

RESEARCH ARTICLE

Rasquache vulnerability and theories of the flesh: Working through the flesh in (auto)ethnography as a site of disruption

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Abstract

In this article, I blend autoethnography and ethnography to activate a Chicana feminist theory of the flesh, which is grounded in the sensibilities of vulnerability and rasquachismo. Rasquachismo is a politicized Mexican American visceral modality of being in the world—in art, in politics, in everydayness—that is rooted in purposeful defiance and historical hybridity. I apply this framework in conjunction with Weheliye's theory of enfleshment to write through two seemingly disparate ethnographic scenarios: the almost deadly hemorrhage of my uterus and the health injustice of my treatment and ethnographic work on racialized death in the overdose crisis in Washington, DC. I consider the theoretical and methodological interventions of practicing radical forms of vulnerability in our (auto)ethnographic writing and how this practice affirms connections between my enfleshment and the deep relationality to me as a scholar of necropolitics and unjust death. I demonstrate that this approach challenges current disciplinary norms of reflexivity as a "sufficient enough" form of ethical accountability in anthropology and reorients our theoretical lineages to be rooted in Black and Chicana theories of the flesh that emphasize connective flesh that has been historically erased.

KEYWORDS

autoethnography, embodiment, ethnography, flesh, necropolitics, reflexivity

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INTRODUCTION

In this article, I activate a Chicana feminist theory of the flesh—grounded in the sensibilities of vulnerability and *rasquachismo*—and ask how this approach can transform the practice of ethnography beyond the current disciplinary norms of reflexivity as a “sufficient enough” mode of accountability. *Rasquachismo* is a politicized Mexican American visceral modality of being in the world—in art, in politics, in the aesthetics of everydayness, that is rooted in purposeful defiance in the service of political critique and disruption combined with playful hybridity—high/low, sacred/profane, *ni de aqui/ni de alla*, hard/soft. *Rasquachismo* is “a bawdy, spunky consciousness seeking to subvert and turn ruling paradigms upside down...that recodes and moves outside of established boundaries” (Ybarra-Frausto, 1989). *Rasquachismo is punk*. I ask what it means to bring *rasquache* ways of being into conversation with anthropology, claiming *rasquachismo* as a theoretical sensibility for ethnographic methods and incorporating it explicitly into a politicized anthropological practice. To do so is “a deliberate act of challenging what counts as academic knowledge and meaning making”...and embracing “academic writing through and with alternative epistemologies” (Medina-López, 2018, 3). To articulate this analytic, I propose a theory of the flesh rooted in the practice of *rasquache vulnerability (theory + methodology)*. This approach is genealogically linked to the legacies of Black, Indigenous, Chicana, and other feminist scholars, who have disrupted hegemonic paradigms within anthropological/academic knowledge making. Then, I carry this approach into autoethnographic *testimonio* about the nearly deadly hemorrhage of my uterus and the health indignities and prolonged grief I experienced in the aftermath. *Testimonio* is a narrative form rooted in the Chicana/Latina diaspora, and intentionally critiques legacies of oppression through conscientized self-reflection (Reyes and Curry Rodríguez, 2012). *Testimonio* harnesses power by activating intergenerationally imprinted ways of knowing, facilitating epistemological shifts through storytelling (Reyes and Curry Rodríguez, 2012). The combination of *rasquachismo* and vulnerability in a theory of the flesh written through *testimonio* provokes questions about power, social justice, and the blurred boundaries between our selves (in the flesh) and ethnographic subjects in “traditional” ethnography. I explore how my own lived, visceral theory of the flesh, mediated by *rasquache vulnerability*, can push me to reimagine the connectedness between me/my embodiment and enfleshment (Weheliye, 2014) and my broader ethnographic work on the necropolitics of overdose death and racialized social exclusion in Washington, DC. While these two scenarios may seem dissimilar according to traditional academic boundaries of what constitutes ethnographic knowledge-making, I pursue this linked analysis to consider how a praxis of revealing what Weheliye (2014) terms enfleshment—flesh as always racialized yet always profoundly powerful—can speak to the problematic erasure of connective flesh in normative ethnographic practice. Through the praxis of *rasquache vulnerability*, I strive to dismantle the veil of disconnection inherent in the ethnographic gaze that legitimizes dominant forms of knowledge production upholding subject/object dichotomies. I consider what is at stake within the depths of storytelling for people from structurally marginalized and racialized subject positions when we refuse to ignore connective tissue between our enfleshed bodily selves, and those that we work with ethnographically. Our stories are fleshy, bloody, and beautiful and we should see them as part of the same continuum of life assembled through seemingly disparate parts in ethnographic research. This is not a “traditional” research article; however, it is proudly and purposefully a praxis of *rasquache vulnerability* that pushes against entrenched notions of the anthropological concept of reflexivity.

STITCHING TOGETHER MY RASQUACHE THEORY OF THE FLESH

Loss and exile are connective material – Sandra Guzman (Glisch-Sánchez and Rodríguez-Villafañe, 2023)

In my broader ethnographic research, I write about the paradoxical ways necropolitics (Mbembé and Meintjes, 2003)—a politics of death that includes racism/racialization and punishment—is woven into health/social service care for hypermarginalized populations. I document how people develop a profound sense of expertise in navigating systems when they have already been deemed disposable due to drug use, mental illness, and poverty. The socio-structural lived reality of simultaneous care and brutality (Lopez, 2020) produces anger, trauma, and a sense of whiplash in care spaces that should be therapeutic. Compassion with brutality becomes patterned so that people and communities endure not only a differential burden of mortality, but also an embodied experience of living in constant anticipation of decline and death, over many years, or witnessing death unfold throughout the failures of punitive social institutions (Lopez, 2020).

While my academic credentials deem me an “expert” in theories of structural violence and social exclusion, it was my own acute necropolitical experience that drew me to theorize flesh in new ways. Over the last 4 years, I have been physically, mentally, and emotionally transformed by the prolonged aftermath of my own near-death experience. Thus, I have been fixated on theorizing the complexities of connective flesh and how it impacts my ethnographic sensibilities. I have contemplated how connective tissue is literally the flesh that resides within us and keeps us alive or kills us (as I witnessed my own flesh attempt). Flesh is also the deeply embedded “novel assemblages of relation” (Weheliye, 2014) that stitch our communities to each other in both violent and profoundly beautiful forms. Flesh is woundedness, and it is revelatory; Flesh is generations of imprints of structural positionalities and beauty.

Weheliye (2014, p. 2) says:

I use the phrase *habeas viscus*—‘*You shall have the flesh*’—on the one hand, to signal how violent political domination activates a fleshy surplus that simultaneously sustains and disfigures said brutality; and on the other hand, to reclaim the atrocity of flesh as a pivotal arena or the politics emanating from different traditions of the oppressed.

Here, flesh is rooted in the traditions of Black Studies and a pointed intervention into canonical concepts such as biopolitics (Foucault) and bare life (Agamben)—concepts that are typically much of the foundation for how medical anthropologists theorize embodiment in the contexts of structural violence. Weheliye argues that these concepts “neglect and/or actively dispute the existence of alternative modes of life alongside the violence, subjection, exploitation, and racialization that define the modern human” (Weheliye, 2014, 2). Further, flesh encompasses the afterlives of violence shaped by racializing assemblages of subjection that “can never annihilate the lines of flight, freedom dreams, practices of liberation, and possibilities of other worlds” (Weheliye, 2014, 2). Historically, the use of biopolitics, even as it articulates the operations of entrenched hegemonic power, has not been rooted sufficiently in the deep analysis of racializing assemblages and served to minimize or altogether erase the possibilities and profoundness of the everyday lives of those who are racialized. Weheliye further suggests that Agamben’s notion of bare life as the “exceptional ontological screen” for abject dehumanization reflects a *constitutive relationality* between the researcher/theorist and their “subjects,” rather than a mere descriptive reality. Here, the forms of life that are imagined and written

about neglect the complexities of enfleshment. Through Weheliye's approach to biopolitics and necropolitics, new forms of theorizing the subject emerge, grounded in contributions of Black Studies scholars such as Hortense Spillers. These scholars ask us to theorize subjectivity from the starting point of Black women, rather than relying on the implicit notion of Western European forms of humanity as the "normal type" for understanding the complexities of the human. *Flesh* extends the idea of embodiment to one of enfleshment: embodied historical racialization and how a subject navigates "racializing assemblages" (Weheliye, 2014) in their everyday forms. By decentering Western European conceptions of subjectivity and turning to enfleshment as the analytic, we can reveal the vibrancy of what exists beyond foreclosed notions of the harms of the biopolitical and necropolitical: productive resistance to dehumanization and profound, defiant worldmaking. Weheliye (2014, 1) says:

...the concepts of bare life and biopolitics...are in dire need of recalibration if we want to understand the workings of and abolish our extremely uneven global power structures defined by the intersections of neoliberal capitalism, racism, settler colonialism, immigration, and imperialism, which interact in the creation and maintenance of systems of domination; and dispossession, criminalization, expropriation, exploitation, and violence that are predicated upon hierarchies of racialized, gendered, sexualized, economized, and nationalized social existence.

These canonical concepts, as they are rendered in much anthropological work, can also reproduce colonial versions of the anthropological gaze, including constructions of the historical "Other" as the object of scholarly entitlement or approaches that take violence as the primary frame through which people's existence is understood. These dynamics encompass various eras of anthropology—early eras of the discipline that explicitly focused on alterity and difference, as well as the eras of what Sherry Ortner calls "dark anthropology" or "anthropology that emphasizes the harsh and brutal dimensions of human experience" (2016, 49). Michel-Rolph Trouillot (2021) reminds us that these various eras have historical throughlines and ties to each other. The flesh as an analytic starting point promotes a practice of reflexivity to decenter whiteness, Europeaness, and heteropatriarchy and to resist the reduction of people's humanity to the violences of their oppression. This longstanding analytic intervention into reflexivity has been promoted for decades outside of anthropology, in ethnic studies and women and gender studies.

Theories of the flesh also exist in Chicana feminism, influenced by Moraga's 1981 conception of the "body as a source of theoretical discourse" (Pérez and Pérez, 2013). Moraga held that it was impossible to separate scholarly thought from our embodied subjectivities as Chicanas or our "politic born out of necessity" (Pérez and Pérez, 2013, 54) from structural inequities we have historically experienced. Moraga situates Chicana subjectivity as that of simultaneously insider/outsider and colonizer/colonized—an embodiment of waves of colonization, which triggers constant "self-reflection" and "self (re)construction" through the flesh (Pérez and Pérez, 2013, 53). This theory of the flesh is rooted in memory, storytelling, and performance, manifesting as creative dissent against oppressive structures. One form of creative dissent in this tradition is *rasquachismo*. In 1989, Ybarra-Frausto first articulated the parameters of *rasquachismo* outside of its subcultural contexts:

...*rasquachismo* is an underdog perspective—a view from *los de abajo*. An attitude rooted in resourcefulness and adaptability...*Rasquachismo* presupposes the worldview of the have-not, but it is also a quality exemplified in objects and places and in social compartment...it has evolved as a bicultural sensibility among Mexican-Americans. (González et al., 2019)

Rasquachismo is a subcultural expression of life as an “embodied epistemology of struggle” (Medina-López, 2018, 11). While rasquachismo has been analyzed as an aesthetic in art and performance studies, I bring it here to join a theory of the flesh—a way to understand how one does ethnography with “spit, grit, and *movidas*” (González et al., 2019; Medina-López, 2018). But what does a practice of rasquache look like in the academic sphere? As Medina-Lopez says, “storytelling is an act of academic rasquache” because it enacts decolonial praxis beyond peer-reviewed papers to build epistemology through experience (2018, 11). It is also “being bold, standing out, adding color and sparkle and pattern, ornamenting and elaborating to the extreme” (Medina-López, 2018, 14).

Similarly, autoethnography has historically countered epistemological violence in academia. Brown-Vincent (2019) argues that its legacy is rooted in the underrecognized works of Zora Neale Hurston and her creative play with the gray areas of the subject/object divide in anthropological inquiry (Hurston et al., 1935, 2018). It was decades later that self-reflexivity became a legitimized paradigm, whose white, cis-male authors entered the anthropological canon and were then cast as methodological innovators (Clifford and Marcus, 1986). But autoethnography in its subversive tradition has always been rooted in marginalized scholars confronting the politics of representation, authority, and structural exclusion in academia and how struggles against oppression are linked (Brown-Vincent (2019, 124). The roots of this approach are deep in ethnic studies and women and gender studies, and there continues to be a concerted effort in anthropology to center alternative forms of anthropological theory-making (Allen and Jobson, 2016; Bejarano et al., 2019; Berry et al., 2017).

In this tradition, I write toward “engendering altermundos” (Merla-Watson, 2015), practicing autoethnography alongside my broader ethnographic work through the theoretical frame of rasquache and the methodological practice of vulnerability. Practicing vulnerability is not encouraged in academia—it is counterintuitive to ideas about power through expertise and the production of “bias-free” research. Vulnerability is something that is theorized in anthropology, that is, “structural vulnerability” (Quesada et al., 2011). But it is typically theorized as something that is structurally imposed harm, not as something also always tied to liberatory worldmaking or disciplinary innovation. The frame is rarely turned back on *us*, with strategic methodological aims. Butler (2016a and 2016b) suggests that vulnerability is a theoretical object that has historically been seen as oppositional to notions of resistance. I draw from Butler’s theoretical orientation to vulnerability to also claim vulnerability as part of a rigorous methodological practice to dislodge it from heteropatriarchal notions of how power is understood and exercised. Vulnerability is not weakness or inaction. Rather, it enables forms of embodied resistance (Butler, 2016b, 1) that I assert can also be brought explicitly into the methods of ethnography.

Below, I write autoethnographically through rasquache vulnerability, with the assertion that this constitutes one of my research projects as much as any other. It is a purposeful methodological practice to write my way through my own pain, grief, and humiliation, translated into anthropological findings that I publish. *I earned this authority, didn’t I? I am Dr. López now.* I confront deeper ethical and methodological obligations to reveal myself as I reveal the most intimate experiences of others to support my “scientific stature.” *Vulnerability beyond reflexivity. Vulnerability as radical accountability.* I am a medical anthropologist whose scholarship investigates the various systems of punishment and marginalization that are embedded in healthcare and social service systems—especially for people who are involved in street-based economies. People have shared their experiences of violence, trauma, drug overdose, and housing instability, and how they intersect broader experiences of racism, structural violence, and personal/community loss. By stitching rasquache vulnerability to my broader anthropological work, I instantiate praxis on the paper. As Glisch-Sanchez and Rodriguez Villafane (2023) write, knowledge about pain, healing, and injustice takes multiple

forms, but these forms are nonetheless “defiant worldmaking” (Glisch-Sánchez et al., 2023, 6–8).

AUTOETHNOGRAPHIC TESTIMONIO OR RASQUACHISMO VULNERABILITY IN THE FLESH

Open Wounds. Open Wounds. Open Wounds. I was raised in a cultural tradition that derives meaning and power from ancestral struggle (*La Lucha Sigue*/the Struggle Continues!). I am a multigenerational Chicana, born and raised in El Paso, Texas. My parents are from small towns in southern and central New Mexico, so are most of my grandparents. And their grandparents. And their grandparents. One grandma came from Mexico as a child during the Mexican Revolution as her parents sought agricultural work in New Mexico. We are people whose identities are impacted by Spanish and US colonization. We were once nationally Mexican. But the border moved. Some people who were always in what became known as New Mexico took on Spanish surnames and learned Spanish to survive? Also, the border crossed us and made us “minorities” and 2nd class (again?) in our own historical homeland. Various national projects disconnected us from indigeneity. We faced various waves of assimilationist discourse that wanted us to hate ourselves. Sometimes it worked *aka symbolic violence*. The 1950s hit that front *hard*. So many attempts to tell us we were dirty and stupid and should be ashamed of our histories. This is a particular experience of Mexican Americans who endured forced assimilation programs of the 1950s and how they subsequently socialized their children as a matter of survival. Cultivating my perfect American accent was a project of survival. I am proud and connected to the name López, however we got it. López means wolf! Ernestina, my paternal grandma, felt the shaking from the atomic bomb test in 1945 in Alamogordo, New Mexico. Later I would have to endure people’s fascination with this phenomenon in the 2023 blockbuster *Oppenheimer*. She was tough and worked at a school cafeteria, bringing home leftovers for five hungry kids, extended family, and neighbors. At home, she made tortillas daily for five kids and her husband and father who labored in the copper mine. Ana Maria, my maternal grandma, burnt an intruder with a molten iron. Vines grew out of her adobe walls and through the sun-faded portrait of Jesus that hung over her and my grandpa’s steel-framed bed in their two-room house that also nurtured five kids. Dusty, hot deserts. Commodity food (we love that cheese!). Generations laboring in copper mines as powder men and then strumming the guitar on the porch with a beer. Emilio building the adobe church, drinking at the bar on the highway after a day of laboring fixing and painting cars. Sipping black coffee before the age of 5. Uncle Sammy died too young because he was a gunner in Vietnam—he flew through clouds of Agent Orange. Ernestina’s tears and wailing because of his early death. Ramón Sr. calling out to him in a trance on his death bed, after his leg had been amputated because of his diabetes. I never saw my dad cry until a picture of Sammy, born about 9 months after him, came up on a screen at my grandma’s funeral. He wailed too.

We had land at some point, but it was taken. Multiple times? There is no generational wealth. My parents were subject to forced assimilation programs in public school in the 1950s. They were hit with rulers when they spoke Spanish. The institutions tried to instill self-hate about being Mexicans in their little hearts and souls. People treated us like shit when we were trying to buy a house in a neighborhood that defied our habitus—the real estate agents would not even look at my parents. That happened 31 years ago, and I can still remember the woman’s face as she ignored my mother. Someone at Disneyland called my dad “Cesar Chavez” and racially mocked him. *My dad has great hair*. My parents are trailblazers—tough, effortlessly political, and always very funny. There are endless jokes. Jokes are often about oppression and how we have been made to feel out of place. Activists in mere existence. But who were

we before, like “officially?” We have mixed answers from genealogy and oral traditions through that particular form of Spanglish that I love deeply in my soul. Their Spanglish is a beautiful historical relic I want to preserve in my heart forever. We are perpetually conflicted, a mix of colonizer and colonized, on the inside, in our flesh. That paradoxical subject position has forever shaped my “emo-ness”—the sadness of what we have lost and the losses that we cannot quite place. It made me tough, too. Sometimes too tough and truly always hurting. Anzaldúa’s *herida abierta*/open wound (2004). Tattoos to express the wounds. We have the art, music, and crass humor that perfectly capture that subjectivity. Does most of your expression of love come in the form of roasting people to their core? Do you recognize the subversive nature of a sharp, winged eyeliner? A lot of people think I just *look mean*. Do you know where I’m from by how I announce “duuuude!” in a border Chicana accent? Do you value the messy toughness of *rasquachismo*? I try to “look professional,” and I can never quite execute it. My hair is long and frizzy, I’ll never not have a bold lip. I adjust my voice to sound like an academic. Damn, my codeswitching skills are good! I’m always pretty deeply angry. That anger fuels my work as a scholar and how I train students. This subject position has shaped my scholarship on legacies of violence and exclusion and the blurriness between victim and perpetrator due to structural inequities. We are *ni de aqui, ni de alla*, but also all we’ve ever known is *aqui*? The source of our happiness and our pain is *here*. I like oldies and I wear only black. Shadow work is part of my identity. The Virgen of Guadalupe is syncretic—she is a feminist and a chola, and she carries us. I enjoy annihilating people in academic debates. What is this lifelong sadness *really* about?

MY RASQUACHE VULNERABILITY, SUBMITTED FOR PEER REVIEW

In a field where we hide our bodies behind neatly polished, typed, and edited pages, let’s think about how we can make our bodies visible through rasquache rhetorics. (Medina-López, 2018)

In May 2021, my uterus hemorrhaged to near death. There was so much blood. I started losing consciousness and stumbled onto the bathroom floor. My hands and my feet went numb. That moment scared me, but I tried to stay calm. I tried to unlock my phone. I tried to unlock the big metal bolt on my front door that only opens from the inside. That bolt let me sleep easily most nights, but now it scared me because help might not get in easily. I lost all motor function. Reality slowed. Hearing diminished. I slumped to the ground, tried to stand, and slumped again. I was so scared. It’s scary not to be in control of your body. As a woman, it feels so *unsafe*. I still have the cloth shower curtain that has blood spatters on it, whose outlines only I would notice now. *Why do I keep it?* When the body is in crisis, it will focus on keeping your brain alive as the last critical effort. This is why my hands and feet were numb. I had called 911 at the absolute last moment to avoid losing consciousness alone. The doctor later told me that I was in a very acute state before brain damage and probably death.

The hemorrhage was just part of the total trauma. What happened that day—a traumatic encounter with the emergency medical technicians (EMTs), a humiliating experience at the emergency room, two surgeries, lots of physical and psychological pain and grief—replayed like a loop. Therapy. More therapy. Lots of tears. Prayer. Body work. Meditation. Quitting therapy. Looking for a woman of color therapist who believes in science AND magic. Insomnia. Nightmares. Disassociation. Astonishment at my own strength. A lot of contemplation of blood and wounds. Anger. Avoidance of my 10-inch incision. Sharp pains at my incision site—especially on the left side. So much queasiness. Queasiness around all wounds when I never had it

before. Blood transfusions. Rebuilding flesh. Stitching my body and emotions back together. Lots of time passing in a blur. Chronic pain that I can't ignore. "Practice gratitude," my mother reminds me. I agree with her and try hard. My sadness mixed with my anthropological brain: culture, gender, injustice, histories, structural violence. "Being a Hispanic girl." Feeling broken and feeling invincible. Shame and humiliation that are ancestral and radical transformation through trauma. The chronic pain continues to grow. Pain is hard to diagnose. It is both sharp, diffuse, and constant. On some days, it is all-consuming.

I could not separate the trauma and grief from my broader anthropological work. My intellectual and my emotional self/my soul are too intertwined. I can say that now, I am *tenured*. Now I embrace that connective tissue between my flesh, my womb, and its deep relationality to me as a scholar of necropolitics and unjust death. Even from the position of privilege that I occupy as a tenured professor, I make these revelations with protectiveness—from the academy and questions about a "less productive year" even though it was a year that nearly killed me, from the *mal ojo*, from those who *still* think I was a "minority hire," and from the institutions that normalize the sorts of harm that I experienced that day.

I fell in the hallway of my apartment and heard sirens approaching in the distance. Fibroids are common benign tumors that grow in the uterus. Their commonality should not minimize their biological and psychological impact. Severe symptoms develop in 15 to 30% of people (Bulun, 2013). Their ubiquity contributes to their normalization and minimization of the pain that people experience. According to Bulun (2013), "These lesions disrupt the functions of the uterus and cause excessive uterine bleeding, anemia, defective implantation of an embryo, recurrent pregnancy loss, preterm labor, obstruction of labor, pelvic discomfort, and sterility."

Health disparities related to uterine fibroids, particularly among African American women, are widely documented (Eltoukhi et al., 2014; Katon, Plowden, and Marsh, 2023; Marsh et al., 2018; Segars and Akopian, 2013). This includes their relationship to social, structural, and political contexts that may increase exposures that cause fibroids, eventual severity of symptoms, and experiences managing those symptoms in healthcare settings (Katon, Plowden, and Marsh, 2023). Disease severity, symptoms, and accompanying morbidities are more intense for Black and Latina/Latinx people with uteruses when compared to their White counterparts (Eltoukhi et al., 2014; Marsh et al., 2018).

I had indications that things were not "normal" before the massive hemorrhage, but various clinicians, and a medical system that has historically denied the acuteness and pain related to heavy bleeding for Latinx and Black women, repeatedly told me (indirectly and directly) that my acute radiating pain and intense bleeding did not require urgent intervention. *They openly call me "pathological" in their medical charts now.* The subtle necropolitical aspects of these clinical interactions haunt me: No one ever asked me about my *future*: plans for having children biologically, nor how heavy bleeding and intense pain might be an indication of something acute. No clinician had advocated for me *for that future*. Why is my womb sacred to me and my community, but not to my previous doctors? The weight of that sits in my flesh now. Is that what my acute pain is? Anger and grief and woundedness. But it is also a deeper understanding of how I embody what I study as a scholar, and it brings a sort of sick relief. Validation is complex. Colen first called this phenomenon stratified reproduction (1995), and Mullings called these scenarios the necropolitics of reproduction—the potential for reproduction to be weaponized as people's "ends" and not continuities (Mullings, 2021).

I dragged myself from the floor to the couch. Laying horizontally gave me a moment of coherence—a bit more oxygen was circulating to my brain. I should have left myself on the floor—that might have garnered sympathy. The EMTs arrived. The energy in the apartment immediately changed. *They came in already not believing me. Why? I felt it immediately. They were annoyed.* I flushed the last round of flooding blood, with clots, down the toilet. I wish I had kept it to prove myself. *"People will call 911 for anything. A heavy period? People should*

see my period.” The two women EMTs chuckled. Eye rolls. Dismissiveness. Treating me like I’m stupid. My body immediately remembered this happening to my parents. I did not have energy to speak or engage. Inside, I was processing and reacting deeply to every word the EMTs were saying in disbelief. Shame. I made my way down the three flights of concrete stairs with the assistance of the firemen. *I still don’t know why they didn’t carry me. Fuck. They should have carried me.* On the street, I began to lose consciousness. Everything got extremely bright, and I lost all my vision. I was terrified. I called to the EMTs: “*I can’t see!*” I didn’t hear any response or feel them come to catch me. “*I can’t see! I can’t see!*” I said, weeping. One of the EMTs just climbed into the passenger seat, closed her door, and ignored my plea. The other EMT took pause, then instructed me to use the seat belt to pull myself in. I was weeping. I was in and out of consciousness. I was also unrestrained.

At the emergency room, the EMT who had openly mocked me said, “*Alright, there’s the ER.*” She pointed to the door. I shouted, “*I can’t walk.*” The slightly kinder EMT told me to wait for a wheelchair and helped me in. When they rolled me into the intake area for triage, the woman continued to mock me to the intake staff and doctors. “*You should see my period,*” I repeated the same phrase to the intake staff. Facing away from her in the wheelchair, I could feel blood pouring out of me. The woman continued to mock me: “*Some people just can’t handle a heavy period.*” She laughed, and others—those that would be responsible for my care—laughed with her. Inside, I was boiling with rage, but also humiliation. The humiliation is something that many minoritized people will understand. You don’t want to feel it, but you do. Driven to this space, rage bubbled from me, and I said, “*If you are going to talk shit, come around to the front of the wheelchair and say it to my face.*” We call this, affectionately, “*El Paso Andrea.*” I know the politics of how patients get admitted and assigned acuity based on their demographics and how they initially present in the ER. I recognized that I had just fucked myself, but how could I stay quiet? I was now likely labeled as an aggressive patient in my chart. *This is my scholarly expertise!* No other staff intervened.

I was wheeled into a nonurgent patient waiting area, with an armed, uniformed police officer, and several patients in various states of chaos. Here, I bled in my wheelchair, with my head pressed against the back of the seat to stave off dizziness, and passed out. I woke up to a man calling my name loudly. He had opened a door about 12 feet away from where my chair was and instructed me to come in. “*I can’t walk,*” I said. “*I’ve been passing out. I can’t lift my head.*” He clearly had not received notes from the EMTs’ entry that I was losing consciousness and actively hemorrhaging. *This is dangerous.* When he started to administer standard intake questions, he paused. My voice had defied a stereotype for him. “*What do you do for a living?*” he asked. “*I’m a professor.*” *The moment when a patient’s contingent worthiness becomes visible to a clinician.* “*A professor?*” The doctor asked, shocked. And then, everything about my treatment experience changed. *Legitimized.* I was taken to an area to start immediate stabilization—full admission to the acute section of the emergency room. *They cared for me, then.* They brought me extra food. They finally recognized my acuity and were all shocked I was still standing. *Why do I always have to act tough?*

As a scholar who studies forms of exclusion—subtle and explicit—in the US healthcare and social service systems, I wished very deeply to turn off my analytic mind that day. Staff had finally realized my acuity, but I had already been openly mocked and lost consciousness on a street and in the ED waiting room. I was taken for immediate tests—an invasive and painful pelvic ultrasound that lacked elements of consent (I was too weak to protest). I received blood transfusions for nearly 24 hours because my hemoglobin was so low from the bleeding. This is why my hands and feet were completely numb. Later, the severity of my labs circulated through the ER. I was finally getting some life back via the blood transfusion. *Other people’s blood is in me.* The deep sadness regarding the symbolic violence of being mocked and undertreated by women. The ER doctor who had heard the EMT mocking me came to apologize for what

he had witnessed and, more subtly, for not intervening. “*She’s like that,*” he said about the EMT.

This event resulted in two surgeries, years of recovery, a lot of trauma, and eventually the news I would no longer be able to sustain a pregnancy biologically in my own uterus. I write that sentence as though this process was linear, or that I have accepted this reality. It was more accurately years of spinning uncertainty, anxiety, fear, sadness, and intense physical and emotional pain. Now, I sit in grief and I may *forever*. I had always planned on having children. Women are given normative deadlines and made to feel embarrassed about veering from them. But I was waiting to get more financially stable. Remember, *no intergenerational wealth*. Grief sits heavily on me all the time now and so does the anger of an injustice that had unfolded over many years of healthcare. How to heal from *the cuts cuts cuts* in my womb? We have a family cemetery in La Mesa, New Mexico. Hundreds of ancestors. Images of La Virgen. My cute grandparents are there. Generations of tough ancestors. The women who were beautiful and never smiled in pictures. I strolled through the cemetery with my parents and brother in the bright sun and desert dust. I recalled that in my 2nd year of graduate school, I wrote a seminar paper about this cemetery for a famous professor that was known for studies of the people of New Mexico. I was not convinced I belonged in graduate school when I took his class, or that I could get a PhD. I got an A+. The paper moved him. I realized then that our history was of “anthropological interest.” I walked the sandy and chaotic rows of the cemetery and contemplated death, as a Chicana does, wearing a dark lip and combat boots, stepping between colorful silk flowers and gravestones of the generations of people who made me. A sinking feeling that sits on my heart everyday: *what if I’m never an ancestor? What am I, then?* I have been sitting with this question in suspended animation. Apparently, the therapists call it “freeze mode.” Figuring out steps without wealth and in the American healthcare system that punishes people who want to make non-normative families. Learning my insurance will not cover surrogacy. More grief. More anger. Being impressed with what I can withstand. My chronic pain growing. Now I hurt all the time, but I stay tough.

CONNECTIVE, BUT NOT EQUIVALENT FLESH

My incisions and my hurt, visible and invisible, will forever sit with me as I observe, write, and exist as an anthropologist. These incisions formed new assemblages in my work and amplified aspects of my subjection to harmful systems. *While it was traumatic, I am always grateful for the lessons*. I decided to use this transformation to write a fleshy, rasquache vulnerability into praxis—one that dismantles the self/other dichotomies embedded historically in ethnographic practice and recognizes connections between relational wounds and our shared possibilities for healing them.

As I theorize enfleshment, I reject the idea of assigning equivalencies to violence that happens at profoundly different scales. By starting this paper with my autoethnographic narrative, I do not mean to assign any equivalency to my experiences of reproductive health trauma and those experienced by people who sit at the most intense, racist sites of punitive governance, who experience threats to their bodily freedom moving through daily life. However, discussing them together forces me to contemplate the historically harmful disconnection between subject and object in ethnographic practice, its roots in oppression, and the potential disruptive possibilities in writing against that disconnection. I am also hesitant to fetishize the moments of joy in spaces of historically institutionalized harm that come at great costs—often death, disability, or confinement. Weheliye cautions that agency and resistance are sometimes used as convenient monoliths to romanticize fighting against life’s hardships in the flesh. My question is, how might we continue to transform the practice of ethnography to endorse practices

of en fleshed accountability, such as rasquache vulnerability? Sharing my pain where I ask others to share theirs is a relational praxis that is ethically necessary to challenge complacency in the practice of ethnography. It also pushes us to contemplate how we can take our disciplinary calls for reflexivity to more authentic and visceral modalities that center multiple forms of vulnerability in the production of anthropological evidence.

GRIEF AND JOY: ENFLESHMENT IN THE MEANTIMES

I have been connected to harm reduction as a direct service provider and organizer for nearly 30 years. I became interested in it as a teenage punk in El Paso. The politicized identity regarding anti-oppression that I got from being a border Chicana and into punk rock was formalized into health justice training when I moved to San Francisco in 1999 and realized that there was a destigmatizing and historically conscious ideology and practice called harm reduction. I worked as a direct service provider and harm reduction researcher in San Francisco until I moved to Washington, DC, in 2016 to start my faculty position. I worked in many chaotic environments in San Francisco's Tenderloin and Mission Districts that were both heartbreaking and deeply beautiful. The overdose crisis in DC had escalated steadily since 2013, mirroring national patterns. When I moved to DC in August 2016, people in the community were scrambling to respond to the fentanyl crisis, and people were losing loved ones regularly, in real time. I quickly found community and started volunteering on a harm reduction outreach van and in the needle exchange of a busy drop-in center that serves people engaged in drug/sex economies. I stayed as humble as possible when I arrived in DC, knowing that harm reduction organizing struggles were very different than those on the West Coast. As Mo, an "OG" harm reduction organizer in DC, quickly reminded me when we first met, "*You don't know shit about DC*"—and then he took me in and showed me around the city and his version of harm reduction in the context of legacies of racial violence.

In 2016, 62% of overdose deaths in DC involved fentanyl. By 2023, 98% of overdose deaths showed the presence of fentanyl or fentanyl analogs. Between 2015 and 2016, the amount of overdose deaths doubled and by 2022, the amount of overdose deaths was the highest ever, with 461 deaths—approximately 38 people dying per month. 2023 brought 523 deaths, the highest ever recorded (OCME, 2024). The story of overdose death in DC is one of racial disparities: 85% of all overdose deaths here are among Black people and largely concentrated in the geographic areas of the city with the largest Black populations (DC Health, n.d.; Hede-gaard, Miniño, and Warner, 2020; Nirappil, 2020). The death and loss are concentrated, both in terms of fatalities and the grief that sits heavily in those spaces. These are also the neighborhoods impacted by gun violence, food insecurity, and intense policing. Community-based organizing pressured DC city officials to allocate money, expand harm reduction services, and make strides to decriminalize people impacted by the War on Drugs policing. This policing, people reported, has a particular traumatic legacy (Lopez et al., 2022) in the DC metro traceable to how crack cocaine has been historically used as a racialized tactic to criminalize poor, Black Washingtonians. It is part of the legacy that made the initial waves of fentanyl-related overdose deaths in DC invisible to policy makers and, therefore, rendered them ungrievable (Butler, 2016a) in the larger discourse about overdose death. Black men in historically Black neighborhoods were the primary people impacted by overdose death here. In DC's overdose crisis, there were no people deemed "worthy" of the emergent sympathy that had extended to others in national discourse about the "overdose epidemic." These racialized legacies and the nuanced ways they intersect drugs, racism, history, worthiness, and constructions of whiteness have been widely documented through the lens of racial capitalism (Hansen, Netherland, and Herzberg, 2023). People were fighting against racialized death and for the most minimal,

evidence-based component of overdose prevention: widespread and free access to naloxone, the opioid antagonist that reverses an opioid overdose. As epidemiological data flooded in, a whole other form of expertise was bubbling up in the streets: community knowledge about the racialized legacies of the crisis and the expertise of how to keep the community alive.

Beginning in 2017, I had the privilege of building community with people in the local harm reduction movement in DC. People started to self-organize and established an advocacy group that met every Friday at a community-based harm reduction organization in DC. People had dinner together, did community clean-ups, planned for syringe access, and shared what was happening around them—a form of community surveillance reports. Each meeting started by talking about who had died that week, to overdose, poverty, or violence—it was a roll call of death that also gave people the space to share memories and shape the narratives about those who were lost, without resorting to stigma or shame. I meticulously made notes of this roll call for the group for several months. I make this authoritative claim in every presentation of mine that engages with the overdose crisis in DC: the most sophisticated theories and understandings of the crisis live in community organizing spaces such as this, where *experience is the evidence base*.

On Overdose Awareness Day in 2017, the group erected its first memorial of approximately 550 handmade gravestones. For months, I watched members meticulously plan the memorial and construct the gravestones. Rather than hold their memorial near the US Capitol or the White House, where its dramatic representation might have drawn larger, national media coverage, the group picked a park in a neighborhood highly impacted by overdose deaths. The gravestone memorial became immediately participatory, as people slowly paced the rows, writing names of their deceased loved ones on gravestones in a moment of public, material memorialization that is often disallowed for families because of the intense stigma and criminalization of overdose.

Earlier that year, a short distance from where the memorial was erected, then-President Trump had declared the overdose crisis a national public health emergency. Advocates in DC had long given up hope that the federal government would declare the more robust “national emergency,” which could have brought immediate federal funding, as is done in the event of a natural disaster. Fentanyl was killing people in rapid fire, both in DC and throughout the Northeast US. The declaration that did happen, many lamented, was just political theater and committed no funds. Scathing critiques from the community-based overdose prevention movements were immediate. On the national stage, overdose death was just beginning to be framed as a tragedy—people whose lives were lost too early and grieved publicly. People in DC offered their own theories of exclusion from emerging narratives, aptly saying that victimhood was not a frame available to the people who had been intergenerationally subject to the racialized War on Drugs in DC in Wards 7 and 8—the areas of the city with the historically highest concentrations of Black DC residents, but where heightened policing and numerous disparities are well documented. Whiteness was a requirement for access to that worthy victimhood, they knew. These critiques were waged at our Friday meetings between bites of food and messy arguments between attendees. Harm reduction spaces in their best forms are always a bit chaotic, and this was no exception.

Their critiques always perfectly encapsulated Butler’s conception of the discursive frames that act as “a way of giving an account of whose life *is* a life, and whose life is effectively transformed into an instrument, a target, or a number...” (Butler, 2016a, p. x). In these emergent discursive frames about overdose, their dehumanization was always present. As Laurence, a 58-year-old Black man, native Washingtonian, told me: “[The idea of a public health ‘emergency’] didn’t really start to pick up on things until it started affecting the Whites. That’s when the government said, ‘Oh! We’ve got to do something about this S-H-I-T right here. Because it’s getting our own [white] people.’”

People were righteously enraged by new narratives of victimhood and worthiness that they could not access. Black people's lives had always been part of the city's discourse on drug harms, to be clear. But this had historically come in the form of their demonization as inner-city perpetrators of crime and disorder. Their lives had been instrumentalized to justify the intensification of War on Drugs policing in DC neighborhoods in the 1980s and beyond. Trump lamented a "a generation of lost potential" due to overdose death—but the Black residents of Wards 7 and 8 knew he did not mean *them*. The people organizing at the frontlines worked every day to deconstruct their erasure in the overdose crisis and expose its historic rootedness and ties to structural racism. This was not a temporally bound "epidemic," it was a predictable continuation of a necropolitical pattern that Black Washingtonians knew intimately—their continued structural dehumanization within the afterlives of slavery (Hartman, 2022). As one organizer told me:

If we were having these many deaths in Ward 3 [a wealthy, predominantly White area], it would be an absolute fucking crisis. I mean, it would be millions and millions poured into it. It would be a huge deal! But because it's Ward 7 and 8, no one cares. If someone just died 4.2 miles to the West, we'd have a totally different situation in this city.

In these organizing spaces, there was warranted chaos and anger. How can one not share anger about witnessing constant deaths of loved ones and destruction of their communities, knowing that these were historically patterned? But unfettered joy also sat in these spaces. Two of the elders in the organizing group would frequently get through talk of death and quickly move on to "hand dancing." Hand dancing is a dance style born in DC by Black Washingtonians in the late 1950s Motown era and is "a smooth version of the Lindy Hop that features almost constant hand holding and turning between partners, and several step patterns used to keep time" (Friedland, 2016). I was always amazed at the quick transition from talking about death and loss to the vibrant dancing and sharing food. Benny, one of the members of the organizing group, was a hand dancing icon in DC. People also knew Benny as the "narcan doctor" of his building. Whenever someone in the building would overdose, no matter the time of day, they came straight to Benny's apartment in a large, subsidized apartment building. They knew he would have naloxone stocked and ready to use to save a life. Benny reported reversing over a dozen overdoses in his building, woken up in the middle of the night by frantic knocks on his door. But, in the era between 2016 and 2018, he had lapses in his supply of naloxone, before the city responded more effectively to the widespread crisis of fentanyl-related deaths. As Benny said, "I've seen people die so many times. I'm so sick of people dying in my building. But [sometimes] I have no more narcan." When he recounted "a miss" in his building (i.e., not being able to revive someone in time) and someone died, he was devastated. When another elder, Henry, commented on the successes of people like Benny getting narcan to the community through historical ties, he jovially told me, "We've been pushing that stuff like dope."

While naloxone coverage has significantly improved in recent years, this does not bring back those who were lost, left as statistics of structural failure. Later, in a Washington Post exposé, this was declared as the era of "pure incompetence" in terms of the city's coordinated response to overdose death (Jamison, 2018). Benny himself eventually died of an overdose in the building where he saved countless others. Many members of the organizing group have now passed too—either from overdoses or from the constellation of other health issues they experienced as part of their structural marginalization. The minimization of the acuity of Black overdose death is one way that structural violence presents itself in everyday life.

People in these organizing spaces ate, danced, cried, and argued. They argued a lot about the movement. But that made sense. Because things were bad. Their work in anger, grief, and hope was for both the immediacy of *this* moment *and* for the promise of future liberation beyond the overdose crisis. This was their intergenerational embodied struggle. Moments of joy are what keep people going amid the violence of overdose, poverty, or structural racism. Joy and grief simultaneously. Still fighting in the space of injustice, while structural dynamics dehumanize and continue to kill.

RASQUACHE VULNERABILITY AS CONNECTIVE FLESH

Write with your eyes like painters, with your ears like musicians, with your feet like dancers. You are the truthsayer with quill and torch. Write with your tongues on fire. –Gloria E. Anzaldúa (Anzaldúa, 2023)

My work on the overdose crisis in D.C. unfolded and extended through my own health crisis, which turned from acute to chronic. For many years, I had grounded my anthropological analysis of the lived realities of hypermarginalized, “vulnerable” populations in the intertwined biopolitical and necropolitical dynamics that structure their everyday lives. That is still salient, as health injustices are embodied through multiple structural modalities and they are rapidly deepening in their cruelty and harm. Most recently, Black and Chicana feminist contributions to theorizing flesh, and Weheliye’s notion of enfleshment, have most animated how I understand these complex realities ethnographically in their relationality. At first glance, these two ethnographic spaces seem disconnected—analytically and ontologically. However, notions of disconnectedness in research—across space, time, and subjection (Hartman, 2022)—are tools of colonial concealment. By writing about these two scenarios simultaneously I ask: what are the novel assemblages of relation between my prolonged, acute moments of bleeding out and “almost death” and the work I do ethnographically on necropolitical processes and people’s fight for liberation in the context of structural inequities (Lopez, 2020; Lopez et al., 2022). Connection in these spaces meant working and organizing through all our deep wounds simultaneously. Relational hurt and healing as part of research praxis took the form of rasquache vulnerability.

Reflexivity has been the object of continued anthropological discussion since the so-called postmodern or epistemological “crisis” in anthropology provoked debates about how we position anthropological knowledge-making. While there were canonical trajectories of critique, such as those found in edited volumes like *Writing Culture*, critiques led by scholars from marginalized identities in anthropology, women and gender studies, and ethnic studies have long demonstrated that engagement with reflexivity has always been an essential part of anthropological practice, especially for people from marked or historically excluded categories. These interventions have taken an explicitly decolonial turn in recent years (Allen and Jobson, 2016; Bejarano et al., 2019; Berry et al., 2017; Harrison, 2011). We frankly cannot escape reflection as we navigate predominantly white spaces and/or survive in academic spaces that have been historically harmful to us or sought to exclude us while simultaneously profiting from research about us. However, I argue that reflexivity as an approach is one that was historically created to engage with and be accountable to *academia and emergent disciplinary paradigms*. I urge that moving from reflexivity to vulnerability in ethnographic practice is a move that helps us to be accountable *in and with community*, however we define it in local contexts. Butler has reconfigured a theorization of vulnerability as a form of bodily exposure that is “political resistance as embodied enactment” (2016b, 22). Butler, Gambetti,

and Sabsay intervene in previous conceptions of vulnerability to argue that, while it has often been rendered as a condition that closes people off from power and agency, it is fundamentally a pathway to resistance—one that exposes the “social forms of interdependency” (2016b, 6) in which we are all enmeshed. I turn back to the narrative form of testimonio to articulate some essential methodological components of a practice of rasquache vulnerability.

Cultivate Rasquache Sensibilities: A practice of rasquache vulnerability requires explicit engagement in refusals about oppressive “academic affect” (Petillo, 2020) and about what our scholarly selves should look like, write like, and how we build relationships in ethnographic engagement. How can I show up as my real self, use codeswitching when it is most authentic to me, and bring in rasquache modalities of blending academic theoretical concepts with slang, swearing, and comedy? *You know, black jeans with a blazer. Covering up tattoos when necessary, but staying punk.* Showing up to perform as an academic when asked and the stakes are high, but *letting that shit go* in community spaces. *Be fucking cool. Labor alongside people.* Help pick up the trash and stack chairs. Celebrate the rejection of normative constructs. Celebrate everyone’s weirdness *and* their divinity. Have real conversations about delayed timelines or *really bad mental health and pain days* because of our own illnesses and deaths in the communities we work in; allow ourselves righteous anger about sitting in the structural violence; be critical of tropes of “diminished productivity” when we are navigating chronic illness and chronic sadness; chaotic fieldnotes; fights; trauma; the need to take long breaks. Being in a movement but rejecting the institutional hierarchies that would make me *the main expert* in these spaces. Shared expertise and shared divinity are the practice. *Know people as much as you know the literature.* Bring the energy that allows *Disruption. Dismantling. Worldmaking.*

VULNERABILITY: ALLOW THE WOUNDS TO CONNECT US IN THE MEANTIME

Rasquache sensibilities free us to show up in ethnographic spaces in ways that make our connective flesh more visible. This affective commitment means that I bring my wounds and woundedness with me into ethnographic “data collection” and I allow them to be *generative*. Through sharing wounds, we also establish the Chicana notion of *confianza* or mutual trust (Vélez-Ibañez, 2025). *People know my business as much as I know theirs.* The only way they know this is because *we sit together*. Literally and figuratively. We co-cultivate vulnerability in the most mundane practicalities of working together on a project: What are the spaces we sit in that are most authentic? What happens here? How do we fight small fights in the everyday as we hold on to larger pursuits of justice? How do we fight through physical and emotional pain in the same room together while acknowledging differences? What brilliant style and sensibilities do we bring with us? How do we foster that brilliance? How do we co-educate each other? How do we talk shit? How do we show that chaotic emotions are ok? Revelations of my own messy vulnerability fosters *confianza* and co-engagement in struggle. I have come to conceptualize this as *vulnerability and liberation in the meantime* (Lopez, 2022). Our “meantimes” are an enfleshed, affective reality where we enact collective steps to address harm in our multiple communities and stay committed to radical love no matter how much pain we are in. In the meantime, we are connected and politicized interconnected flesh as we *work through some shit, big and small*. Of course, sometimes the work to right injustices cannot be accomplished in a lifetime: death happens, a condition is rendered permanent, or the suffering is acute and inescapable. But what emerges are new understandings of how struggles and liberation are intertwined *in the meantime* and that our shared meantimes are a critical source

of ethnographic data and evidence making that *stitches our shared accountability to each other and our community*.

Ethnography is always deeply relational, but we do not always write about those connections. A commitment to ethnographic practice in the flesh, in the meantime, centers the experience of people who are lifelong experts at navigating necropolitical systems and the complexity of their anger, pain, joy, and disruptive defiance. We ponder how expertise is recognized, legitimized, and circulated with a commitment to disrupting colonial pedagogies (Ford and Jaramillo, 2023) and normative constructs. We must be committed to allowing space for messiness, revelatory, and sometimes unhinged struggles. The chaos of our overlapping meantimes is also the site of our beautifully “defiant worldmaking” (Glisch-Sánchez, David Luis, and Rodríguez-Villafañe, Nic, 2023). Life “in the meantime” requires exposure of the flesh as a site of injustice—an embodied act that is both transactional (*submitted for peer review!*) and the basis for healing and the struggle for liberation. Lives are assembled, this way, in the meantime. These will always be experiments, not tidy theoretical frameworks to apply to an ethnographic dataset. But a rasquache vulnerability in the flesh is all that feels authentic to me now. This practice allows us to dismantle the conventions of academia that forged the disconnections in the first place, working towards transforming ethnographic methods. *Disruption. Dismantling. Worldmaking.*

This writing takes me closer to an authentic praxis.

La Lucha Sigue!

Sincerely, El Paso Andrea.

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CONFLICT OF INTEREST STATEMENT

The author declares no conflicts of interest.

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ENDNOTES

¹ The term Chicano/Chicana/Chicanx references a politicized identity for Mexican-Americans or people of Mexican heritage who were born in the United States or are from the lands that were once historically part of Mexico. The term Chicanx is used in U.S. contexts as a signifier for this identity for an audience that is also English-speaking and does not assume gender binaries. The X is considered a defiant rejection of gender binaries and, in U.S. subcultures, a defiant signifier in general. These terms are all highly contested and very fraught. This is the term I was socialized with based on my positionality, generation, and specific political locations, but I acknowledge that the term is also contested, worthy of critique, and has historically produced various harms, even as it was created in response to oppressive structures.

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