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# “Embedded Research” in Collaborative Fieldwork

Sascha KLOTZBÜCHER

**Abstract:** In the era of the “scientific development concept” of the Hu/Wen leadership, agents of knowledge transfer that eventually translates into policy comprise not only think tanks for policy formulation in central-state institutions but also researchers in universities supporting policy implementation at local levels. Well-established patterns of local scientific advisory frame collaborative fieldwork in Sino-Western scientific projects on local governance. However, there is a gap between our active integration into these patterns during fieldwork and our ability to clarify them as resources, reconstruct the selection of research topics and contextualize the research results within our academic discourses. Analysing site-finding, data collection, aggregation and dissemination of a research project with Chinese public health researchers on rural health service reform in Xinjiang between 2005 and 2010, I argue that fieldwork and the role performed as a scientific advisor for the political principal is the localized and daily interface where politics crosses into science.

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**Keywords:** China, Xinjiang, health care, scientific advice, collaborative research

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## Introduction

While social scientists in the People's Republic of China work as scientific advisors for policymakers, and scientific findings are promoted to policymakers for use in “evidence-based” or “evidence-inspired” policy through well-established relationships between science and politics (Halpern 1988; Liu and Rao 2006), how scientists exert influence is a research topic gaining increased attention (He 2006; Zhu 2011).

However, these case studies focusing on the role of scientific advice in public health published in English are highly selective: First, the examples discussed are selected success stories. Without analysing cases of failed advisory work or the circumstances under which scientists do not engage in consultancy activities for the government, such cases present positive appraisals of how specific research institutes viewed the impact of their own work or successfully disseminated their own research findings (Liu and Wang 2009) and persuaded their political patrons (Liu and Rao 2006; Wang 2009). Second, such cases exclusively analyse health-related policymaking (Liu and Rao 2006; Bin 2009; Kornreich, Vertinsky, and Potter 2012). In the era of the “scientific development concept”, however, agents of knowledge transfer that eventually shapes policy are not only “think tanks” for policy formulation in central-state institutions but also researchers in universities; they each play a role in health policy implementation at local levels.

I divide my discussion<sup>1</sup> into three main sections: In the first section, I discuss the new need for political advisory in local-level policy implementation as an addition to the consultancy role performed by

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researchers in policymaking at the central level (Wang 2009; Zhu 2011; Kornreich, Vertinsky, and Potter 2012; Tsai and Dean 2013). In the second section, I analyse the stages of agenda definition, site-finding, data collection, aggregation and dissemination during my collaboration in a research project with Chinese researchers on rural health service reform and rural health planning in Xinjiang between 2005 and 2009. My central assertion is that Chinese public health researchers – as a case study for researchers in social science – access the field and data via the local administration not in the role of academics or “social activists” testing their ideas (Thøgersen 2009: 26), but as consultants. The window of opportunity for fieldwork and the role researchers perform as scientific advisors to the political principal represent the localized and daily interface where politics crosses into science at local levels.

In the third and last section, I argue that researchers are disciplined not as much by direct control (Yeh 2006) as by an indirect framing of their roles in clear relation to hierarchies of politics and science. The established interface of researchers as embedded consultants frames the possible roles of Westerners researching local governance through collaborative fieldwork in Sino-Western collaborative research projects. Especially when developed into a form of habitus of consultant, these frames influence the ways projects develop and the directions they go in. I conclude with methodological implications for Western collaborative projects.

## Local Health Policy Implementation and the Need for Local Consultancy

Since the beginning of the post-Mao era in 1978, ideological legitimization of policy goals has been loosened and there has been greater scope for scientific input and evidence-based or evidence-inspired ways of decision-making (Halpern 1988) in which the means of achieving policy goals are scientifically approved as the most efficient and socially acceptable. However, with the propagation of the “scientific development concept” (科学发展观, *kexue fazhan guan*) by the Hu/Wen leadership since 2004, scientific experimentation and the relationship between science and politics has changed. The paradigm of scientific development has replaced the paradigm of economic development and stresses political coordination on the basis of scien-

tific advice (Fewsmith 2004: 1). The Hu/Wen leadership has slowed market reforms in welfare and health care. Instead of market mechanisms and locally funded public service, massive central transfer and earmarked payments – linked to the internal “feedback” of carefully selected scientists – support the implementation of policy within given time frames for rural reconstruction (see Bin 2009; Klotzbücher et al. 2010; Kornreich, Vertinsky, and Potter 2012).

Central-state agencies, however, often only provide a policy framework and increased funding. Local-government and party agencies act as decision makers in, and are responsible for, design and implementation. Examples are the New Rural Cooperative Medical System (NRCMS) (Klotzbücher and Lässig 2009; Klotzbücher et al. 2010) and the Building a New Socialist Countryside project (Ahlers and Schubert 2009). This creates new challenges for policymaking: First, there is a need to adapt centrally designed programmes and funding to local conditions. Second, managing these schemes at the county level presents a challenge, given the poor technical training of administrative staff in county and township governments. This historically unprecedented investment in rural health at the grass-roots level (Klotzbücher 2006) has been carried out through traditional forms of party mobilization, coercion and propaganda, combined with more responsive modes of governance. Due to the need to manage and control earmarked funds locally (Klotzbücher et al. 2010), a new need has emerged for scientific advisors to support the vertical administrative structure with their expert knowledge not only at central levels (Halpern 1988; Zhu 2011) but, as I will argue in this paper, now at local levels.

In the next section, I show that at the local level the “scientific development concept” assigns new roles to researchers, increasing the role of science in policy implementation. Growing numbers of commissioned data collection exercises – surveys requested by higher levels of government and outsourced by local governments – create spaces in which researchers aggregate, analyse and formulate their evidence in local research settings framed in the processes of local policy formulation, implementation and evaluation.

## Defining the Agenda and Obtaining Support from Politicians

The following discussion of our own participation in different phases of a collaborative project with a university in Xinyuan County (Xinjiang) illustrates the forms of the present relationships between researchers and local administrations and the outcomes of these relationships in Xinyuan County. The project, titled “Capacity-building for Rural Health Care in Northeast Asia: Perspectives for Pastoral Hospitals in Xinjiang, China”, was conducted by Chinese Studies researchers at the Department of East Asian Studies at the University of Vienna and researchers from the Department of Public Health at a university in northwestern China. Based on the interactions observed in this and previous field studies carried out in conjunction with other public health scientists, I became aware that their fieldwork in public health is framed and carried out in the form of consultancy activity paid for by government funding or governmental organizations (see Klotzbücher 2006).

The design of all projects is preceded by intensive talks with local government on the goals, scope, methods and participation of researchers. The approval of provincial and county leaders is crucial. There are two important steps: First, an agreement must be reached with people on upper levels about content and goals. The aim is to obtain political support/ confirmation at the provincial level for the outline and goals of the project. Second, at the county level, talks between researchers and local leaders focus on feasibility and technical support in organizing field study and data collection.

In the case of our project, it is significant that consultations regarding the scope and aims of the project began at the provincial level in July 2005: During this consultation, the Deputy Head of the Bureau for Rural Health Care in the Provincial Health Bureau in Urumqi, an Uyghur, described the pressure she was under due to the fact that the central government in Beijing did not understand certain conditions particular to Xinjiang. She perceived this as an inherent conflict between the goal of national unification of the primary health care system and the need to adapt to particular local conditions. One result of this lack of flexibility was that the Deputy Bureau Head faced difficulties in building stationary village health posts and township health clinics. In her opinion, one of the special characteristics of

Xinjiang is the presence and use of “doctors on horseback” (马背医生, *mabei yisheng*), who can adapt to the seasonal movement of cattle between summer and winter pastures and can consequently provide health care even to families in remote pasture areas. The Deputy Bureau Head argued that due to this model and the local geography and terrain, standardized national plans and ratios specifying numbers of medical personnel per capita required both continual adjustment and the development of flexible models suitable for pastoral regions. She complained that Beijing insisted on standardized nationwide implementation of the policy assigning one doctor per village to all Chinese counties. Additional, mobile health workers would weaken this static model and were seen by the central government as a waste of money and organizational resources. Although these doctors provide health services to semi-nomadic herders in the pastures, this diversified health care structure is not documented in the Statistical Yearbooks.

In an internal document finalized by the Deputy Bureau Head only a few days before our arrival in Urumqi, the Health Bureau of Xinjiang argued for more flexibility in implementing this national policy in consonance with regional characteristics (Xinjiang Health Department 2005).

The Deputy Bureau Head also outlined the function of research during our conversation: Research results (and the involvement of foreign researchers) spell out for Beijing the particular conditions relevant to Xinjiang and the need to deviate from standard national policy, and a survey detailing the health needs and health care service utilization of the Kazakh herders aimed to elucidate the need for locally specific policies. If the central level better understands these issues, this could improve funding and grant more flexibility to the organization of health care, specifically regarding the use of mobile health care solutions. At the local political level, the aim was to determine the efficient allocation of resources according to personnel and equipment standards.

This example shows how administrators define the role of researchers within the framework of policy implementation: The underrepresentation of ethnic minorities, their health problems and the structures of health provision in official survey data (e.g. Chinese Health Information Center 2004) was not perceived as a problem until the local state administration found itself unable to explain set-

backs in policy implementation and back up their explanations with scientific evidence. Here, research performs a role in the process of setting a policy agenda, and this project provided a window of opportunity for local experts to delineate problems in their regions to higher levels of government and to lobby for special policy options (Kornreich, Vertinsky, and Potter 2012: 184). In its function of supporting provincial leaders in their negotiations with central agencies, scientific evidence becomes strategic knowledge for local politicians, especially when their implementation plans are lagging behind national timelines and targets. Research provides reasoned explanations for setbacks (Greenhalgh 2008). First, provincial support for this project diminished the political risk faced by local cadres, who might have otherwise been blamed for patterns of behaviour based on ethnic and cultural aspects that were not assessable in official surveys (Zang 2007: 148; Schuster 2009). Second, support from the provinces ensured researchers’ access to data at the grass-roots level.

In an exception to general rules on fieldwork in Xinjiang, we were allowed to carry out field research among the Kazakh minority in a region close to the Kazakhstan border that was formerly not accessible to foreign visitors. The methodology the team applied was a combination of quantitative and qualitative research using an actor-centred approach. The aim of the project was to analyse both the agency of key groups as resources for capacity-building and the perceptions of the current health care situation in the area on the part of three stakeholder groups: patients, health staff and health administrators (see methodology and results in Klotzbücher et al. 2010; Rui et al. 2011; Klotzbücher et al. 2012; Weigelin-Schwiedrzik and Klotzbücher 2014). In short, the political conjuncture described above opened a window of opportunity in summer 2005 for a scientific assessment of ethnic health needs and behaviour in a mixed quantitative and qualitative survey. The second component of the research was to have been a feasibility study of a mobile health care unit for Kazakh herders.

A letter issued by the Provincial Health Bureau enabled my participation in talks with cadres and doctors at the county and township levels, and I took part in discussions with the Health Bureau in a nearby county (another project site of our Chinese host department) in July 2005. There was only limited interest in using mobile units to improve health care access for mobile herders in the county. One of



the most important factors, aside from those in the health policy domain, in explaining forms of pastoral/ rural health care implementation has already been mentioned: In 2005 the county was attempting to persuade herders and their families from the mountains to settle in the villages, using public services (health stations, schools) as pull factors for sedentarization in the new settlements. Although they were aware of provincial authorization for this project and the county officials did not contest the project's goals, they argued that their county was not a good case study. As one of the cadres contended, semi-pastoralism would disappear in the long run in that county with the process of resettlement of herders. As a result, the Chinese researchers in the team suggested conducting the project in Xinyuan County.

The professor in the team had already conducted several other projects in Xinyuan and had assisted them in calculating the reimbursement rate for the local health plan, the NRCMS. Furthermore, Xinyuan had previously been selected semi-randomly as one of 95 cases at the county level to be included in the third National Health Services Survey (NHSS, published in Chinese Health Information Center 2004). In addition, and in contrast to the county that we visited first, the implementation of the sedentarization policy in Xinyuan had been temporarily suspended.

## Data Collection: Comparability to Governmental Surveys

Even though the sample population of the NHSS is ethnically diverse, it is evident that there is a bias towards the urban population and people working in agriculture as compared to the nomadic population. Seventy-five per cent of the population included in the 2003 NHSS was non-Han, but none of the interviews with these groups were conducted in pastoral areas, and data were not disaggregated by occupation (including between peasants and herders), making it difficult to differentiate between these groups in the data. In addition, NHSS interviews were conducted in July/ August 2003 in the villages, when most of the herders were away in the summer pastures. Only an exclusive survey with semi-nomadic households in pasture areas could have accurately documented the health status, needs and health service utilization of the semi-nomadic Kazakh population group,

and this was not carried out. Aware both of the shortcomings of the 2003 NHSS and of the need to be able to compare and contrast that survey with our own, in our August 2006 survey we decided to use only a slightly adapted research design. We employed the same questionnaire and methodology used by the NHSS in our survey of 457 households (2,286 family members) at the Nalati Agewuzan summer pasture in Xinyuan County in 2006. Self-reported data on health status, behaviour, health care access and utilization were collected, with only minor modifications made to the NHSS questionnaire (see discussion of sample, methodology and results in Rui et al. 2011; Klotzbücher et al. 2012). Local officials neither requested to see these modifications nor acknowledged them, and there was no government interference with questionnaires or data collection.

The role of local officials changed during the course of the project. In contrast to the very close communication between the research team and local officials during the processes of selecting the site and defining the project’s scope and agenda, in which local officials acted as gatekeepers, during the data collection process in summer 2006, the role of local officials changed to one of providing technical support. Comparability between our survey data and those from the NHSS convinced local officials of the worth of the project, as the resulting data could be used to “scientifically” assess the problems faced by provincial leaders in the reconstruction of the rural health care providers. This would allow the *de facto* Han sample surveyed in the 2003 NHSS in the valleys in Xinyuan County (Chinese Health Information Center 2004) to be compared to our sample of entirely Kazakh pastoralists in the mountains. Despite the change in the officials’ roles, we remained in regular and close contact with them in their new capacity as interviewees and contact persons for other projects.

Technical support came mainly from the county level. The County Health Bureau informed the township health centres of our project and requested that they cooperate with us. The Nalati Township health centre, which covers an area with a high pastoral population, provided a jeep and a driver to transport researchers and students up into the high plains; fuel was paid for out of project funds.

Forms of interaction between researchers and officials are crucial to both sides understanding how to align scientific evidence with policy and to then formulate appropriate policy recommendations.

Our case study shows that the process of continuous communication between researchers and officials (which also involved communication in relation to other projects in Xinyuan County) helps the researchers understand what is politically feasible. In autumn 2006, only two weeks after we conducted interviews and implemented the questionnaire in the high plains, the research team gave a preliminary research report at a conference in China. Based on the different perceptions of three local stakeholders (administrators, medical staff, patients) and their incentives to challenge the status quo, we argued that a mobile unit could provide preventive services in the pasture areas. This conference was also attended by provincial and county health officials, but the Deputy Head of the Provincial Bureau for Rural Health Care was the only one to give a presentation discussing the situation of herders in Xinjiang, which was mainly based on the policy paper from 2005. In sum, the period of collecting data and presenting the initial results, during which we remained in continuous communication with local officials, was one of intensive and fruitful cooperation.

In 2007, the second year of the project, the political environment in Xinyuan changed drastically, and the climate for research became precarious. The foreign team members were granted travel permits to Xinyuan County but were not allowed to visit the pasture area. It is hard to say whether this permission was denied because of the heavy rain or for administrative reasons. Even without an official letter from the Provincial Bureau of Health and official written support from the county, it remained possible for the Chinese side to make use of established contacts with the township health centre directors to arrange interviews focusing on the situation of the doctors and herders remaining in the valleys. Informal contact with the interviewees facilitated access to informants in the valleys and made data collection possible.

## Data Analysis: Restricting Our Role to that of Data Provider

The enormous quantity of data from the 2006/2007 survey and interviews allows different conclusions to be drawn. The Chinese partners wrote an initial version of a report based on the results of the survey. The organization of chapters and tables follows that of previ-

ous reports on health needs and utilization that had been written about other regions of Xinjiang, commissioned by government agencies. The slightly adapted survey questionnaire and the discussion of data that utilized the templates of previous research reports and of the NHSS (Chinese Health Information Center 2004) ensure its comparability with previous administrative forms of reasoning. This formalism also maintains the boundaries of what can be said in science. Creating barriers and limitations to what researchers can find and/ or report, formalism strengthens the role of participating scientists as data collectors for administrators according to politically predefined categories, methods, output and forms of presentation.

In a very similar way to that described by Mette Thunø (2006), problems arose in the wake of data collection about how to interpret and contextualize the survey and interview results. The Austrian members of the team were more willing than team members from other countries to compare and contrast the results of the quantitative survey with the results of the qualitative interviews. At the moment when the Austrian team members began to reflect, not as data collectors or advisors, but as autonomous interpreters of knowledge that came from different sources and was produced in different ways, they contested the clear hierarchy of the political and scientific speech space. Our Chinese colleagues argued that, due to the design of the survey, we could analyse the results only in the context of the question that had been asked in the survey. The “narrow empiricism” (Baum 1982: 1170) and “the scientists’/engineers’ claim to provide data [and] scientific[ally] grounded explanations were essential to policymaking [and] were crucial to their appeal to policymakers” (Greenhalgh 2008: 196).

These differences, however, demonstrate the two groups’ different understandings of the scientific speech space and the strictness of the boundaries of that space. It shows how this strong empiricism and analysis of the questions mostly duplicated from government surveys bring in their wake scientific arguments to “*follow* party policy, justifying and explaining it, not [to] provide independent frameworks within which policy decisions could be made” (Suzanne Ogden in Greenhalgh 2008: 96; emphasis in original). While all team members realized that the window of opportunity opened by the government was only the beginning, we all shared an interest in generating some form of basic survey data on a neglected ethnic group that would

elucidate their health needs and behaviour in a socially embedded environment. The textual structure of the political template of the NHSS influenced the direction of the project.

## Dissemination of Data: The Realignment to Politics and the Scientific “Only-Choice” Discourse

The research report – comprising an intensive exposition of the quantitative survey and qualitative interviews, but lacking a feasibility study including costs and organization of a mobile health unit – was handed over to the county and the Provincial Health Bureau in autumn 2007.

Our Chinese partners anticipated a decline in interest in mobile health care solutions on the part of the county health cadres. Interest and support for the project on the part of officials and researchers was an essential condition for starting and planning this project: They agreed on the scope, aim and location of the project. As soon as officials lose interest or show a more hesitant attitude, researchers step back, unwilling to offend the administration.

The County Health Bureau did not implement the proposal for mobile health centres in the high plains. We have discussed elsewhere the reaction and subsequent measures taken to improve the local health situation through the renovation of clinics, using massive funding from the central government (Klotzbücher et al. 2012). The diversity of the possible solutions discussed from 2005 to 2007 – both mobile and stationary – was transformed into an “only-choice” discourse” (Greenhalgh 2008: 165) by local officials beginning in 2008, when existing stationary health centres were renovated or rebuilt using central funding.

Of several reasons which might explain the decision of the county government not to follow up on the mobile health care solution, the most important is the incompatibility of our proposal with the sedentarization policy. However, the exception mentioned above notwithstanding, the subordination of rural health care implementation under the sedentarization policy was never openly discussed in academic publications by our Chinese collaborators.

Political leaders opted for a policy that would work towards the sedentarization of the nomadic herders, and – in the long run – de-

crease the number of people in the pastures. The county government had applied for funds to renovate health centres at a time when the sedentarization policy had not yet gained in prominence there. However, by the time the funds reached Xinyuan in 2009 it was clear that the county had chosen the option that would align it with the policies of the central government.

The political goal of a forced sedentarization of nomads into farmers is derived from an ideological paradigm of backwardness (Zukosky 2012). Where previously, the lifestyle of the herders was cited as a cause of low incomes and limited opportunities for development, in today’s discourse of “scientific development” this backwardness is presented to us through the lens of over-grazing of the pastures. The importance of sedentarizing this population as a modernizing and civilizing Han project in the name of a drive for ecological sustainability (a policy of removing people from certain areas that is not implemented in the urban, often ecologically unbalanced spaces where most Han populations live) obliterates alternative perceptions, and in Xinyuan this policy has served to fundamentally restructure the scientific speech space on mobile health care.

This example shows how research is forced to align itself with existing policy and that the definition of the political speech space is beyond the reach of research enquiry. Playing by these rules is critical for the formulation of evidence with the goal of achieving better health care. As Li Xiaoxia (2002: 87), a researcher from Xinjiang Normal University, argued, evaluating the sedentarization policy is difficult because government agencies both implement and evaluate the policy. While sedentarization is unquestionably both a “national policy” (国策, *guocè*) and a key reason for the change in the policy decision of the local leaders in Xinyuan, using alternative explanations for poverty can be dangerous. In the present situation, an enquiry into the health status of a semi-nomadic group whose lifestyle is scheduled to be stamped out can be seen as a negation of, or resistance to, political constraints and the de facto arrangement of the political and scientific speech space. With researchers’ discussion of sedentarization locked into the “scientific” speech space and bounded by immovable policy constraints, researchers may also step back from the original aim of research – in our case, to generate local capacity for mobile health care solutions.

Our project continued, but the original idea for pilot studies was discarded, and in no subsequent Chinese academic health publications written by our collaborators was the policy of sedentarization discussed (e.g. Huang et al. 2010; Rui et al. 2011).

This asymmetric power structure between researchers and administrators pays disproportionate attention to what officials want – and want to do. Researchers' voluntary and self-affirmed alignment towards government actors and the latter's (changing) interests ensures that researchers are aware of what is politically feasible, and any changes in the wishes of officials or in the political climate causes researchers to retreat. Researchers' integration into a political and ideological context overrides theoretical conceptualizations of research – sticking to the tables and questionnaires provided by the government helps insulate researchers and keeps them out of the political speech space.

## Discussion

This case study in Xinjiang identifies frequent local-level interaction patterns in the era of the “scientific development concept”. These strengthen local relationships between research and politics: government-funded projects, data collection, small, commissioned research contracts and intervention studies (examples in Liu and Wang 2009) create new research aims along with institutionalizing and strengthening this new relationship, leading to the government's tightened control over patterns of interaction. This need creates a window of opportunity for producing scientific evidence in the phase of project design. These research results represent tactical knowledge generated by local units in relation to central institutions as a way to preserve their autonomy while showing conformity with central policy targets. Jørgen Delman (2003) has identified a very similar process of local governments' tactical knowledge in relation to their local populations.

In this asymmetrical relationship of power between politicians and scientists, explicit and hidden frames of consultancy generate a distinct form of fieldwork embedded in a hierarchical system in which resources allowing access to the field site of the agent (the researcher) are dependent on the principal (the local government). State agencies not only set new research agendas and allocate time and staff but also provide additional funding. The additional financial

possibilities strengthen the political logic of fact-finding in a politically tailored language of actual wordings and research scenarios.

Erika Evasdottir (2004) has convincingly argued the importance of fieldwork in the formation and structure of the researcher’s habitus of obedient autonomy. However, I disagree with Evasdottir’s statement that there is a unique relationship between research and state agencies in the case of archaeologists (Evasdottir 2004). Our case study showed that a reliable working relationship with the local administration, in which officials acted as gatekeepers, was the necessary condition for access to high-quality data. In embedded research scenarios, researchers learn to pay continuous attention to what their principals (project commissioners, meaning local government) want, and this makes them highly sensitive to political changes.

This helps to explain why theory-building in China, if not pushed by the state explicitly, mainly adheres to imported prestigious Western theories and to indigenous “interpretation and explication of top-down state policies” (自上而下的国家政策的解读阐释, *zì shàng ér xià de guójiā zhèngcè de jiědú chānshì*) (Liu 2012: 23) and the remarkable synchronicity of political construction projects (such as NRCMS and Building a New Socialist Countryside) and accompanying scientific evidence-making and reasoning in Chinese and Western social sciences.

The discussion of these unexplored patterns shows a high and intense interaction in the phase of agenda-setting and site-finding. It shows that researchers fail in the role of independent agenda setters because they are too powerless (see, for the central level, Tsai and Dean 2013), but that they can take pride in acting as catalysts for change when they realize that their findings overlap with emerging policy changes and a politically driven need for alternative explanations.

Embedded research and consultancy under obedient autonomy are both privileged and self-restricting. The Chinese party-state’s continuous emphasis on learning underlies regime adaptation (Heilmann 2008) and thought unification (Tsai and Dean 2013: 91ff). Learning sessions in central and local settings ensure loyalty (Tsai and Dean 2013: 100; for a vivid example, see Liu and Rao 2006).

Analysing how the groups meet in these scenarios of scientific advisory provides an understanding of how politics forms the scientific discourse and how central policies are implemented at the local level. In their role as providers of suggestions to local government,



and the importance of this for researchers' definition of their own role, researchers function as mediators between officials with a willingness to learn and "backward" populations in need of "guidance". When the roles and functions of research are assigned through a clear hierarchical relationship between the political principal and the carefully selected agent, unsanctioned enquiry beyond these boundaries into the "political speech space" (Greenhalgh 2008) can result in dismissal of faculty, as recent examples show (Jacobs 2013), or undermine researchers' chances of going abroad (Branigan 2014).

Bounded in these scenarios of consultancy, with its privileges, resources, professional limits and possibilities of self-appraisal, it is not only the Chinese government but researchers themselves that have black-boxed the entanglements of science and politics (see also Holz 2007). The question is: How can we overcome this?

- Once we accept obedient autonomy as an open and often hidden structure inherent to the research context, simple methodological considerations of field strategies that argue both for a greater degree of "informality" in the conduct of research and for the social embeddedness (Tsai 2010) of the researcher are insufficient. Greater informality in our dealings with informants and partners can change only our relationship with them, not the ways in which they are embedded in this political force field. Looking at local governance, it is vexing that many social scientists fail to include themselves and their roles in their perception and analyses of the processes of the formation of political power. As researchers, when we collaborate with a "think tank" loyal to the Central Committee of the Communist Party (see discussion in Tsai and Dean 2013), we benefit from a range of resources (capital, fear, loyalty), and these influence how we are perceived in society and by those at the bottom of the state administration. When we walk "in the footsteps of the Communist Party" (Hansen 2006), we provoke counter-strategies from these groups and individuals and limit our own perceptions of local governance. Investigating how all groups meet and behave in these well-developed structures of loyalty through all stages of a project – from agenda-setting to site selection to dissemination – provides an understanding of the underlying power structures, resources and pitfalls of our collaborative fieldwork.

- Fieldwork is always collaborative, but the degree of explicit recognition, documentation, discussion and scientific evaluation of every research step from project planning to writing differs (Lassiter 2005: 16ff). As junior foreign partners of Chinese colleagues, the windows of opportunity provided by state-led projects on social reconstruction are our point of access into the field, but they are framed by the relationship of obedient autonomy between science and government. Foreign researchers should recognize and play the role of foreign political advisors (He 2006), but they must also make this explicit: Greater embeddedness requires greater reflexivity.
- Governance, as a concept, tried to break away from the bias towards the state and state regulation. We as Western researchers now have to re-encounter those who are governed – for instance, in multiple interviews during different stages of data aggregation, analysis and dissemination. In these historically and culturally determined data collection settings, we should not talk about them but with them, using participatory approaches to involve them in the research process in order to break down the division of roles that defines the governed as “data providers” and researchers as “data grabbers”.

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