

# Anthropological Ethics in the Shadows: Researching Drug Use and AIDS Interventions in Southwest China

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One day in 2005 I was standing among a group of health workers and several bystanders watching a high-ranking health officer lecturing a group of ethnic Nuosu peasants in Limu,<sup>1</sup> an impoverished mountain community in southwest Sichuan Province, China. These Nuosu had tested HIV-positive, and now squatted quietly in front of the officer listening to his advice about how to prevent further transmission of the AIDS virus. All of a sudden, a primary-school teacher, also a bystander, pointed at one female participant among the patient group and asked the health worker by her side, “Is that woman named Qubi Aga? Is she HIV-infected?” After hearing a positive response, she sputtered in a high pitch and hysterical tone, “What can I do? I just touched the embroidery she made for our [AIDS-related assistance] center! I’m not yet married. I don’t want to get infected!” The health worker attempted to calm her down by saying, “It’s not that easy to contract [HIV].” But the school teacher continued: “What can I do? I want to tell the director [of the center]. We should not allow her to make embroidery for us any more. We won’t be able to sell the embroidery products if clients know they are made by HIV-infected people!”

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Standing close to this teacher, my tolerance of her irrationality was evaporating, yet I tried hard to hold my temper. I said to her, “Isn’t the goal of your center to help HIV-infected people and their families? So how can you [as the center’s local coordinator] exclude her *because* she is infected? Also, HIV won’t spread through embroidery.” Ignoring my words, she kept muttering “I want to tell the director!” Then my patience disappeared, along with my professional façade which projected an image of an always friendly and non-judgmental fieldworker-from-abroad. I told her, “I will protest to your director about such a ridiculous notion.”

During 2005, when I was conducting ethnographic research in Limu for my doctoral dissertation, a newly-founded Chinese NGO that aimed to help Nuosu people affected by HIV/AIDS was working with the local government; it recruited several local women to make traditional Nuosu embroidery. Along with some women whom I knew were unaffected by AIDS, this HIV-infected woman, tiny and in her early thirties, joined this project because of her handicraft skills. She acquired the disease through her heroin-addicted husband and had raised two small children on her own because her husband hardly worked. For her, this project appeared to be a viable alternative, enabling her to make a basic living.

The NGO provided cloth and thread as well as design charts or product samples for these women to imitate. On average, it takes a month to make an ordinary piece of embroidery. Some women may be more productive, especially if they are skillful or less in demand for domestic chores. Generally these women traded pieces of hand-made embroidery somewhat larger than an A4-sized piece of paper to the NGO for 30 to 60 yuan (US\$3.75–\$7.50 at the time) per item, based on the assessment of its quality by the community coordinator (the above-mentioned teacher). The NGO in turn sold these pieces at its fund-raising events or through other marketing channels at a price a few times higher than the original cost. Whether this particular NGO made a profit or not, this project helped these local women financially. Given the fact that the annual net per capita income in the county where Limu is located was about 730 yuan in 2004, the amount these embroiderers could make was tangible.

Based on my experiences, in this community and in rural China at large, I believe that this HIV-infected woman would risk losing her opportunity if the teacher reported negatively about her to the project director. Seized by such concerns, I stepped in and intervened for the

first time during my fieldwork; the ensuing controversy subsequently haunted me. The long and the short of the story is I made a call to the NGO office and told one of the deputy directors of my concern about the woman and reminded her of the NGO's publicly-stated goal as an AIDS-related aid organization. Unbeknownst to me, my message was quickly passed on to the teacher in question. The next day, in front of other health workers and teachers, this teacher shouted in my face, "You are despicable!"

## **Into a Sensitive Research Field**

This paper attempts to problematize, understand, and justify why I did or did not try to change the controversial AIDS and drug use interventions in Limu, where I stayed for twenty months, including the entire year of 2005 and intermittent visits between 2002 and 2009. Limu is an impoverished Nuosu community in a mountain basin 1,900 meters above sea level in Liangshan Prefecture of Sichuan Province. "Nuosu" is the autonym of the Yi Nationality in Liangshan identified by the Chinese state in the 1950s. In Limu and elsewhere across Liangshan, the spread of the AIDS virus has resulted primarily from unsafe heroin injections among Nuosu young men who, beginning in the mid-1980s, moved to towns or cities across the country and encountered the drug in the early 1990s (Liu 2010b).

Anthropologists often encounter illicit activities and/or stigmatized behaviors in fieldwork even though they may not have targeted them as research topics. My own experiences, however, were to some extent the opposite of this norm. In 2002, I began to conduct research on drug use and AIDS in Limu, where an unusually "open" atmosphere had been the daily basis of my fieldwork. There is little secrecy among local people as to who is using drugs or is HIV positive. Although sometimes local state agents maintained patients' confidentiality in a formalistic manner, at other times they conducted their intervention projects publicly, or at least in a rather visible manner; for example, they gathered HIV-infected and drug-using patients openly for various reasons. Under these circumstances, I was able to approach illicit behaviors and stigmatized people, in the eyes of the state, without much difficulty. What became hard to research, causing increasing agony on my part, was not the typically illicit and stigmatized behaviors, but rather those intervention projects implemented by state agents and NGO workers, projects which are

supposed to operate with openness and transparency in a civil or democratic society, but which in this research environment did not.

My research question in Limu was to understand why the Nuosu have been so vulnerable to heroin use and AIDS and how the local community and state agents have responded to these emerging social problems. I attribute these problems to the turbulent development trajectories the Nuosu have experienced over the past half-century (Liu 2010b). Before the 1950s, the Nuosu lived in a non-state, autonomous condition. In the early 1950s, the Communist army officially “liberated” Liangshan, and the government adopted the teleological Marxian-Morganian evolutionary theory (from primitive society to slave, feudal, capitalist, and, lastly, socialist society) to categorize its ethnic minorities; it relegated the Nuosu to the lowest rung on the societal development ladder, labeling it the only surviving “slave society” in China.

When China’s market reform reached peripheral Liangshan in the early 1980s, local Nuosu young men began to explore their new life opportunities in the cities beyond their mountainous hometowns, even though they had insufficient language capacity and skills to manage such a living. By the early 1990s, many of these adventurous young men had encountered heroin, trafficked from Myanmar. They embraced this drug against the background of opium production in Liangshan in the first half of the twentieth century. At that time, the Nuosu traded opium with the Han for silver dollars or weapons such as guns and bullets with which they became even more powerful and independent of the Chinese state. Such awesome power enabled the Nuosu to capture more Han people as slaves and hence aggravated the Nuosu-Han relationship in the borderland. The Nuosu’s one-time power over the region in large part because of opium brought about, for some Nuosu, a positive image of this substance. It was in this historical and sociocultural context that the adventurous Nuosu young men related heroin to opium, which to some extent embodied their ethnic glorious past. As such, in the initial encounter, they called heroin *yeyi*, the Nuosu word for opium (Liu 2010a).

Unfortunately, although also opiate-based, heroin has more potency than opium in shaping dependency and, more importantly, it can be administered through injections. Soon after it began to be used, heroin came to wreak uncontrollable devastation on some Nuosu communities, including Limu. Between 1995 and 2001, in Limu and the neighboring Hagu Township, 275 drug users died of inappropriately administered

injections, drug overdoses, and other drug-related causes. In response, Nuosu kinship organizations mobilized ordinary peasants to carry out grassroots drug control. Nevertheless, owing to the lack of consistent and tangible state support, as well as to the complexity of the problems, the local campaigns generally fizzled out (Liu 2010b).

In 2001 the Chinese state worked in cooperation with a British aid agency to form the China-UK HIV/AIDS Prevention and Care Project (hereafter called the China-UK Project), which began to systematically investigate the spread of the disease in Liangshan. The extent of the epidemic startled the involved government agencies. The Nuosu, who constitute less than 3 percent of the Sichuan provincial population, had a stunning 60 percent of the reported HIV infection cases in the province (China-UK 2001). Limu has been among the worst HIV-hit localities in the region.

The prevalence of heroin use and HIV/AIDS among the Nuosu has only earned them more negative stereotypes, from which they have already suffered gravely since the 1950s, and aggravated an already tenuous and contentious state-society relationship. It was hence not a total surprise that the drug and AIDS intervention projects in Limu would be entangled within local complexities, and that I as a researcher would be inevitably trapped in such a labyrinth.

## **The Dilemmas of Taking Sides or Not**

Over the years of my ethnographic fieldwork in Limu, I have observed various researchers, in collaboration with state agents, repeatedly interview the same drug users, HIV-infected people, and AIDS-affected orphans to understand local particularities related to heroin use and the subsequent spread of the AIDS virus. I also observed state agents and NGO workers manipulate AIDS-related information and data for the sake of their own brands of intervention planning and practice. Similarly, I witnessed how local peasants concealed truths and deceived state agents when they participated in state-intervention projects. I was inundated with rumors and accusations about how state agents, NGO workers, and local people had, knowingly or not, jointly participated in an array of schemes masquerading as intervention projects in order to squander public funds or obtain personal benefits. I was also dismayed by how the stigma against HIV/AIDS victims was introduced and transplanted from state agents to local Nuosu, who initially did not harbor

such discriminatory attitudes towards this disease and its victims (Liu 2009). While witnessing all of these fiascos, I did not, or more precisely, could not, do anything to alter the course of events I beheld.

According to my observation in Limu, local people believed that any resource from above would be allocated unequally through particularistic bureaucratic and local social networks, which were primarily based on kinship or other types of favoritism. They believed this to be normal and inevitable, although they kept pointing fingers or circulating rumors behind the scenes. For various reasons, no one in the field thought I should interfere in such “unfair” matters. After the episode with which I begin this report took place, some health workers advised me not to meddle in what the teacher and her NGO were doing in the community. They looked apathetically at those health-related projects of which they had not been a part.

Oftentimes I felt bewildered and occasionally afraid when I was in the field, and I left my field site having played virtually no role of advocacy—even though I could envision what I could have done to make a difference, conceptually and ideally. I was fully aware of a truism: independent anthropologists facing such a contentious situation may occupy the most awkward position, emotionally, intellectually, politically, and ethically, yet we may not be in the field long enough to bear the ultimate negative consequences that might result from our stances. The code of ethics of the American Anthropological Association (AAA 2009) makes it clear that advocacy is an individual choice, rather than a professional ethical responsibility. Yet after witnessing the public health fiascos discussed above, the question, “Why did I do nothing?” haunted me during my fieldwork and continues to haunt me in my post-fieldwork deliberations.

In an effort to solve this long-term puzzle, in what follows I deliberate over three issues to explicate the complex and difficult roles I occupied when facing ethical and moral dilemmas in my research: (1) the general anthropological stance towards relativism and a relativist perspective; (2) the compatibility of public health concerns with anthropological reflexivity; and (3) the complexities of the socialist context in which the research was carried out. These issues may help explicate the particular local scenario I was confronted with on a daily basis during my fieldwork. A dissection of these intertwined aspects can help provide a framework for understanding my own particular paths of moral and ethical reasoning during my research.

## **The Praxis of Relativism**

Participant-observation as the foundation of ethnographic fieldwork reveals the oxymoronic nature of a professional attitude, which “implies simultaneous emotional involvement and objective detachment” (Tedlock 2003:180). Following this discipline-based attachment-detachment stance, I was supposed not to take sides, at least superficially, and to retain a certain emotional or social distance from all real-life encounters in order to acquire an unobtrusive and impartial perspective. This ideal of “liminality” for an anthropologist in the field is linked to the issue of relativism.

Where and how cultural relativism should be deployed has been an ongoing debate in anthropology (Fluehr-Lobban 2003). On the one hand, the merits of relativism are evident. It has been established to combat ethnocentrism since Franz Boas (1896). It also prevents ethnographers from “going native” among the people they study.<sup>2</sup> Ethnocentrism and “going native” stand at the two ends of the role-playing spectrum in which fieldworkers are embedded. In a pragmatic sense, the relativist perspective may help researchers gain access to hard-to-reach populations engaged in illicit behavior, for instance, because they consciously withhold moral judgment about what constitutes transgression. On the other hand, however, relativism is controversial, especially ethical or moral relativism, as our disciplinary debates over the decades have proven. For instance, since the 1990s, globalization and human rights have become two important discourses in anthropology, which to an extent call for universal human values (Caplan 2003; Fluehr-Lobban 2003). Transformed from a moral commitment to combat ethnocentrism to a professional norm concerning ethics, relativism has continued to generate debate as to its implications and practices.

My field research on sensitive issues in Limu brought the debate from an abstract academic level to something I directly had to face on a daily basis, and made my experiences a minefield of moral and ethical reckoning throughout my fieldwork. I elaborate on my thought processes during this period through two layers of inquiry about relativism. The first layer of inquiry is this: Is there a single professional norm as to how to follow a “relativist perspective”? I posit this question in the gray area where most anthropologists are situated, where a nihilist relativism or ethical fundamentalism is a non-issue. Anthropology can hardly exempt itself completely from a relativist perspective given its comparative framework for cross-cultural studies.

Methodologically, anthropologists have made it clear that rarely would two anthropologists generate the *same* research results even though they research on the same topic in the same field site. This has been so in large part because of the anthropologists' different agendas, experiences, personalities, and academic and social skills, as well as luck and serendipity on the ground—they all play important roles in shaping ethnographic encounters and representations. The sharp difference between Margaret Mead (1928) and Derek Freeman (1983) in their contradictory analyses of Samoan youth culture is an extreme example. In the same vein, how anthropologists may deal with their ethical decisions can hardly be based solely on established "collective" rules. Although nearly every anthropologist is provided with certain ethical guidelines for his or her research, ethics is part and parcel of a methodology in practice, an everyday, personal choice while in the field (Silverman 2003: 124).

The second layer of my inquiry concerns what problems an ethnographer may encounter when practicing or not practicing relativism. This was a quotidian challenge throughout my fieldwork. As my comings and goings in the Limu basin brought me into daily contact with diverse aspects of local life surrounding drug use and AIDS—endless manifestations of human suffering—I found myself frequently crossing the boundaries of different interest groups and the interventions that enveloped them. All the involved parties had diverse goals, agendas and strategies, and disposable resources and power—areas for potential conflicts among agencies, donors, recipients, as well as me, the ethnographer. My role in facing diverse informants who occupied different social positions and had different conflicts of interest resonated with an unsolved yet lingering debate on whether advocacy is, after all, feasible for anthropologists on the ground.

Raising a strong critique of anthropological advocacy, Hastrup and Elsass argue that "Ethnographic knowledge may provide an important background for individual advocacy for a particular people, but the rationale for advocacy is never ethnographic" (1990: 301). From a conventional anthropological point of view, their argument is by no means groundless. They believe that the anthropological emphasis on comprehensive and contextualized understanding of the community under study is in conflict with advocacy, which is morally biased and may risk prioritizing one party's interests over those of others. Their argument has invited other anthropologists' criticisms, who may argue that it assumes



for anthropology “an amoral relativism” (Grillo 1990: 308).

Although I am not comfortable with Hastrup and Elsass’s position, methodologically I do appreciate their explicit call for a contextualized understanding of all parties at stake, as well as their deliberations on how to translate anthropological understanding into advocacy. I had a similar concern in my own field research in Limu. The conflict of interest existed among all parties in the local lived world and converged in my analysis of local intervention projects. Humanly and morally, I certainly had my preferential judgment and sympathy for specific parties. Professionally and pragmatically, however, I tried to discern both the right and the wrong of each party following a relativist perspective, and safeguarded the privileged information various parties and individuals provided me.

Intentional intervention to correct or change a given development trajectory would put me at risk of revealing my source of knowledge about competing local factions and erratic individual behaviors. For instance, I know how a man was wrongly identified by state agents as HIV positive, yet I could hardly tell him the truth or ask health workers to correct the error since I learned it from a source beyond their reach. Exposing privileged information or intervening on any informant’s behalf ran the risk of jeopardizing the informant’s well-being and losing further research access. The backlash I described in the episode at the beginning of this report is a lived example of this. Worse yet was the possibility that such intervention might not have any positive effect. The HIV-infected woman I tried to defend eventually lost her opportunity to make embroidery for the NGO for reasons unknown to me. In a complicated web of local factions, this was not as simple a matter as right versus wrong. In the end, my understanding of these inherent conflicts and each party’s positionality in the local life drama eventually became my own moral dilemma while witnessing the intervention problems unfold: to tell or not to tell, to engage or not to engage, and to risk or not to risk.

## **Anthropologies of Public Health**

In the previous section, I discussed anthropological debates over relativism and ethical dilemmas as if anthropology were a uniform discipline. This section expands that discussion by emphasizing the diversity within anthropology, which includes many sub-fields such as medical or

applied anthropology that deal with health-related issues.

My ethical and moral deliberations contain split commitments due to my public health concern, which is part of my medical anthropological training, along with my anthropological reflexivity. The different priorities and stances of one type of professional training may occasionally contradict those of other types of training, which may entail different kinds of ethical commitments. Health science aims at solving health-related problems, which points to an explicit goal of advocacy and intervention. Applied anthropologists will be more interested in resolving pragmatic problems; the avowed goals of their research may aim at making direct contributions to the improvement of human well-being. In contrast, in anthropology in general, action is an individual decision and not a disciplinary requirement. Given these different kinds of professional commitment, what should be the proper professional roles and attitudes of an anthropologist who engages in “real” health and well-being issues?

The unresolved debate over whether advocacy or intervention is necessary and legitimate may also reflect the diverse research directions of anthropology as “a moral community” (Caplan 2003: 5). Oftentimes anthropologists who study disadvantaged peoples and stand in the forefront witnessing social suffering may confront the need for intervention more than other anthropologists, who deal with other, less immediately pressing aspects of culture and society. The kind of moral urgency has led many medical or applied anthropologists to take various initiatives and to call for an ethical debate over the perils of inaction. For instance, Nancy Scheper-Hughes’ (1995) argument for “a militant anthropology” to intervene against social inequality stands at one extreme of the spectrum of anthropological ethics, in contrast with Hastrup and Elsass’s (1990) questioning over anthropological advocacy at the other end.

It is this divergent professional commitment that unexpectedly underpinned my anxiety over my role in the study of human suffering. As I mentioned earlier, the China-UK Project was launched in Limu and elsewhere in Liangshan Prefecture in 2001. Following international protocol and practices of preventing and combating AIDS-related stigma in the name of human rights, Chinese state agents mechanically applied the global anti-stigma agenda to Limu without making initial efforts to understand local culture and society. My public health training informed me about the importance of the anti-stigma campaign in AIDS-related project implementation, and yet my anthropological background alerted

me to the absurdity of transposing one type of social program to another cultural setting without considering the local conditions first. Limu was an exceptional locality where AIDS-related stigma was rare, if not nonexistent. As a consequence of the haphazard project implementation, state agents' anti-stigma practices have inadvertently contributed to, rather than prevented or alleviated, stigmatization of AIDS in Limu (Liu 2009). I was dismayed by such an unintended development. The conflicting demands on me, first as a goal-oriented public health researcher seeking to solve concrete problems, and then as a reflexive ethnographer pondering local cultural matters, provided me a rare window of observation through which to identify the inconsistency of the state-engineered interventions.

The root causes that led to such intervention fiascos were, in my opinion, both state agents' cultural incompetence and the structural or bureaucratic environment that enveloped and demoralized the state agents involved. Victims were not HIV-affected people only. Local state agents who produced victims through their practices were sometimes scapegoats of simultaneously amorphous and lopsided power relations. They were sandwiched between the state—which has retrenched its commitment to rural health care and disease control while demanding that local state agents fulfill their underfunded tasks—and the local peasant society, where pervasive health problems and chronic poverty have become even more glaring in the market reform era, when immense wealth beyond rural Liangshan came to seem reachable. Under these circumstances, the local state agents neither respected nor were respected by the local people; and they often labored with sudden demands from above but without accompanying political credit and funding. When various state agencies entertain distinct political and economic agendas that often take priority over public health concerns (Kaufman 2006), the inert and corrupt bureaucracy has often trapped everyone at the bottom of the health care system and contributed to their professional apathy.

My hesitancy and inability to intervene points to another level of problems in AIDS-related projects often observed in China and elsewhere. This involves the ulterior motives of health-related research that often comes with profits. Altman's (1998) analysis of the globalizing "AIDS industry" vividly portrays, behind the humanitarian mask, the enormous private interest or personal gain researchers and practitioners may obtain from intervening in this epidemic. Other researchers have raised similar concerns regarding AIDS: "Its very importance, however,

also heightens the profile of any related research endeavor, opening the prospective AIDS researcher to accusations of being faddish, publicity seeking, or worse—an opportunist” (Zich and Temoshok 1986: 43). This unfortunate development is taking place in many corners of China. In Liangshan, hefty funding from various international donor agencies for intervention in drug and AIDS problems has attracted many governmental agencies and officials, researchers, and local NGOs to join and collaborate on “the AIDS campaign.” I have mulled over the possibilities of changing the development trajectory to benefit the local people; I have, however, also been filled with doubt as to how to achieve this if I do not join the local actors who have been fervently engaged in the rhetoric of helping locals but not actually alleviating the local crisis. An independent researcher like me thus faces a dilemma: Should I collaborate with the AIDS-industry circle in order to try to make a difference, or should I remain neutral and aloof in order to document and critique what I see?

Health and well-being of the locals is undoubtedly important; yet the funding, power, status, and fame that have all contributed to the AIDS industry are also something anthropologists in the field must acknowledge. If interventions in the name of human rights are not locally contextualized, or if their purposes are twisted toward bureaucratic concerns, they may run the risk of making the outcome worse than “do no harm.” In the end, my concern about health issues in Limu shifted from that of directly improving the well-being of the local people to a broader critique of the overall state-initiated intervention project. This summation can be seen as a compromise deriving from both my practical constraints and reflexive insights.

## The Context of Socialism

The episode at the beginning of this report might arouse scholars’ concerns about issues related to patients’ privacy and rights. These issues include the grouping of HIV-infected people for state officials’ lecturing in front of the public, the controversy over local NGOs’ practices and their problematic training of community aid workers, local Nuosu people’s suffering and struggles over their lives, as well as my own role—the participating anthropologist—in the daily complexities of sensitive fieldwork. These issues all provide glimpses of the socialist state’s governance: the habitual and mechanical top-down approach to

dealing with “deviance” in public, the uneven qualities of emergent Chinese NGOs, and their often controversial collaborative relationship with the government at a time when international donors and advocates have been keen to access the most needed population at the grassroots levels through local collaborators, and the state’s watchful eyes over scholars—particularly those who are from abroad—in sensitive topics and areas. It is clear that my ethical and moral decisions in the field were significantly influenced by the political environment in which I was screened and approved by various levels of government agencies before I could conduct my research.

I do not presume that a socialist state must be better or worse than a capitalist one in administering drug and AIDS interventions. The emphasis on the term “socialist state” here is to highlight its specific political-economic context, whose moral assumptions and normative practices are likely to be different from those of democratic and capitalist societies. It implies an overwhelming authoritarian political system, which an expatriate anthropologist working at the grassroots level must face with caution. At the very least, an open criticism of state policies and practices is not something one can freely entertain. It also reveals the rapid social transformation China has been going through: from a centrally-controlled ideology to a market-oriented rationality in which many transitional symptoms are surfacing, especially at the rural local level at the tail of market reform. The entire country is grappling with rapidly growing connections with international standards and practices on the one hand, while being constrained in its ideological praxis of governance on the other hand. In a nutshell, socialism remains a crucial factor we must take into account when we analyze the state’s policy practices in drug and AIDS interventions.

Given China’s current political environment, I had to live and work in a self-restricted and guarded manner while researching drug use and AIDS in Limu. Local government, the police in particular, did not wish to see the severity of the local health crisis reported to the outside world, although they were also eager to have research and aid projects to help them figure out solutions to these problems. Another episode can be used here as an example. One day a national television troupe came to Limu to report on how local peasants creatively established their own grassroots drug control. The local government was pleased to promote Limu’s grassroots efforts as a model for the national war on drugs, counting it a political credit for its leadership. But on the other hand, the

same local government did not wish the media to underscore the severity of drugs and AIDS problems, the focus of the grassroots campaign. So the local police expelled a team of health workers who were taking advantage of the opportunity to call for local people's voluntary blood testing for HIV because a large number of Nuosu were gathering to watch the show prepared for the TV troupe. Before then, public blood testing was not a problem in Limu, regardless of whether such a practice was appropriate or not. This episode showcases local cadres' purposeful practice of concealing truths from higher-level authorities and in reports reaching beyond local audiences. In this light, one may assume that the data pool the higher bureaucracy collects is likely to be compromised if the responsible agency needs to inflate its achievement or downplay the severity of local crises. The problem of transparency in statistics among different levels of government agencies has been found to be chronic in socialist China (Cai 2000).

Rampant official corruption and insufficient transparency are also major reasons for the failure of project implementation. Anthropologists conducting fieldwork in postsocialist societies often encounter accusations about official corruption (Haller and Shore 2005). People gossip and comment about such endemic problems, which reveals a contentious state-society relationship. In Limu nearly all peasants have heard of or witnessed official corruption, so few of them believe that state agents would maintain or enforce a fair policy. For instance, local people often saw government officials eating extravagantly and seeking fun in sex-related restaurants. A retired health worker sarcastically commented on the new local government's sexually-transmitted disease prevention project: "The cadres in government offices are the real 'high-risk' group."

In tandem with corruption is bureaucratic incompetency, further aggravating the interventions I observed in Limu. Scholars have pointed out how, during China's market reform transition, funding, power, and political credit have compelled underfunded local state agencies to act in their own interests, leading to their decreased coordination (Kaufman and Meyers 2006). This correlates with my own observation of various state agents in interventions in Limu.

Under these circumstances, it is not unusual for an anthropologist like me researching in the forefront of socialist China's health crises to feel frustrated and incapacitated on a daily basis. The sensitivity of the problems on the ground made my decision as to whether or not to take sides and engage in advocacy a daunting challenge.

## Looking Backward and Forward

My discussion above aims at contextualizing why I did not, and could not, engage in advocacy or intervention during my field research in Limu. Certainly other anthropologists in this situation might have acted differently. The point of my problematizing this issue is to highlight the multilayered complexity of the moral and ethical dilemmas one may face in the field. It is unlikely that anthropology as a discipline can define a clear-cut position for moral and ethical decisions given the contingency deriving from the relativist perspective and personal situations. There is no ready-made rationale and solution. Every anthropologist must make his or her own decisions. The AAA Code of Ethics addresses this general issue. Acknowledging the challenges of defining and practicing ethics, it states, "Anthropologists are responsible for grappling with such difficulties and struggling to resolve them." I did grapple with these matters, and kept my neutrality in order to acquire a fuller picture of what was going on in the local community.

In this light, I was seemingly echoing Hastrup and Elsass's viewpoint about ethnographic research and its application for future advocacy. I nevertheless do not support the idea that anthropologists cannot make any legitimate intervention along with their research. It may be a matter of appropriate time, condition, and strategy. My situation is similar to what Geros (2008) has experienced and chosen when doing fieldwork in authoritarian Syria. During his field research, Geros could not ask certain questions or study certain aspects of community life in the field, let alone take sides. But Geros argues that, once the fieldwork is done, one should take sides at the stage of ethnographic writing and analysis. Indeed, I can hardly think of any ethnography of social issues in which the author is completely "neutral." So the issue now is not just writing but also action.

When it comes to action, anthropologists prefer to collaborate with local communities to promote a bilateral means of knowledge transfer: local people acquire the anthropologist's skills and resources and the anthropologist acquires local knowledge for cross-checking his or her research design and data. More importantly, this approach advocates a goal in that the entire community, not the anthropologist alone, defines the ends of community advocacy (Singer 1994).

This sounds like an ideal situation for anthropologists and their research subjects when both plan to develop a long-term relationship.

There are, however, at least two potential difficulties. The first is this: what constitutes “the community”? This reminds us of the old anthropological concern with relativism in a polyphonic world. To resolve the difficulty one must recognize the need for taking sides, and understand one’s own ethical and moral decision about whom to support and why. The other difficulty is more objective: such an ideal collaboration requires a democratic social context to make it possible. “Democracy” here is shorthand for the condition of shared decision-making power by all members in a group as opposed to a centralized way of defining values and practices by a single authority. If people, both locals and anthropologists, live in a restrained context where distinct political concerns take priority over public health, open and frank discussion for planning and collaboration will remain just a dream.

The quagmire in Limu in which state agents, local peasants and I—as the ethnographer—were intertwined was big and deep, and the efforts needed to change the trajectory of a doomed intervention project were beyond any single party’s capacity. To the best of my capability, I paid particular attention to polices and their implementation in hopes of providing research findings from this project for the use of future interventions; the future advocate could be anyone, including myself. In all, this decision seems to have met the basic ethics of anthropology. The haunting memories of human suffering on the ground, however, still provoke me to wonder whether such decision-making points simply to the self-justification and self-righteousness of academic research. One can only be honest with oneself in trying to answer this question.

## Notes

1. The names for the community and for individuals are all pseudonyms.
2. The problem of ethnocentrism is obvious for any anthropologist, but the pitfalls of “going native” are relatively vaguer. A discussion of the problems of “going native” can be found in Tedlock (2003).

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