April 8. https://theconversation.com/profiles/catherine-kyobutungi-259737

ANNOUNCEMENTS

Sociology of Development (Virtual Conference): Summer 2021

THE 2021 ASA DEVELOPMENT SOCIOLOGY CONFERENCE IS HAPPENING NOW!

SAY HELLO TO DEVSOCLINK!

An announcement from conference organizer, Sam Cohn:

The annual ASA Development Sociology Conference is being held from June 2 and July 14, 2021. It is entirely free of cost - all you need to do is register.

Unlike previous conferences, **this one will be held entirely on Zoom so you don't have to miss a thing!** Luckily, there will never be more than one or two events a day so you don't die of Zoom Burnout. (Note for skeptical readers: Zoom Burnout is a terrible thing. People wake up in the middle of the night seeing people in boxes talking, talking, talking. They can't get out of it because they can't stop the share screen.)

We have an incredible array of papers concerning nearly every facet of development sociology. We have fantastic open topic discussion tables. (Asia won the lottery this year for having the most open topic tables – but there are tables for people who study other subjects, too.) We also have numerous one-on-one dialogue opportunities. Mostly have a bunch of people doing really cool work – things you want to hear about and really want to see.

There are different sessions at different times of day – some West Coast friendly, some East Coast friendly – some sessions good for night workers – some sessions for people who can only Zoom during the early day because they have kid duties in the afternoon or evening.

In short, there are topics for everybody and timings for everybody. **You can find the program here and register here: *https://tamu.zoom.us/meeting/register/tJ0tc-CsrjIvGtEEhn6tr-0Az1o0EdmJ1Hx-***

You register and you get sent an email with the zoom links and the passcodes. Anyone can register for the conference - whether or not you sent in a paper or a proposal. You can attend only one session or you can attend them all. Note that if you are participating in the conference, you HAVE to register. Otherwise, you cannot get the Zoomlink. Everything is free. This costs you zero. See ya at DEVSOCLINK!

With any questions, please contact Sam Cohn at: s-cohn@tamu.edu.

ASA Sociology of Development Section Mentorship Program 2021

We are pleased to announce that the ASA Sociology of Development Section Mentorship program continues in an online format this year. Sign up is open until Monday, July 19th.

Karin Johnson (US Census Bureau at Texas A&M University), Mentorship Coordinator, will pair up graduate students and junior faculty with a scholar more advanced in their career. Pairs will be matched based on their desired areas of mentorship, then by substantive research interests. Mentorships groups will consist of at least one mentor and one or more mentees. Mentors and mentees will personally schedule and meet up during the ASA Annual Meeting by video, phone, or whatever means preferred. Participants will be notified of pairings by Friday, July 23rd. If you would like to participate in the Sociology of Development Section Mentorship program- as a mentor or as a mentee - use this link to sign up by Monday, July 19th.

Karin Johnson, the Mentorship Coordinator, is also seeking one or two volunteers to assist with the program. If you are interested in volunteering, please send a notice of interest (no more than one paragraph) as soon as possible to Karin (kacjohnson354@tamu.edu). Questions about the mentorship program can be sent to the same address.

Sociological Insights for Development Policy

Sociological Insights for Development Policy aims to raise awareness about the research being done by members of our section and strengthen engagement between scholars, policy makers and practitioners. In doing so, it aims to enhance sociology's impact on development discourse and practice throughout the world. If you would like to contribute a brief, please contact Alaka Basu at ab54@cornell.edu.

All Policy Briefs can be accessed on the Sociology of Development website. Since it was last featured in *Sectors*, this repository has grown through inclusion of the following briefs:

> "Workplace Disability and Death in an Era of Mass Incarceration: Insights from the US Military" by Eiko Strader (George Washington University)
>
> "Good Governance Can Reduce the Gender Gap in Secondary Schooling" by Jamie M. Sommer (University of South Florida) and Kathleen M. Fallon (Stony Brook University)
>
> "Mass Incarceration as a Factor in the US Mortality Disadvantage" by Sebastian Daza (University of Wisconsin-Madison), Alberto Palloni (University of Wisconsin-Madison), and Jerrett Jones (University of Wisconsin-Madison)
>
> "Why is Women's Labor Force Participation so Low in the Middle East and North Africa?" by Valentine M. Moghadam (Northeastern University)

"Ease of Transportation and Women's Employment in India" by Lei Lei (Rutgers University), Sonalde Desai (University of Maryland), and Reeve Vanneman (University of Maryland)

JOB MARKET CANDIDATES

CANDIDATE PROFILES

Grace Yuehan Wang
Ph D. Candidate, University of Southern California
Dissertation: *The Making of China's Technology Hub:Shenzhen, Cultures,* Institutions, Development and Innovation
Dissertation Defense Date: February 4th, 2021
Dissertation Adviser: Manuel Castells

China's technological power is growing rapidly. At the heart of this growth is China's Silicon Valley, Shenzhen, the Special Economic Zone located in Pearl River Delta, in the South China. According to the World Intellectual Property Organization, in 2017, China filed almost 50,000 international patents, nearly half of them were from Shenzhen city.

Shenzhen's economic miracle, its transformation from a sleepy fishing village to bustling metropolis of more than 12.5 million people began with China's Open and Reform Policy in 1978. It is home to Huawei, the world's largest telecommunications manufacturer; Tencent, the most valuable Internet giant in China; DJI, the cutting-edge drone manufacturer; and Ping An, the global insurance and health-tech company.

Drawing on six-years of research, *my work systematically examines* ***how and why*** *Shenzhen emerged as China's Silicon Valley from historical, political, institutional, social, and cultural perspectives.* The study is combined with qualitative and quantitative methods. The main data relies heavily on in-depth interviews with Shenzhen city government officials, entrepreneurs, tech investors, university professors, salespeople at local electronic markets, and co-working space operators. A survey questionnaire was used to supplement interviews. Semantic network analysis helped to understand narratives about Shenzhen. Government reports and industry statistics provided details to the analysis.

Historical archives provided insight into Shenzhen's origins. I argue that Shenzhen's historical position as a regional commercial center tracing back to Qing dynasty provides it with long, close social and cultural connections with pre-colonial Hong Kong. However, I challenge the conventional view of Hong Kong's technical talent supply to Shenzhen. Shenzhen local government provides a welcoming culture and friendly business environment. Local electronic manufacturing markets promote the maker movement and grassroots participatory innovation. The dense entrepreneurial scene and the institutions that support it are nodes where innovation ideas are exchanged, and innovation products are commercialized. Besides local networks, global financial, manufacturing, and knowledge networks scale up Shenzhen's technological innovation, which makes it possible to incubate companies that become internationally known.

This work explores the key nodes and the intricate dynamics of technological innovation in the global new economy in the making of China's Silicon Valley. How does Shenzhen's innovation model differ from other technology centers? Why has it flourished, even more than Beijing, Shanghai, and others inside China and internationally? How do Shenzhen's innovation advantages and weaknesses compare to other technology leaders? Shenzhen's innovation does not rely on the exact same rules, institutions, and patterns that scholars have mapped out for Western technology

centers. I argue that development in the 21st century is not only about economic development, but also informational development enabled and facilitated by information technologies. This research aims to elucidate an economic and technological development model in developing countries and regions. I suggest policy implications for others in the developing world, particularly those in the Global South, that hope to learn from Shenzhen's technological innovation and development experience. In the conclusion section of my work, *Global Implications – New Innovation Hubs are Possible*, I highlight the significance of entrepreneurial local government officials in developing and boosting local economies, which could be important lessons for our post-pandemic economic recovery worldwide.

NEW PUBLICATIONS

Sociology of Development Journal (*http://socdev.ucpress.edu/*)
This is an international journal addressing issues of development, broadly considered. With basic as well as policy-oriented research, topics explored include economic development and well-being, gender, health, inequality, poverty, environment and sustainability, political economy, conflict, social movements, and more.

Editors: Andrew Jorgenson & Jeff Kentor
Frequency: Quarterly in March, June, September, and December
eISSN: 2374-538X
Table of Contents
Vol. 7 No. 1, Spring 2021, https://online.ucpress.edu/socdev/issue/7/1

International NGOs in Global Aid Chains: Linking Donors, Local Partners, and the State
Mary-Collier Wilks; Derek Richardson; Jennifer Bair
(pp. 1-24) DOI: https://doi.org/10.1525/sod.2021.7.1.1

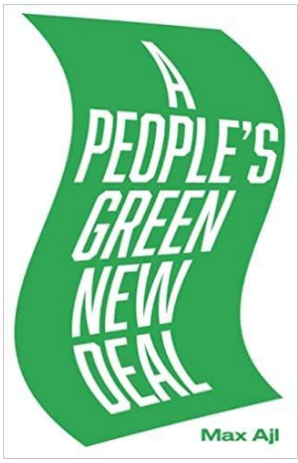
Latin American Cities: Their Evolution under Neoliberalism and Beyond
Brandon P. Martinez; Alejandro Portes
(pp. 25-51) DOI: https://doi.org/10.1525/sod.2021.7.1.25

Recasting the Treadmills of Production and Destruction: New Theoretical Directions
Gregory Hooks; Michael Lengefeld; Chad L. Smith
(pp. 52-76) DOI: https://doi.org/10.1525/sod.2021.7.1.52

Economic Incentive to Ignore the Environment: The World Environmental Regime, Foreign Direct Investment, and Decoupling of Development Aid
Kent E. Henderson
(pp. 77–97.) DOI: https://doi.org/10.1525/sod.2021.7.1.77

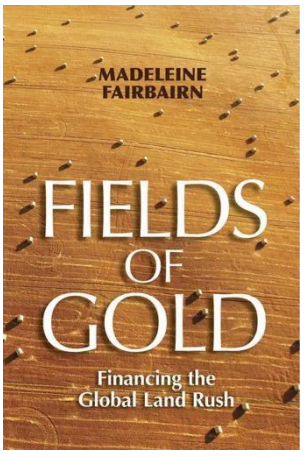
Trade and Health: A Cross-National Study of Global Economic Integration, Smoking Prevalence, and Gender, 2000 to 2015
Ryan P. Thombs; Dennis L. Thombs; Colleen A. Mahoney
(pp. 98-116) DOI: https://doi.org/10.1525/sod.2021.7.1.98

New Books



Ajl, Max. 2021. A People's Green New Deal. London, UK: Pluto Press.

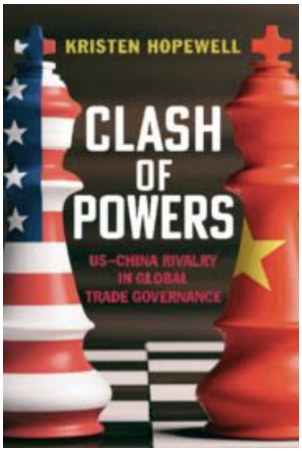
The idea of a Green New Deal was launched into popular consciousness by US Congressperson Alexandria Ocasio-Cortez in 2018. It has become a watchword in the current era of global climate crisis. But what - and for whom - is the Green New Deal? In this concise and urgent book, Max Ajl provides an overview of the various mainstream Green New Deals. Critically engaging with their proponents, ideological underpinnings and limitations, he goes on to sketch out a radical alternative: a 'People's Green New Deal' committed to decommodification, working-class power, anti-imperialism and agro-ecology. Ajl diagnoses the roots of the current socio-ecological crisis as emerging from a world-system dominated by the logics of capitalism and imperialism. Resolving this crisis, he argues, requires nothing less than an infrastructural and agricultural transformation in the Global North, and the industrial convergence between North and South. As the climate crisis deepens and the literature on the subject grows, A People's Green New Deal contributes a distinctive perspective to the debate.



Fairbairn, Madeleine. 2020. *Fields of Gold: Financingthe Global Land Rush*. Ithaca, NY: Cornell University Press.

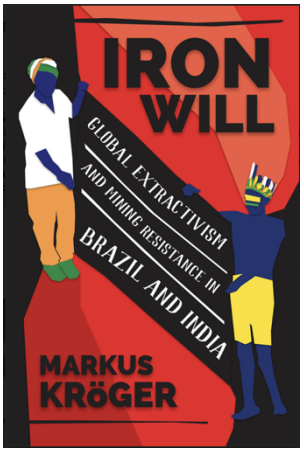
*Fields of Gold*critically examines the history, ideas, and political struggles surrounding the financial sector's growing interest in buying farmland. In particular, Madeleine Fairbairn focuses on developments in two of the most popular investment locations, the US and Brazil, looking at the implications of financiers' acquisition of land and control over resources for rural livelihoods and economic justice.

At the heart of *Fields of Gold*is a tension between efforts to transform farmland into a new financial asset class, and land's physical and social properties, which frequently obstruct that transformation. But what makes the book unique among the growing body of work on the global land grab is Fairbairn's interest in those acquiring land, rather than those affected by land acquisitions. Fairbairn's work sheds ethnographic light on the actors and relationships—from Iowa to Manhattan to São Paulo—that have helped to turn land into an attractive financial asset class.



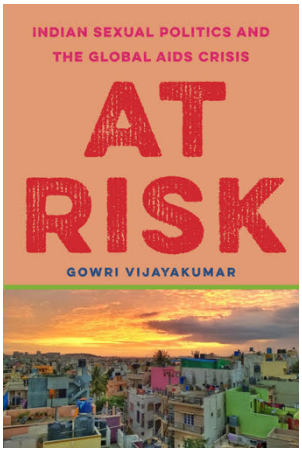
Hopewell, Kristen. 2020. *Clash of Powers: US-ChinaRivalry in Global Trade Governance.* Cambridge: Cambridge University Press

The US-China trade war instigated by President Trump has thrown the multilateral trading system into a crisis. Drawing on vast interview and documentary materials, Hopewell shows how US-China conflict had already paralyzed the system of international rules and institutions governing trade. The China Paradox – the fact that China is both a developing country and an economic powerhouse – creates significant challenges for global trade governance and rule-making. While China demands exemptions from global trade disciplines as a developing country, the US refuses to extend special treatment to its rival. The implications of this conflict extend far beyond trade, impeding pro-development and pro-environment reforms of the global trading system. As one of the firstanalyses of the implications of US-China rivalry for the governance of global trade, this book is crucial to our understanding of China's impact on the global trading system and on the liberal international economic order.



Kröger, Markus. 2020. *Iron Will: Global Extractivism and Mining Resistance in Brazil and India*. Ann Arbor: University of Michigan Press. Retrieved February 25, 2021
https://www.fulcrum.org/concern/monographs/tq57ns985

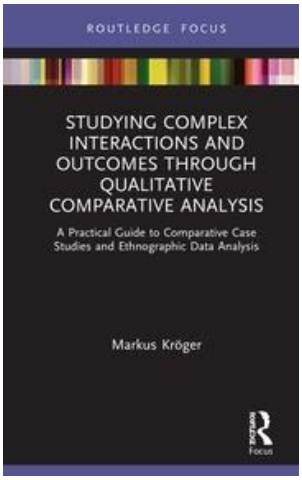
Iron Will lays bare the role of extractivist policies and efforts to resist these policies through a deep ethnographic exploration of globally important iron ore mining in Brazil and India. It is the most comprehensive book on the political economy and ecology of iron ore and steel. Markus Kröger addresses resistance strategies to extractivism and tracks their success, or lack thereof, through a comparison of peaceful and armed resource conflicts, explaining how different means of resistance arise. Using the distinctly different contexts and political systems of Brazil and India highlights the importance of local context for resistance. By drawing on a detailed field research and other sources, this book explains precisely which resistance strategies are able to influence both political and economic outcomes. Kröger expands the focus of traditionally Latin American extractivism research to other contexts such as India and the growing extractivist movement in the Global North. In addition, as the book is a multi-sited political ethnography, it will appeal to sociologists, political scientists, anthropologists, geographers, and others using field research among other methods to understand globalization and global political interactions.



Vijayakumar Gowri. 2021. *At Risk: Indian Sexual Politics and the Global AIDS Crisis.* Palo Alto: Stanford University Press.

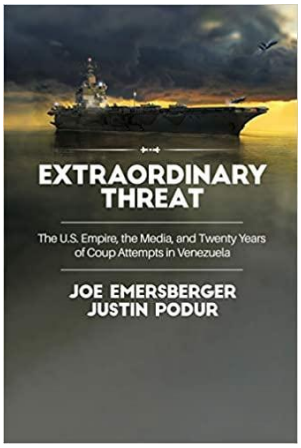
In the mid-1990s, experts predicted that India would face the world's biggest AIDS epidemic by 2000. Though a crisis at this scale never fully materialized, global public health institutions, donors, and the Indian state initiated a massive effort to prevent it. HIV prevention programs channeled billions of dollars toward those groups designated as at-risk—sex workers and men who have sex with men. At Risk captures this unique moment in which these criminalized and marginalized groups reinvented their "at-risk" categorization and became central players in the crisis response. The AIDS crisis created a contradictory, conditional, and temporary opening for sex-worker and LGBTIQ activists to renegotiate citizenship and to make demands on the state.

Working across India and Kenya, Gowri Vijayakumar provides a fine-grained account of the political struggles at the heart of the Indian AIDS response. These range from everyday articulations of sexual identity in activist organizations in Bangalore to new approaches to HIV prevention in Nairobi, where prevention strategies first introduced in India are adapted and circulate, as in the global AIDS field more broadly. Vijayakumar illuminates how the politics of gender, sexuality, and nationalism shape global crisis response. In so doing, she considers the precarious potential for social change in and after a crisis.



Kröger, Markus. 2021. Studying Complex Interactions and Outcomes Through Qualitative Comparative Analysis: A Practical Guide to Comparative Case Studies and Ethnographic Data Analysis. Routledge.

This book offers practical, methodological, and theoretically robust guidelines to systematically study the causalities, dynamics, and outcomes of complex social interactions in multiple source data sets. It demonstrates how to convert data from multi-sited ethnography of investment politics, mobilizations, and citizen struggles into a Qualitative Comparative Analysis (QCA). In this book, Markus Kröger focuses on how data collected primarily via multi-sited political ethnography, supplemented by other materials, and verified by multiple forms of triangulation, can be systematically analyzed through QCA. The results of this QCA offer insight on how to study the political and economic outcomes in natural resource conflicts, across different contexts and political systems. This book applies the method in practice using examples from the author's own research. With a focus on social movement studies, it shows how QCA can be used to analyze a multiple data source database, that includes results from multiple case studies. This book is a practical guide for researchers and students in both social movement studies and other disciplines that produce ethnographic data from multiple sources on how to analyze complex databases through the QCA.



Joe Emersberger and Justin Podur. 2021. Extraordinary Threat: The U.S. Empire, the Media, and Twenty Years of Coup Attempts in Venezuela. NY, NY: Monthly Review Press.

In March 2015, President Obama initiated sanctions against Venezuela, declaring a "national emergency with respect to the unusual and extraordinary threat to the national security and foreign policy of the United States posed by the situation in Venezuela." Each year, the US administration has repeated this claim. But, as Joe Emersberger and Justin Podur argue in their timely book, Extraordinary Threat, the opposite is true: It is the US policy of regime change in Venezuela that constitutes an "extraordinary threat" to Venezuelans. Tens of thousands of Venezuelans continue to die because of these ever-tightening US sanctions, denying people daily food, medicine, and fuel. On top of this, Venezuela has, since 2002, been subjected to repeated coup attempts by US-backed forces. In Extraordinary Threat, Emersberger and Podur tell the story of six coup attempts against Venezuela. This book deflates the myths propagated about the Venezuelan government's purported lack of electoral legitimacy, scant human rights, and disastrous economic development record. Contrary to accounts lobbed by the corporate media, the real target of sustained U.S. assault on Venezuela is not the country's claimed authoritarianism or its supposed corruption. It is Chavismo, the prospect that twenty-first century socialism could be brought about through electoral and constitutional means. This is what the US empire must not allow to succeed.

New Articles and Book Chapters

Chang, Andy Scott Chang. "Selling a Resume and Buying a Job: Stratification of Gender and Occupation by States and Brokers in International Migration from Indonesia." *Social Problems* https://doi.org/10.1093/socpro/spab002

Dawson, Andrew and Liam Swiss (2020). "Foreign Aid and the Rule of Law: Institutional Diffusion versus Legal Reach." *British Journal of Sociology* 71 (4): 761-784.

DoCarmo, Tania, Stephen Rea, Evan Conaway, John Emery and Noopur Raval. 2021. "The Law in Computation: What Machine Learning, Artificial Intelligence and Big Data Mean for Law & Society Scholarship." *Law & Policy*. 43(2): 170-199. doi: 10.1111/lapo.12164

Flynn, Matthew B., and Eric O. Silva. 2021. "Framing Access to Medicines during COVID-19: A Qualitative Content Analysis of Gilead's Remdesivir." *Global Public Health* doi: 10.1080/17441692.2020.1871498

Flynn, Matthew B. 2021. "Global Capitalism as a Societal Determinant of Health: A Conceptual Framework." *Social Science & Medicine* 268:113530. https://doi.org/10.1016/j.socscimed.2020.113530

Hopewell, Kristen. 2021. "Heroes of the developing world? Emerging powers in WTO agriculture negotiations and dispute settlement." *Journal of Peasant Studies,* doi: 10.1080/03066150.2021.1873292

Hopewell, Kristen. 2021. "Strategic Narratives in Global Trade Politics: American Hegemony, Free Trade, and the Hidden Hand of the State." *Chinese Journal of International Politics* 14(1):51-86.

Hopewell, Kristen. 2021. "Trump & Trade: The Crisis in the Multilateral Trading System." *New Political Economy* 26(2):271-82.

Ollinaho, Ossi and Markus Kröger. 2021. "Agroforestry transitions: The good, the bad and the ugly." *Journal of Rural Studies* 82:210-221. Retrieved February 25, 2021 (https://www.sciencedirect.com/science/article/pii/S0743016721000164?via%3Dihub).

Stillerman, Joel. 2021. "Class Conflict and the Ascent of Globalized Business Groups under Chile's Dictatorship: A Case Study of the Copper Manufacturing Industry." Pp. 263-290 in *Big Business and Dictatorships in Latin America: A Transnational History of Profits and Repression,* edited by V. Basualdo, H. Berghoff, and M. Bucheli. Cham, Switzerland: Palgrave Macmillan.

Suchyta, Mark. 2020. "Sense of Place as a Predictor of Beliefs about Energy Development: A Study in Pennsylvania's Marcellus Shale." *Energy Research & Social Science* 70:101635.

Opportunities

Call for Collaboration

The Global Extractivisms and Alternatives Initiative (EXALT) is a new international network of scholars and activists dedicated to collaboration and knowledge creation around the pressing crisis stemming from extractivist policies and practices. This Initiative draws together diverse critical analyses of the phenomena of global extractivismsand the myriad alternatives being actively pursued in both theory and practice. It is the intention of this Initiative to contribute to, expand, and deepen the concept of extractivism and the role of alternatives beyond the conventional usage connected to natural resources.

We are eager to build new partnerships and collaborate in various academic activities in relation to extractivisms and alternatives, so do not hesitate to contact us at exalt@helsinki.fi and see our website exalt.fi for further information.

MISSION STATEMENT

The Sociology of Development Section of ASA promotes work in sociology on the causes and effects of development. We support work in all geographical regions including the United States, other advanced industrial nations and the Global South. We are open to work of all theoretical orientations and all methodological orientations. Both theoretical and applied work is welcome.

Section communication platforms

ASA Sociology of Development Page:
http://www.asanet.org/sections/development.cfm

Sociology of Development Website:
http://sociologyofdevelopment.com/

Sociology of Development Facebook Page:
https://www.facebook.com/ASA-Sociology-of-Development-Section-160936710615717/

Sociology of Development Listserv: SOCDEV
DEVELOPMENT-ANNOUNCE@LISTSERV.ASANET.ORG

Sociology of Development Newsletter:
Please send all your ideas, feedback, and submissions to socdevsectors@gmail.com.