

BORDERS AND BORDERLANDS:
(RE)NEGOTIATING BIOMEDICINE, BELONGING, AND NATION

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INTRODUCTION

This special issue takes as its primary theoretical touchstone cultural, queer, and feminist theorist Gloria Anzaldúa's *La Frontera* (2007), a text that interrogated Anzaldúa's own 'mestiza consciousness' to theorise the multiplying and hybridising potential of the US-Mexico borderlands and the various forms of living that emerged within. Though her writing was always critically and politically engaged, resistance, for Anzaldúa, was not enough, too mired in an opposition defined by the oppressor. 'Th[at] counterstance,' she wrote, is 'a step towards liberation from cultural domination. But it is not a way of life' (Anzaldúa 2007, 78). Instead, she turned attention to the unpredictable, emergent possibilities that take shape in the borderlands, born out of an embrace of ambiguity. For Anzaldúa, it is precisely the state of being caught between worlds that creates the conditions of possibility for alternative ways of seeing, knowing, and existing. Although hers was a heavily psychologised rendering, subsequent developments by feminist scholars have further filled in the social and political potential of the borderlands concept (Icaza 2020; Lugones 1992). Feminist philosopher Maria Lugones offers a particularly rich extension of Anzaldúa's writing, highlighting how acts of resistance from the borderlands, if seen as processual, become parts of a greater collective movement for change. It is thus both Anzaldúa's theory of the borderlands, and the conversations it has provoked, that provides the conceptual orientation for this special issue of *Sites*.

When the four of us gathered in May of 2019 to coordinate that year's SOMAA (Society of Medical Anthropology of Aotearoa) symposium, we sought a theme that could explore the porosity of bodies – biological, institutional, geographic, and otherwise – and engage with their unsettled, transitional nature. Anzaldúa's

work resonated. It was invigorating for us to think the borderlands concept into dialogue with medical anthropology's interest in unravelling the dualisms borne of Cartesian, 'Western' patriarchal legacies: body-mind, male-female, this culture-that culture. These dualisms often find expression in the imposition of rigid geographic and medical borders, whose crossings must be negotiated through the frameworks of the police, law, and nation – or may be violently curtailed. Our call for papers for both the symposium and this collection thus invited contributions that would 'articulate bodies, institutions, and practices *in... but also as borderlands*'.

This framing reads borders as constructed and contingent, and it invites exploration of the flourishing and transformative potential of border spaces. It also acknowledges Anzaldúa's sense of her own body as a site of colonial and patriarchal mis/reading, control, and contestation. Before Scheper-Hughes and Lock (1987) articulated the three bodies that became so foundational to medical anthropology, Anzaldúa was theorising the intersection of her own lived experience, social body, and the mechanisms of power and control that she had to negotiate daily (Moraga and Anzaldúa 1981; 2007). With an eye, always, to nation-state borders as sites of acute violence and exclusion, we also sought to consider how borderlands are produced and experienced across scales and sites, through the more and less formalised practices that race, diagnose, other, pathologise, subordinate, marginalise, recognise, and neglect. We also want to pay attention to what borderlands and their surrounds *produce*. In this gesture, we were inspired by Anzaldúa's call to examine borderlands not for what they reveal about borders, but for the political purchase of the borderlands in and of themselves. In doing so, we highlight what we might consider *bordering*: all the activity that shapes and shades borders and the in-between zones they necessarily give rise to.

Gathered now in 2021 to collate this special issue and write its introduction, we are struck by how starkly the porosity of borders and bodies have taken hold of our lives since we first conceptualised this undertaking. In Aotearoa (where the four of us live and primarily work) we have all participated, to some degree, in an underscoring of national borders, as our local government pursued an elimination approach to Covid-19 (Baker *et al.* 2020; Long *et al.* 2021), which barred entry to non-residents and in practice made it hard for many current residents to return 'home.' Our intellectual experience of thinking through this special issue has thus to some extent paralleled our lived experiences of considering how notions of here, there, home, away, belonging, and nation function – both prior to and during Covid-19. We can only speculate as to after. In this context the unitary nation-state has itself become a bordered-land; those who were

accustomed to occupying both national and global citizen subject positions are learning anew what it means to stay in place. If the borderlands are spaces of suspense and exclusion, they are also sites at which identity and solidarity are (re)negotiated and (re)formulated, where other ways and the otherwise might be formed. We have some opportunity and obligation to consider what it means to belong, in our homes and our countries, but also in the world. And as Gloria Anzaldúa's writing reminds us, this experience must sensitise some of us to the experiences of those of us for whom the borderlands are no new proposition.

IN AND OF BORDERLANDS

Initially this special issue had a biomedical focus, in keeping with our own scholarly interests. Bringing the borderlands concept into dialogue with biomedical contexts and questions carries attention to how the body is apprehended by experts and institutions, and to the recuperative possibilities that come with being caught between and (re)negotiating categories, places, or systems of meaning. While anthropologists have been grappling with liminality since Turner, borderlands resonate with more recent explorations of the proliferation of liminalities in medical spaces (Appleton and Bharadwaj 2017; Bharadwaj 2008; Gaur and Patnaik 2011; Honkasalo 2001; Jaye and Fitzgerald 2012; Persson, Newman, and Ellard 2017; Sangaramoorthy 2019; Taylor-Alexander 2015; Van Hollen 2003;). We are reminded, too, of Timmermans and Gabe's (2002) work on medico-legal borderlands, those zones where medical and legal logics and technologies are enrolled into the service of each other. Pleasingly, not all of the contributions to this special issue engage squarely with biomedicine, instead taking questions of the body and of scientific expertise into adjacent ecological and professional contexts. Beyond biomedicine, other scholarship on borders and borderlands (Jolly and Ram 2001; Mehta and Thakur 2021; Sur 2014, 2012) helped us think about the geophysical alongside the biomedical. The result is a collection of texts that have pushed our own intellectual boundaries and grown exciting new connections at the edges of our CFP.

The works in this issue highlight borderlands as sites not only of identity formation, but also knowledge production, raising the question of which ways of knowing are advantaged from in-between locations. Of course, for Anzaldúa, knowledge production was part and parcel of identity formation. The borderlands were *a place to know from* – about survival, history, and the limits of formal power – and these lessons were folded continually back into the self. This resonates with work from other intersectional border-dwelling (or reclaiming) thinkers on how knowers know. We think here of Lorde's exploration of the liminal spaces of sisterhood and exclusion she transits through as a

queer, black woman (*Sister Outsider* 1984; 2007). We think of Muru-Lanning's movement from the folds of a social anthropology department to the head of a Māori research centre (2021), and her reflections on the accompanying invigoration of her critical perspective as she moved from designating objects of critique at an intellectualised distance – as an 'objective' participant observer (2021: 54) – to engaging those same policy objects towards creative, collaborative, mātauranga-affirming ends. We think too of Mohanty's foundational upbraiding of only ever being 'under Western eyes' (Mohanty 1988; 2003b) and her subsequent dedication to more finely examining her vulnerabilities, privileges, and oversights (2003a); of Harding's 'strong objectivity' (1992b; 1992a; 1995); and of Haraway's 'situated knowledges' (1988). The borderlands concept demonstrates the epistemic potential of a stance moored offshore of the centres of power, and the critical vantage this affords.

As it happens, many of the articles gathered here deal with places and people sited far from the 'societies and cultures of the wider Pacific region' that *Sites* takes as its focus. Articles range from discussions of negotiating illness identities in a small American town (Oliver), to multi-species engagements in Italy (Milazzo and Bandiera); from art on and about the United States and Mexico border (Perret), to the intellectual spaces of medical illustrations (Belsky); from mental health clinics in Aotearoa (McCormick) to the climate crisis as viewed from Australia (Jolly); from art workshops for psychosis sufferers in Canada (Berkout and Stern) to the residential streets of Tamaki Makaurau under lockdown (Herbst). For the project of unpacking borderlands, this multisited centre (or lack of centre entirely) fits. We, the four editors, are emplaced in Aotearoa as migrant tauwiwi (Appleton, Herbst, Meher) and Pākehā (Addison). It is from this footing that we participate in cultivating a medical anthropology culture. This happens formally through SOMAA, but also informally in our everyday working lives, which have bled pleasingly into one another's over the years. Aotearoa's medical anthropology community is small but distinct, and some of its qualities – including an artistic and poetic practice as part of scholarly enquiry⁶ – inflect our editorial agenda and the pieces collected here.

Influenced by political and radical thoughts about occupying and claiming borderlands, the articles in this special issue raise various, generative lines of questioning. What does it mean to desire and work in the borderlands, whilst working towards a borderless world and sense of 'home'? How do we understand and make space for borderlands in and beyond biomedicine as spaces from 'below' rife with agentic possibilities? How do our understandings of borderlands as a threat to the normative/orderly world order (Agier 2016; Jackson 2005) help us (re)negotiate progressive futures? These questions are

multiply asked, answered, and complicated in the articles that appear in this special issue. To situate these questions, we now chart three key uses of the ‘borderlands’ concept in medical anthropology and STS, showing how works in this collection develop these themes.

BORDERLANDS AND BIOMEDICINE

Anthropologists have addressed themes of borderlands and border-making through engagement with migration, culture, and the nation-state, to provide just a few thematic examples. As part of a broader, disciplinary effort to understand cultural difference and exchange, and the dynamics of state and market power, these conversations have highlighted the artificiality of borders, and the force they nonetheless exert on people’s ability to work, make kin, and live well. These engagements resonate with earlier conversations around medical pluralism, the sick role, and the performativity of medical categories. Here, we map what we see as three key uses of the borderlands concept within the medical anthropology subfield: health and medicine *in* geopolitical borderlands; medicine and the clinic *as* borderlands; and illness itself as a borderland.

Medical hardship and possibility in geopolitical borderlands

Much borderlands scholarship, like Anzaldúa’s, grew out of living and working in the vicinity of the US-Mexico border, and this region continues to generate powerful work. As a site of human traffic, abutting health systems, and profound hardship, the US-Mexico borderlands pose a particular set of health and medical challenges – recall Anzaldúa’s description of this place as *una herida abierta*, an open wound. In her ethnography of emergency responders, Ieva Jusionyte (2018) argues that harm and injury along the US-Mexico border (‘border wounds’) represent the lived collateral of United States policy choices and infrastructure, while the labour of carrying out emergency response incurs its own damage in the form of Post Traumatic Stress Disorder (PTSD). Life in the borderlands is for many associated with sustained stress, and all the health consequences that follow from it. For families whose members have mixed immigration status, that vulnerability carries over into familial mental and emotional health challenges (Logan, Melo, and Castañeda 2021), while experiences of pregnancy-related stress increase according to how long mothers have lived in the United States (Fleuriet and Sunil 2017). There are well-established links between stress and low birth rates, which disproportionately affect Mexican American and Mexican immigrant women (Ibid). In their research on Hispanic women with breast cancer, Schwartz and von Glascoe (2021) show that this group experience later diagnosis and higher mortality, and may also have to

navigate an unfamiliar health system, their own undocumented status, and other challenges. As Perret's article in this issue illuminates, it is not only human health at stake at the US-Mexico border, but a much broader ecological web.

Constructing body and self in biomedical borderlands

Detaching the term from its geopolitical origins, medical anthropologists have also conceptualised biomedicine and its spaces as types of borderlands. Cheryl Mattingly (2008b; 2008a) describes the hospital as a clinical borderland in which multiple cultures meet. If borderlands are sites at which 'the other' and thus also the self are produced, hospitals present rich sites of subject formation and intersubjective recognition, as difference is negotiated along lines of race, expertise, and health. For Haredi Jewish families in Manchester, England, prenatal and antenatal care act as 'frontier area[s] or borderland[s]' where expecting mothers and their kin must navigate norms around the body and its care, and thereby how much of the non-Jewish world can permeate their own (Kasstan 2019, p.18). In Gabon, familial hardship intersects a resource-starved public health system to produce what Chapman (2021) calls a 'therapeutic borderland' that she likens to skin: 'perforated and porous, but not for all resources and persons, and not necessarily in both directions' (p.240). McCormick's article in this issue offers a related insight, as he shows how carers leverage all of their resources (institutional adroitness, familial understanding, social ease, and intersecting forms of privilege) to create porosity and practice care amidst otherwise rigid policy.

These readings of medical settings as borderlands not only demonstrate the mutual construction of patienthood and citizenship, but also how power and its techniques of othering and recognition filter through institutions to be contested on the ground. Indeed, medicine as an institution produces its own borderlands, as Cremers (2019) illustrates in their analysis of how biomedicine and traditional healing are discursively aligned or differentiated in Gabon. In a similar vein, Timmermans and Gabe's (2002) sociological work highlights the intersection of crime and health. In an extensive review essay, they map out the disjuncture between how sociology and criminology frame the sick, moving from Parsons' ideas around the sick role to Zola's critical analysis of medicine as an institution of social control (Timmermans and Gabe 2002). For these authors, the overlaps of law, policy, and medicine function as borderlands that differentially accommodate and exclude.

Influenced by Timmermans and Gabe's 'medico-legal borderlands', Chris Sanders and Laura Bisallion in 2019 collected a series of articles for *Somatosphere*,

on the concept (Sanders and Bisailon 2019). Their writing was inspired by their own ethnographic work which highlighted ‘the ways in which state interests affect health care processes and provider practices’. Interestingly, they do not draw on Anzaldúa’s work (Timmermans and Gabe do, though only minimally). For us then, when writing of biomedicine and borderlands, it is vital to reintroduce the scholarship which, through a grounded, radical, queer, feminist, woman of colour perspective, offers us opportunities to not only examine our contemporary moment, but also the futures we wish to see.

Illness as borderland and the moral order of things

The borderlands concept presents further affordances when brought into dialogue with the specifics of illness, symptoms, and treatment. In a Derridean reading, Persson, Newman, and Ellard (2017) show how borderlands offer scope for problematising classic binaries, while inevitably retaining traces of them. They demonstrate how earlier medical understandings that held people to be HIV positive or negative are giving way to more diverse understandings of HIV serotype, and with it, new possibilities for identity and intimacy. For dementia patients and their families, the slipperiness of the illness’ behavioural symptoms saw these excluded from the diagnostic purview for a long time, even as they profoundly shaped people’s experiences of this illness (Hinton *et al.* 2006). In these papers, the slow build of biomedical knowledge produces ever-shifting borderlands between the known and uncertain, producing new subject positions like the patient-in-waiting (Timmermans and Buchbinder 2010), or in the case of illnesses like chronic pain, extends the horizon of the sick role beyond the realm of the knowable (Jackson 2005). Or, the borders of health and medicine are themselves reworked, as Edmonds and Sanabria (2014) show in their work in Brazil, where the use of plastic surgery and hormones draw aesthetic practices into the domain of health.

When borderland figures are understood as transgressive, aspects of moral and social ‘order’ are revealed, prompting arduous and often uncharted efforts to negotiate them. Jackson (2005) conceptualised chronic pain patients as ‘ambiguous beings’, whose pain (ceaseless, sometimes invisible, evading the objectivity of a diagnosis) straddled body, mind, and emotion. The patients Jackson writes of are presented without ethnic identities, located only at a non-descript American pain centre. In a culture so preoccupied with Cartesian dualism (mind/body) and moral binaries (sick person/well person) in medical identity, Jackson argues, they are perceived as instable, and the symbolic threat of this invites stigmatisation – their pain may be disbelieved, they may be mis-cast as lazy. Olivers’ article in this issue presents the medical-moral

slippage of borderland identities in the Covid-19 era. Olivers' mid-Western subjects, whose pandemic identities are joined to gayness, Native-ness, womanhood, poverty, must navigate the medical ambiguities of Covid-19 along with heightened social policing.

The brief mapping is our attempt to highlight the vital work borderlands do – both conceptually and materially – in and for analyses of biomedicine. In this special issue, when our authors write and think about borders and borderlands, be they biomedical or geophysical, they offer us opportunities to think with and beyond our own 'disciplinary borders'. As readers of this special issue will note, the articles here are rather, well, undisciplined – *sin fronteras!*

ARTICLE OUTLINES – SPECIAL ISSUE CONTRIBUTIONS

This special issue includes six research articles, one invited commentary from Professor Margaret Jolly, and one photo essay. In many ways these writings are incredibly diverse, and push our own understandings of borders and borderlands from with/in our academic 'homes' of anthropology, science and technology studies, gender studies, and cultural studies. However, through this diversity they also bring home the political and personal vitality of borderlands as spaces of important research and writing.

As you read these articles, you will notice the globally varied locations from which the research and writing emerges. You will also notice that these conversations started pre-COVID but have subsequently been shaped by reality of the pandemic as both an intellectual engagement and a pragmatic everyday. While some of the authors here bring their thinking on borderlands into dialogue with deep and deliberate thinking on COVID-19, others centre borderlands vis-à-vis different contexts and concepts. Thus while borders and borderlands figure in each of these articles, three other key themes emerged and helped to organise this special issue. The first is multi-species borders and how they help us revisit the borderlands concept; the second concerns biomedical homes and belonging as sites of analysis; and the third engages COVID-19 as an analytical framework that helps us revisit multi-species borders and also our sense of belonging, nation, and home.

Meg Perret offers an analysis of artist and documentarian Krista Schyler's work on the U.S.-Mexico borderland. Through a fine appraisal of the relationships informing and informed by Schyler's work, Perret unsettles images of the borderland as a wasteland and warzone requiring militaristic management, and highlights artistic and political re-renderings of the border (and border wall)

as a lifezone rife with multi-species entanglements. Perret argues that ‘at its best’, Schyler’s work captures the inextricability of social justice and environmental conversation. Given how the Trump presidency’s investment in the wall compelled conservation groups to reckon with their own whiteness, this analysis has instructive potential.

A similar unpacking of multi-species entanglements as borderlands is undertaken by Enrico Milazzo and Michele Bandiera. They draw on ethnographic fieldwork in the Salento region of Italy to highlight how a crisis of bacterial disease and death in generationally transferred olive trees informs local social, biological, and institutional actions to save the olive trees and their landscapes. Playing with metaphors of soil as intestine, the authors highlight how this localised environmental crisis plays into anxieties about what belongs in Salento and what does not. Their work uncovers the porosity of both human and non-human bodies as the landscape and people grapple with the bacteria and its vector. Resonating with those articles that engage with Covid-19, this piece unspools how specific micro-organisms profoundly shape life writ large. ‘Becoming-feral’ (Tsing 2015) is a way to indeed think about how bacteria and viruses are not beholden to human-made boundaries – forcing humans to meet them in the borderlands. In this article, Milazzo and Bandiera challenge us to examine attempts at reimagining the landscape through practices of care, recognizing porosity and local, empirical commitments to staying with complexity.

Alongside the multi-species borders and borderlands, the humanness of wanting to belong while also critically examining that very sense or need of belonging is interrogated closely by three articles in the special issue. Drew Danielle Belsky offers an ethnographic analysis of how medical illustrators position themselves as in-between the professional borders of science and art. Working closely with graduate students in medical illustration programmes, Belsky outlines how students take up narratives that situate their arrival into this ‘hybrid’ space where ‘mutant fish only’ live – a sort of finding home and belonging in the borderlands. The students articulate their experiences as hybrid actors, oscillating between and absorbing from the epistemics of art and science. However, this borderland living is complicated when their own narratives situate their work as always subservient to the power hierarchies inherent in the sciences and arts. It becomes clear that to live in the borderlands without doing the necessary political work to re-imagine the epistemics of those spaces and own sense of belonging leaves these hybrid illustrators subject to ongoing reinscriptions of power. Engaging with the STS concept of boundary-work, which maps how the boundaries of science are asserted as a way of defining (and gatekeep-

ing) an epistemic domain (Gieryn 1983), Belsky shows how borderlands form through professional practices and institutional norms.

Working in Aotearoa New Zealand, Rowan McCormick explores the borderlands generated through changing paradigms of mental health care. When the 'recovery paradigm' guided changes in mental health policy and practice, patients and their families hoped for a more person-centred approach to care. However, new visions of what it means to seek and deliver treatment saw new borderlands emerge. Drawing on rich interviews and participant observation, McCormick shows how patients and their families become caught between institutional spaces of recovery and the home environment where much of that work is expected to take place. While those spaces are sometimes quite literal borderlands, as in transitional care settings, at other times the very concept of recovery comes to operate as a borderland, as patients hover between illness and wellness, or professional and familial care arrangements. These borderlands afford patients and their families opportunity to practice what McCormick calls the 'moral and social arts of engagement', as they learn new ways to support one another through quotidian rituals of sharing space, food, and gifts. This contributes critically to existing work on illness as borderland, by showing how the borderland nature of 'recovery' produces its own relations and becomes a locus of resistance against institutional optics that risk dehumanizing those who most need their humanity affirmed.

This need to have one's humanity recognized is also visible in Suze G. Berkhout and Eva-Marie Stern's article. Here they draw on data from a 'Psychosis Narrative Project' that ran in Canada from 2015 to 2019, which focused on the way first episode psychosis (FEP) was experienced and articulated differently – particularly when lifeworlds were expressed through art narratives. Through their multisensory and imaginative ethnographic research and reflective writing, they render visible the complex borders of how FEP are clinically situated on the one hand and fluidly experienced on the other. They highlight a borderland, a space of multimodal sensory ethnography, that navigates between the 'partial truths, truths in the telling, and multiplicities in realities within the FEP context'. In focusing on narratives and stories of differently involved people in a FEP diagnosis and care, they highlight the lived experiences of psychosis that are not often visible within the constraints of a clinical setting. This writing also commits us to engage deeply with a particular mode of ambiguity and uncertainty, beyond just listening differently or hearing a different voice – something Anzaldúa encouraged us to get comfortable with in her writing.

Writing from small town Oklahoma, Elisha Oliver reflects on the conversations

that unfurled amongst the BIPOC women of her neighbourhood as Covid-19 took hold in both the United States and their own locality. These women are often essential workers, often grappling with other health issues, and are made constantly aware of the ways they are racialised, gendered, and sexualised by the institutions they interact with. Inhabiting marked bodies and multiple identities, these women articulate powerfully intersectional critiques of structural violence and hegemonic understandings of health as they talk through their difficulties accessing basic resources or seeking medical care. Oliver gives these women's words space on the page, allowing a polyvocal retelling of the pandemic by those who have not been given narrative space in the mainstream. Engaging directly with Anzaldúa, Oliver illustrates how these women embody a social borderlands, and by reflecting on their own positionality, turn that into the grounding for lived critique.

In Aotearoa, the virus' arrival prompted a swift and highly delineated lockdown that, amongst other things, sublimated borders between home/work and (for anthropologists) home/field, and scaled many people's lives down to their homes and immediate suburbs. Pauline Herbst gives evocative form to the repetitive, layered, uniquely social dimensions of this collective confinement in a poetic photo-essay built around the walking route she and her children regularly took through their neighbourhood. Herbst reveals, in text and photos, the way that thresholds between people's bodies and homely domains became extra animated in the pandemic, as sites of disembodied human interaction (in affirming handpainted signs and teddy bears left at windows) but also as potentially rife with invisible contagion. Herbst highlights the kinds of subjectivities and tentative feelings of belonging produced in response to a period of very deliberately collectivist political messaging about the pandemic, and how this can vanish too. This record and analysis takes a form that straddles multiple genres and, for this, is more peripheral in ethnographic practice, yet also shows promise for mapping the materiality of moving through certain borderlands.

The final piece of writing in this special issue is an invited commentary by Professor Margaret Jolly. Jolly's work (Jolly and Ram 2001; Jolly 2005; Manderson and Jolly 1997) has been deeply influential for many in medical anthropology and for those of us who work in Asia and Oceania especially. Her recent work on the climate crisis (Jolly 2020) has also been vital for us as feminist anthropologists living through the confluence of that human-made catastrophe and the ongoing pandemic. It was with great pleasure that we were able to invite her reflections on the current crisis, with a view to how she has engaged with borders in her previous scholarships. Her generous commentary in this issue is a reminder that borders, borderlands, crises, and their solutions are deeply

subjective experiences. These experiences, when examined alongside the catastrophic events of our current era, offer a read of the way forward. She takes us on a personal journey to examine larger geo-political moves that highlight the porosity of bodies and borders: between the human and non-human, between Australia and the world, between home and elsewhere. The commentary, a capstone for this special issue, lends a generative space from which to examine the political alongside the personal – and in true feminist inspiration the deeply entangled nature of these. Indeed, in its format this piece questions what it might mean for our writing to act as a borderland where lived experience and intellectual engagement interact, where place folds in on itself to reveal broader insights, and where voice informs academic convention.

CONCLUSION

As adjective, ‘borderlands’ describes in-between spaces on variously marked bodies – neither here nor there, but both. These spaces of flux, plurality, ontological uncertainty, and emergence provide a foothold from which to think beyond empire and colonial legacies. Anzaldúa’s work asks us to make space for the vantage points of those in the borderlands, whose ‘mestiza consciousness’ (Anzaldúa, 80) offers both ways to live in a complicated present and methods for attending to what else could be. The borderlands thus have both spatial and temporal qualities. As concept, ‘borderland’ stakes a claim to the place-hood of the in-between, and the fertility of this place. Borderlands are sites from where we can see the effect of borders that other and denaturalise, but they are also porous, even when bordering powers assume them to be sites of containment.

In the range of thinking that ‘borderlands’ opens up, it is easy to drift from the very particular sites Anzaldúa embodied and grounded her thoughts in. Such portability is, of course, a reliable marker of theoretical potency. Yet, having turned this concept to such diverse uses, we are mindful of the extractive tendencies in such a move. In her own writings and interviews after *Frontera*, Anzaldúa bemoaned the fact that people engaged selectively with her works (including on the borderlands). She said:

some of the writing is glossed over as, particularly, white critics and teacher open pick just some part of Borderlands. For example, they take the passages in which I talk about mestizaje and borderlands because they can more easily apply them to their own experiences. The angrier parts of Borderlands, however, are often ignored as they seem to be too threatening and too confrontational. In some ways,

I think you could call this selective critical interpretation a kind of racism. On the other hand, I am happy that the book is read at all' (Baca 2008, 271)

We have tried to hold ourselves accountable to Anzaldúa's text and thinking here by staging this collection, as introduced here, as a dialogue with Anzaldúa, moving between her grounded realization of queer, feminist, Latinx becoming and the various sites, beings and abstractions focused on in these papers. This mode of sustained engagement, back and forth, is a gesture that we hope you may extend as you read the articles.

(re)Reading Anzaldúa in Aotearoa – a settler state on an island in the Pacific – is in many ways a complicated and unsettling experience. Further complicating this is especially the fact that we are (re)reading it in light of bringing together an academic journal's special issue. Some of us were introduced to Anzaldúa in graduate school and have spent years mulling over these ideas. And yet, for some of the authors in this special issue, this was a first introduction to her work. When it was time to bring together this special issue, and being aware of extractive academic economics, we wanted to avoid this particular form of engagement with Anzaldúa's work. However, we also realized that only in reading Anzaldúa's work multiple times, in working through her many difficult ideas and propositions, and above all getting a wider audience to read and understand *Borderlands* will we be contributing (even if minimally) to the political project that is so vital to Anzaldúa's work.

We have sought to take seriously the prompt Anzaldúa sets forth with borderlands to think, write and work towards liberatory futures. In this special issue, borderlands feature in many ways as sites of agentive possibilities and futures. They emerge in opposition to and as constant reminders of how our worlds were bordered – this was true even prior to COVID-19. Does this current moment of COVID-19 uncertainties – itself a borderland of sorts – offer us the chance to examine borderlands as agentive spaces anew? Does this contemporary borderland make us face our politics and hope for better?

As these texts show us, the challenges to belonging and thriving posed by contexts oriented around health care, institutional care, medicine, technical science, and ecology can be painfully ostracizing. The practices engaged to build an elsewhere in these places – that the authors in this Special Issue document, signal, or propose – demonstrate that such building is an incredible labour. For us, thinking with borderlands conceptually is an ethical imperative. We feel the urgency of writing and research that helps enrich imagination. We hope this

collection joins other projects that use ethnography and anthropology as study of what was and is, in reach of what could be.

As Gloria Anzaldúa reminds us in her poem ‘In the Borderlands,’ ‘To live in the Borderlands means’:

you are the battleground
where enemies are kin to each other;
you are at home, a stranger,
the border disputes have settled
the volley of shots have shattered the truce
you are wounded, lost in action
dead, fighting back;

[...]

To survive the Borderlands

You must live *sin fronteras*
be at crossroads.

(Anzaldúa 2007, 194–195)

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NOTES

- 1 We have chosen to present our author order in reverse alphabetical, acknowledging the equal contributions of all authors.
- 2 Mythily Meher is a tauwiwi anthropologist and feminist STS scholar, currently based in Aotearoa New Zealand. Her work uses feminist and anticolonial methods to study how people enact care through (and, sometimes, in spite of) institutional and infrastructural bodies. She has recently written about place in relation to mobility-based wellbeing (*Wellbeing, Space and Society*, 2021) and, using personal narrative, explored South Asian migrant settlerhood in Aotearoa as a distinct feminist ethics of place (*Australian Feminist Studies*, 2019). An interest in borderlands runs through these projects. Since 2018, Mythily is also a producer on the *Conversations in Anthropology* podcast.
- 3 Pauline Herbst is a social anthropologist whose research in South Africa and Aotearoa New Zealand lies at the intersection of four specialties: medical anthropology, the anthropology of childhood, narrative anthropology and graphic medicine/ visual anthropology. She is currently based at the University of Auckland's Pandemics Research Hub where she is exploring health and well-being in relation to the global health of the environment and is the host of the research hub's podcast.
- 4 Nayantara Sheoran Appleton is a Senior Lecturer at the interdisciplinary Centre for Science in Society, Victoria University of Wellington, Aotearoa New Zealand. Trained as a feminist medical anthropologist and STS Scholar (with a PhD in cultural studies), her first book project, *Demographic Desires*, explores emergency contraception and family planning in India. Having recently moved to Aotearoa New Zealand, she is now starting to conceptualize a project that explores the relationship between immigrant and indigenous communities – both within and beyond the medical space and the various negotiations of different borderlands in these communities. Most recently, in light of COVID-19, she has been researching and writing about the experiences within diverse communities in Aotearoa New Zealand and India. She has written about 'the bubble' in NZ as new public health vocabulary and 'looking away' in India as a complex COVID-19 reality.
- 5 Courtney Addison is a Lecturer in the Centre for Science in Society at Te Herenga Waka. A Pakeha scholar from Aotearoa's Kaipara district, she trained in biosocial anthropology at the University of Auckland, and then in Science and Technology Studies at the University of Copenhagen. Her work explores the ethical and experimental reasoning at play in human gene therapy, the communicative

practices that form around pharmaceuticals in Aotearoa, and most recently, how the tensions of the Anthropocene find expression in debates over the use of 1080 poison for pest control. She is an editor of *Science Technology and Human Values*.

- 6 An example: the theme of the symposium that begat this collection was 'Dialogues across medical bodies and borderlands'. Seeking to give form to concept, the symposium was arranged into six dialogues; twelve presenters were paired up to develop and engage one another's work. The resulting dialogues included a back-to-back poetry performance and an entirely impromptu conversation, and powerfully formalised how our own work is always evolving and dialogical, despite the scholarly boundaries we typically work within. We were left with a heightened awareness of how our classical presentation structures and publication formats 'fix' ideas as objects, and thus hide or erase their constitutive polyvocality and flux.

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