

Introduction

Dangerous Safe Havens

It was early in the morning, but Cindy and Beto had already been waiting on the street corner to “connect,” or score heroin, for what seemed like hours. They woke up really sick, so Cindy sold her cell phone to get money for the couple’s “cure.” Referring to both the dose of drugs and act of injecting, curing relieves individuals from the debilitating pain of heroin withdrawal. Both partners felt anxious, achy, and nauseous and sweated profusely from these withdrawal symptoms, locally known as *la malilla*.

The connect involved waiting for a dealer to drive a designated route through their Tijuana neighborhood. For their morning cure Cindy and Beto needed a hundred pesos’ worth of black tar heroin (eight to ten US dollars at the time). Once the driver passed by, and they whistled for him to pull over, the couple hurried back inside the fenced family compound where they lived and disappeared into their room. Their single-room structure was a modest but intimate and comfortable space that Beto built himself. His admiration of Cindy was evidenced in the magic-marker messages scrawled all over the walls, including “te amo y te amare por siempre mi flackis” (I love you and I’ll always love you) and “Solo tú yo por siempre” (Only you and me forever).

Beto stirred the black tar heroin and water with the butt of a syringe in his makeshift cooker. The sticky consistency of black tar heroin requires heating it into an injectable form. Beto prepped the drugs on the floor in the light of the single window; without electricity and even in the daytime it was difficult to see, and the task required precision. Beto equally divided the liquid into two syringes, one for Cindy and one for himself. The daily ritual began. Cindy sat on the floor and intently searched for a viable vein. Just like Beto, her long-term injecting had left scarring all over her body, and she frequently struggled to cure. Unable to

locate a vein, she resorted to injecting herself in her upper left arm. While not as instantaneous as intravenous methods, it provided her with needed relief.

Meanwhile, Beto attempted his own injection. As he struggled, Cindy gasped, “¡cuídate!” It was too late. He missed the vein but already injected some drops, which created a burning sensation. He tried again and the same thing happened, but this time it was worse. His arm started to swell, and his skin was besieged with bright red hives. His arm, face, and chest turned red and glistened with sweat. His hand swelled to nearly twice its normal size. This painful *mano de Popeye* (Popeye hand, after the cartoon character) sometimes happened when he missed injections, and the unpleasant symptoms can take hours to subside.

Attentive to his discomfort, Cindy tried to help him inject. Her first attempts caused him to grimace in pain. She apologized for hurting him but persisted because she didn’t want to see him suffer. She calmly instructed him to stand still as she carefully scanned his body, eventually settling on his right calf. She kneeled down to tie a tourniquet at his knee, loudly slapped his calf to fully engorge the vein, and then gently and patiently injected the contents of his syringe. Once they were finished, she stood up, and they embraced and kissed. The process was complete. They were cured.

* * *

I first met Cindy in the project office of a global public health research study that I helped coordinate in Tijuana’s famous Red Light District. Cindy appeared at the door, looking badass with impossibly long, thick black hair and multiple tattoos. She sported dark sunglasses even inside the dimly lit hallway. She had recently qualified for our study of HIV and other sexually transmitted infections among female sex workers and their intimate, noncommercial male partners. She showed up without an appointment and demanded to be interviewed by our project coordinator, who was out of the office. I offered to conduct Cindy’s qualitative interview in what turned out to be the first of our many interactions.

Through multiple structured interviews for the project and less formal interactions, I learned that Cindy was far from the tough exterior of her first impression. Her life was complex beyond the category of “female sex worker” or “FSW,” the classification many public health studies, including our own, would assigned her.¹ Over time I came to know Cindy as insightful, artistic, and funny, as well as a survivor of sexual abuse and multiple traumas, a high school dropout who loved literature, a nurturer who had always wanted children, a deportee with an arrest record, a sex worker addicted to heroin, and a caring partner deeply in love with Beto.

Her partner of nearly two years, Beto was soft-spoken at first but gradually opened up about what he called the “emotional disease” of addiction that he

attributed to his own childhood trauma and hardships. The couple met one day while waiting to connect, and, soon after, Cindy and her dog Paloma moved in with Beto. Although Beto was not fond of living with dogs, he made the exception for Cindy. After all, they finally found in each other a partner who had similar experiences and understood, did not judge, and provided critical forms of emotional and material support. Their relationship was different. Cindy described Beto as the “one she was looking for.” Beto said she was “everything” to him.

Although their relationship provided emotional security, physical risk was omnipresent. As the opening vignette illustrates, drug use was a central feature of their relationship. In their mutual addictions they purchased drugs by pooling financial resources through sex work and other illicit means, shared all of their injection equipment, and helped each other through the act of injecting. While intravenous drug use was a form of bodily harm, it was also a shared practice imbued in love and intimacy, as Cindy and Beto helped each other alleviate suffering during periods of withdrawal. Similarly, Beto knew that Cindy engaged in sex work, but they chose not to use condoms with each other because of their mutual love and trust.

On the outside Cindy and Beto’s relationship appears to be full of contradiction as they navigate multiple types of physical harm and social suffering together on a daily basis. On the inside their relationship represents an anchoring presence, providing both partners with a sense of safety and mutual support in conditions of material scarcity and social exclusion. How do couples like Cindy and Beto judge and account for competing risks in ways that maintain their health and make sense for their relationship? And why should those of us working to promote global health equity pay attention to these dynamics of love and risk?

While couples like Cindy and Beto are typically viewed through a clinical gaze focusing on risk and disease avoidance, *Dangerous Love: Sex Work, Drug Use, and the Pursuit of Intimacy in Tijuana, Mexico* posits that a more loving view acknowledging the importance of intimate relationships will better address the ongoing HIV epidemic and its related forms of interlocking oppressions. Linking the political economy of inequalities along the Mexico-US border with emotional lived experience, this book centers on a framework of love to rethink how intimate relationships between female sex workers who inject drugs and their noncommercial male partners fundamentally shape both partner’s health and well-being. I conceptualize sex workers’ relationships as “dangerous safe havens” in which HIV-risk behaviors, such as unprotected sex and syringe sharing, represent meaningful forms of love and care despite their potential for real physical harm.² Attending to the emotional experiences of socially marginalized couples has implications for how we understand the embodied effects of structural oppression and interpret “risk.” Furthermore, rethinking sex workers’ intimate relationships urges us to reimagine love as a pathway to health equity.

DANGEROUS LOVE

This book is about how individuals struggle to find love and meaning in lives marked by structural violence, social disadvantage, drug addiction, and HIV/AIDS. The relationships between female sex workers and their steady, noncommercial male partners are often assumed to be coercive, anchored in risk, or dismissed as “pimp-prostitute” arrangements by scholarly and lay audiences alike, if these relationships are even acknowledged at all. However, such stereotypes unjustly erase the complexity of lives we imagine to be consumed by social suffering. *Dangerous Love* explores the underappreciated importance of intimacy, care, and love in the relationships of sex workers and their primary partners.

Theoretically, my analysis situates the experiences of sex workers and their intimate partners at the intersection of critical and meaning-centered approaches in medical anthropology to articulate a dynamic, multifaceted conception of love. Critical medical anthropology is concerned with how power relations configure access to material, economic, and social well-being.³ A core focus is how systems of political and economic organization disproportionately concentrate ill-health among disadvantaged populations while constraining their access to vital health and social services. Critical approaches also critique taken-for-granted power structures as naturalized, instead acknowledging how systems are designed to perpetuate forms of structural violence by limiting life chances and entrenching health inequities.⁴ As a complement to these materialist approaches, meaning-centered anthropology is a deeply humanistic practice that focuses on individuals’ personal experiences and how they make sense of their world.⁵

In integrating these structural and sentient frameworks, I draw on foundational work in medical anthropology on the “mindful body,” in which Nancy Scheper-Hughes and Margaret Lock (1987) call for a theorization of emotions as “an important ‘missing link’ capable of bridging mind and body, individual, society, and body politic.” Conceptualizing love as a “missing link” allows for its examination as an embodied emotional experience shaped by the broader social, material, and political conditions that structure our opportunities. This opens up a space to break down distinctions between personal and political practices of love and put anthropology into conversation with visionary scholars such as bell hooks, Chela Sandoval, Gloria Anzaldúa, June Jordan, and others whose critical feminisms and decolonizing social theories envision the socially transformative power of love to reshape future possibilities.⁶

A foundational contribution of this book is to center on intimate relationships as a way to shift narratives of risk and reimagine global public health research and practice. Much of our knowledge base about sex work and drug use is informed by epidemiological studies, which by design do not have the ability to assess how interpersonal dynamics influence our risk and overall health. As a quantitative science, epidemiology is incredibly useful in identifying statistical health trends at

a population level, including the risk factors associated with diseases and health outcomes. With its concern for lived experience, ethnography drills down into the grounded practices of our individual daily lives, including how love, intimacy, and care not only shape our health behaviors but make our lives worth living. Putting these perspectives together lends a powerful mixed-methods approach to better understand and address health concerns. However, global public health campaigns, especially for “high risk” groups such as sex workers and people who use drugs, all too often remain grounded in medicalized notions of risk that fail to attend to the emotional dynamics of loving, intimate relationships. By analyzing epidemiological data in tandem with ethnographic perspectives, my project constructs a fuller picture of what is at stake for socially vulnerable couples, which can better inform our efforts toward achieving health equity.

Dangerous Love thus develops a twofold intervention to consider interpersonal and political forms of love. First and foremost, it focuses on interpersonal love as a way to better understand sex workers’ relationships as commitments to collective solidarity and survival in contexts of oppression. I argue that when the state oppresses and society stigmatizes individuals, forging a loving relationship with an intimate partner represents a source of resistance and refuge from an unjust world. Drawing from these couples’ experiences, a second intervention of this book urges us to reimagine a political role for love in transforming conditions of injustice in the first place. Reading sex workers’ relationships as dangerous safe havens acknowledges the critically important subjective sense of emotional intimacy, love, and care that these relationships engender without glossing over the destructive uncertainties of couples’ life circumstances.

Indeed, my invocation of *dangerous safe havens* is intentionally contradictory and jarring to compel us to rethink notions of danger, safety, and love. In public health, danger is sometimes synonymous with risk, but the latter term has become foundational in discourse and practice. *Risk* in the epidemiological sense refers to the probability of a harmful event occurring; this is often assumed to be a scientifically neutral and value-free calculation of an outcome occurring among groups of people. Epidemiological studies consistently demonstrate that sex workers and people who inject drugs are at heightened risk for multiple health and social harms, including HIV/AIDS, hepatitis C virus (HCV), sexually transmitted infections (STIs), fatal drug overdose, violence victimization, stigma and discrimination, and other forms of social death.⁷ Importantly, however, risk is also a politically and ideologically loaded construct. Harmful outcomes are not equally distributed among populations, but, rather, political economic factors bear directly on how and among whom risk is circulated to cluster along gendered, racial, and class lines of disadvantage. Ideologically, risk can signal blame and the need for surveillance of those assigned to “risk groups,” particularly those who in the individualism of our neoliberal society “fail” to take accountability for their own health. The problem is that not everyone conceptualizes, prioritizes, and weighs risk in the same

way or even has the ability to fully control their risk for harmful outcomes.⁸ My invocation of *danger* in relation to couples' relationships acknowledges the real potential for harmful outcomes but gestures to a sense of subjectivity in the perception of risk.

In contrast, *safe havens* are socially constructed spaces that support individuals' need for comfort, safety, care, and protection in light of widespread risk. Safe havens help individuals contend with the stress and uncertainty of life, imparting physical and mental health benefits. Couples who engage in sex work and drug use must constantly navigate multiple, competing forms of physical, social, and emotional risk that shape their individual well-being and the stability of their relationship. As the narratives in this book reveal, disadvantaged couples often negotiate a situated rationality favoring the immediate socioemotional security of their relationship over a logically rational avoidance of disease or other physical health threats. The desire for emotional intimacy and social safety that drives the formation of these safe havens is a fundamental but underappreciated part of the human experience that gets erased in wholly negative constructions of risk. Rather than reading these relationships through a lens of "dysfunction" and "codependency," a core argument of this book suggests that we rethink *love* as a creative response to *risk*. Dangerous safe havens allow us to analyze the concrete yet contradictory ways that female sex workers and their noncommercial male partners support, care for, struggle, fail, and love each other in the pursuit of intimacy.

As we will see, Cindy and Beto's everyday lived experience of love and risk is one of structural vulnerability in the margins of Tijuana. This vulnerable positioning in society imposes physical and emotional forms of suffering that become internalized into couples' subjective lived experience. The narratives in this book reveal how couples are impoverished and excluded from educational opportunities and suffer from cumulative trauma and violence victimization. They grew up in loveless families, had early exposure to drugs and alcohol, and contend with social stigma, exclusion, police surveillance, incarceration, and deportation. Given their experiences and limited prospects, they are often forced into informal and illegal activities to survive, including sex work and the informal drug economy. In a symbolic violence of blaming themselves for their situations, their drug use often escalates to cope with extraordinary hardships, which in turn reinforces their vulnerability.

In finding a partner who has suffered similar adversities, dangerous safe havens offer a critical source of love and emotional solidarity. In an otherwise loveless world, forging an intimate bond with a partner offers meaning, hope, and security. To hold onto this hope, "risk behaviors" such as unprotected sex, drug use, syringe sharing, and even sex work are transformed into practices of caretaking that prioritize relationships rather than the physical health threats typically targeted by global public health campaigns. Dangerous safe havens thus protect partners in some ways while simultaneously recasting their exposure to harm in others. As a

social construct with public health implications, dangerous safe havens help us to rewrite risk and draw deeper connections between love and health equity.

But a question remains—why *love*? Traditionally, love has been a fringe topic of academic scholarship. Even anthropology, tasked with studying all of the human condition, has a fraught history with the concept of love. Anthropologists have studied and understood love in multiple ways, from theoretical debates about its utility as a concept, to cross-cultural surveys looking for evidence of love across the world, and even to brain scans to examine the biobehavioral and neural underpinnings of love.⁹

I acknowledge a cynicism surrounding love that, if ill-defined, it can mean everything, nothing at all, or even something counterproductive. Many of us in the Western world have been indoctrinated to equate love with romance and a singular, monogamous experience that compels individuals to surrender any sense of rationality toward a pursuit of the elusive “happily ever after.” My favorite critique of this view originates from novelist Toni Morrison, who writes that romantic love is one of “the most destructive ideas in the history of human thought” ([1970] 2007, 122). To Morrison idealized versions of romantic love begins in envy and insecurity, leading to a disillusioned fantasy that substitutes romance for genuine acts of love.

Dangerous Love follows in challenging conventional ideas, urging us to think beyond stereotypes to critically evaluate how love can transform relations in contexts of social disadvantage. As a multilayered construct, love is relational: it is a transformative experience, a form of solidarity, and a way of being in the world that has the potential to resist conditions of violence and dispossession. At its core love is imbued with emotional qualities that transform and inspire individuals toward concrete efforts that are greater than the self. The late Black feminist scholar bell hooks conceived of love as a mix of “ingredients” that includes “care, affection, recognition, respect, commitment, and trust, as well as honest and open communication” (2001, 5). Many of these very same ingredients align with couples’ own descriptions of love in their relationships, as further elaborated in chapter 1. Accordingly, love is also a verb: it is an active force that can be studied through emotional expressions and concrete actions in relation to the broader sociopolitical conditions that shape its lived experience. As this book shows, love can coexist in conditions of oppression and inequality; such conditions may in fact heighten our awareness of and need for love.

Thus, a second major intervention of this book urges us to reimagine a political role for love in carving a pathway to health equity. A political love could inform our approaches to address the violence, drug use, disease risk, social and economic disadvantages, and related harms that couples navigate on a daily basis. Political love, just like interpersonal love, is relational and affective, oriented toward taking care of our communities by promoting health and well-being for *all* people. Black feminist theologian Keri Day notes that political love brings people together,

forging relations among physical bodies into a body politic, as it is “in and through *the body* and its emotions that love and subsequent commitments associated with love become possible” (2016, 110). Such an articulation of love reflects Scheper-Hughes and Lock’s (1987) concept of the “mindful body” and call for a theory of emotions linking individual, societal, and political bodies. This conceptual mapping of love can help explain why and how inequalities are produced and mitigated and motivate us to create positive change. In this sense love holds the potential to inform new political agendas, transform programming and policy, and reorder our research priorities toward transformative social and health justice. Put another way, the same principles that shape the possibilities for interpersonal love to improve individual lives can also guide our collective actions to improve the human condition on a broader scale.

Within this conceptual framework, the central questions driving *Dangerous Love* are concerned with how the political creation of social and health inequities along the Mexico-US border profoundly shapes the intimate emotional experiences of sex workers and their partners. Its goal is to explore what it means to love and care in contexts of sex work and drug use and how we might envision new pathways to address health inequities. In the chapters that follow, I ask, Under what sociopolitical conditions do sex workers form intimate relationships? How do couples navigate their relationships when one partner’s job is to have sex with other people? How are love and emotional intimacy experienced and enacted by both partners in contexts of disadvantage? How does love shape partners’ health “risk” behaviors? And, finally, what can a study of interpersonal love in conditions of oppression teach us about the transformative power of love to break through these very systems of oppression?

PROYECTO PAREJAS

My exploration of love emerges from a somewhat unconventional anthropological academic pathway. This book is based on my experience as a research assistant and postdoctoral fellow as part of a National Institutes of Health (NIH)-funded global public health project from 2009 to 2013 called Proyecto Parejas (the “Couples Project” in Spanish and simply “Parejas” from here forward). As the largest study of its kind anywhere in the world, Parejas was a longitudinal, mixed-methods study of HIV/STI risk among female sex workers and their noncommercial male partners in Tijuana and Ciudad Juárez, Mexico. We followed 214 couples over a two-year time span: every six months couples completed surveys and HIV/STI testing, while a subset of couples at each site also participated in qualitative interviews at enrollment and one year later to contextualize the quantitative and biological data. Collecting multiple forms of data over time and documenting the experiences of *both* partners in these understudied relationships are extraordinarily unique features of this study and thus of my book.

I was involved in all aspects of Parejas from the very first project meeting, including culling together survey questions, drafting protocols, passing documents through multiple regulatory boards, pilot-testing instruments, training staff, acting as a liaison between staff in Mexico and California, and collecting, analyzing, and writing up data. During the project I lived in San Diego and became part of the estimated force of more than eighty thousand daily commuters along the San Ysidro–Tijuana crossing, the busiest of all ports of entry in northern Mexico. This is part of a normal rhythm of life in this region of the world that reflects the intensely interconnected economies of two neighboring countries. I regularly commuted back and forth from the University of California, San Diego, campus in La Jolla, where I was based, to the data-management office in the neighborhood of Hillcrest and to the main Tijuana office and health clinic in the Red Light District for project activities, fieldwork, and team meetings. As such, my fieldwork was a layered experience of traversing geographic, cultural, social, and disciplinary borders, in which I came to appreciate how varying priorities and interests shape the process of knowledge production. My own affective experience of fieldwork in Tijuana inspired my theorizing about *dangerous love*, the emotional effects of living amid extreme inequalities, and how we might differently address conditions of oppression.

In Tijuana my fieldwork took place within the Parejas office to experience the production of data, outside of it to develop a sense of the broader social context, and later within couples' homes to gain insight into their personal lives. I also frequently ventured out with the field team to visit different locations around Tijuana, including health-care settings, drug treatment centers, an AIDS hospice, rural health clinics, and scattered communities throughout the city, usually to locate participants for studies (and sometimes just to eat incredible food out of a truck or small cart). I also helped lead tours of our research sites for visiting researchers and prospective students and their parents before it became "too risky" and we suspended the program due to concerns of violence. Almost daily I witnessed busloads of deportees dropped off at the border with practically nothing.¹⁰ I also frequently visited the squalid Tijuana River Canal, where some of those deportees, as well as migrants and other precariously housed individuals, pass the time. I often witnessed injection drug use there out in the open. Whenever we had supplies, we ran a mobile harm reduction program in the canal to reach those in need of sterile injection equipment. All these experiences provide critical contextual insight into a specific slice of this diverse and culturally rich metropolis of approximately 1.7 million people.

However, I spent the majority of my time in the project office in the middle of the Red Light District. It is located within walking distance or a short cab ride from the border, so within a matter of minutes one is transported to the middle of a concentrated hub of strip clubs, bars, hotels, eateries, street vendors, and streets lined with *paraditas*, or the diverse group of women who carve out their sidewalk space to solicit sex work clients. It is mostly a loud, chaotic sensory overload nearly

twenty-four hours a day. It is also the perfect place to host a health clinic and research office for sex workers. The project office was housed on a second floor, which required entrance through a nondescript stairwell door behind a popular *taquero* on the street whose constant chant of *ta-co, ta-CO* is permanently etched in my mind. This corner office had multiple windows overlooking the constant bustle of the street below. It was often unbearably hot in the summer months and so cold in the winter that a few times I observed staff wearing gloves inside. From this vantage point I could see, hear, smell, and sense the frenzy of activities of everyday people on the street below going about their lives, including the sex workers and their partners who traversed this daily reality and enrolled in the Parejas project.

The office represented an important centralized and trusted space for participants from multiple projects to drop by. It was a central point to meet with other researchers and a base point for outreach activities. By spending time in the office both formally and informally collecting data, I had many valuable and often unexpected interactions that fostered significant insight into the social lives of the participants and the project itself. This is where I first met Cindy and conducted her first qualitative interview as part of Parejas to learn about her life experiences and relationship with Beto.

When the couple failed to show up for their Parejas surveys, I accompanied the field team to their home in a nearby neighborhood to bring them into the office. Cindy and Beto were inside their house injecting heroin, so it took a really, really long time for them to get ready to go. At that point I had not yet been inside their house to fully understand what was happening, but I had a sense that one day I would be invited in. Indeed, building my relationship with them through the Parejas project over time proved a valuable anthropological method of gaining trust, which can help produce deeply humanistic data.

Back in the office that day, I administered Cindy's survey. Our epidemiological interaction took nearly four hours because she frequently elaborated on her answers that did not fit neatly into predetermined answer choices. She also needed to take multiple cigarette breaks. Like many public health surveys, ours contained an extensive number of detailed questions, including sociodemographic characteristics, sexual behaviors, drug use, sex work, and measures of relationship quality and conflict. However, I was most struck by what we *did not* capture in the instrument. One of the more positive relationship questions asked, "On a scale of 1–10, how much do you trust your partner?" Without hesitation Cindy answered, "13." During one of our breaks, Cindy contextualized this sentiment by admitting that she and Beto shared syringes. Although this is a public health "risk behavior," for Cindy it symbolized "trusting your life" to another person.

My interactions with Cindy and experience working on the Parejas project inspired my focus on love and emotional intimacy within sex workers' relationships. In Parejas we asked a question about love in the initial qualitative interviews

that elicited rich responses (discussed in chapter 1) and a question about trust in the survey, which obviously failed to capture the magnitude of its importance for Cindy. The questions in Parejas were pathbreaking, but clearly there was more to know.

I conducted independent research on love and emotional intimacy among female sex workers and their noncommercial partners in 2011 as part of my broader field experience with Parejas. Altogether *Dangerous Love* focuses on seven couples sampled from the larger Parejas study, with whom I conducted serial in-depth interviews, participant observation fieldwork, and a photovoice project, in which I gave partners cameras to document their lives, their relationships, and the things they deemed important. I designed the study to complement the office-based modes of data collection in Parejas and unearth the emotional lived experience of couples' day-to-day lives.

When my earlier sense of being invited into Cindy's home came true, it provided a different kind of opportunity to observe her social interactions with Beto and experience the material conditions of their everyday world. My visits to their home and that of several other couples also provided my first opportunities to witness injection drug use and begin to better understand the exigencies of addiction. My ethnographic approach to studying drug use builds on a long tradition of anthropologists, including Bryan Page, Merrill Singer, Mike Agar, and Philippe Bourgois, whose fieldwork has offered seminal insights into the political economy of addiction and how drug use forges social relations even while heightening risk for infectious disease. I am inspired by the pioneering work of women, including Nancy Romero-Daza, Claire Sterk, Lisa Maher, Angela Garcia, and Kelly Knight, whose ethnographic research has centralized the unique experiences of women who use drugs through caring and attentive analyses that humanize, rather than revictimize, women who use drugs. Although, worldwide, women probably use drugs less often compared to men and have been a less frequent focus of ethnographic study, intersecting factors including gender, race, class, migration status, and reproductive histories intensify their experiences of drug-related stigma and social vulnerability. Importantly, these and other ethnographers reveal the structural production of gendered vulnerabilities while also showing that women do not always fit into neatly predetermined roles in the drug economy, nor do they get enough credit for their agency.¹¹

My work offers a unique contribution in accounting for the relational dynamics of drug use among women who engage in sex work and their intimate partners. These couples in many ways defy so-called traditional gender roles, and drug use is no exception. I attend to the social contexts of drug use, and I observed couples together when invited and it was appropriate to do so. The project accounts for both partners' perspectives on drug use, including how trust, care, cooperation, suffering, and conflict shape drug use practices and configure conceptions of safety and danger. The choices that we make in representing drug use are never straightforward, which extends from the "moral ambiguity" of conducting fieldwork

involving potentially harmful and illegal behaviors (Page and Singer 2010, 126). While I consciously try to avoid unnecessary and lurid details of drug use, I also refuse to gloss over the urgent role it plays in couples' lives that underscore the need for harm reduction approaches (discussed in the conclusion).

In addition to ethnography beyond the clinic, this book's portrayal of dangerous safe havens is uniquely enhanced by the use of the photovoice project, in which partners were provided with cameras to take photographs of their lives. The images were then discussed in open-ended interviews to elicit deeper insight into the things that they considered to be important. I used the method as an experimental means to give participants greater input into the research process. I also wanted to test if the visual material could evoke more emotional responses than conversation alone, thus cutting to the core of my humanistic research interest in emotional intimacy within couples' relationships. This book reflects on that process through the couples' stories and curates a deliberate space for the couples to reveal the world as they experience it. While a significant number of photos revealed personal identities and many depicted graphic scenes of drug use, speaking to the centrality of addiction in couples' lives, I mostly avoid such content. The limited number of photographs that appear here intentionally protects confidentiality and avoids a voyeurism into suffering, while aiming to reveal another layer of humanity in these couples' complex lives.¹²

INTIMATE RELATIONSHIPS AND HEALTH

Although still rare in studies of sex work and drug use, love has increasingly come into vogue in the social sciences and public health scholarship, offering a foundation on which to build an understanding of dangerous safe havens. Perhaps our renewed interest in love is a response to our underacknowledged societal needs for affirmation, hope, and change within a broader climate of neoliberalism that has supported capitalist expansion and consolidated global wealth. Anthropologists have written about how forms of interpersonal love have emerged as a global response to the alienation of these modern conditions that have left so many of us feeling lost, disconnected, and disillusioned. Modern forms of "companionate love" are about finding a partner in life to trust, share emotional and physical intimacy, and rely on for companionship and care to try to build a meaningful life.¹³ This work shows us that, despite the inequalities unleashed through global political conditions, the possibilities for love and care persist, coexist, and even strengthen amid oppression.

Intimate heterosexual relationships are also a site in which to understand how such political processes and cultural changes shape personal health and well-being. Key scholarship has challenged rational models of "risk taking" by revealing how protection, trust, intimacy, and care are crafted within relationships as responses to broader conditions of uncertainty. Anthropologist Elisa

Janine Sobo's (1995) pioneering research among low-income women in relationships reveals how condom use is a socially complex negotiation, and decisions are not based in biomedical models of risk. For vulnerable women, not using condoms demonstrates closeness and partner fidelity—or at least the illusion of fidelity—and helps maintain the critical economic, material, and emotional support that these relationships provide. Even among HIV serodiscordant partners and other “high risk” couples who may have multiple sex partners, emotional meanings signified by unprotected sex can outweigh partners' concern with viral exposure to disease.¹⁴ Jennifer Hirsch and colleagues' (2009) comparative ethnographic research on love and HIV in the context of marriage is notable for its approach to extramarital sex as a reflection of globalized, shifting sociopolitical conditions that often encourage infidelity but do not necessarily diminish the emotional intimacy within marital relationships. This work also shows how social risks are weighed against health-related risks in ways that have reshaped HIV-transmission dynamics to put married women at a high risk of infection in some locations. These studies and others point to the importance of understanding personal relationships as shaped by global processes; in other words, love is personal and political.

Global political economic and cultural shifts also call attention to the complex linkages between economics and intimacy.¹⁵ Sex work subverts ideas about gender roles and power relations while also reflecting broader societal anxieties and desires for pleasure, sociality, love, and intimacy. For many women sex work offers a way to gain autonomy in patriarchal societies through economic independence from their work. Although this autonomy may be considered paradoxical in that it does not change the broader structures of power that entrap women in the first place, neither does sex work destroy women's own emotional desires and ability to forge meaningful relationships.¹⁶ Among a growing chorus of researchers, psychologists Catalina Betancur and Andrés Cortéz (2011, 47) point out that women can separate the physical, economic, and emotional dimensions of sexual exchange, as sex can be a means to an end to improve their lives and care for their families, but “love cannot be bought” (*amor no puede ser comprador*).

For other women sex work offers an opportunity to blur boundaries with clients and shift the emotional currencies of monetized sexual relationships. Particularly in lower- and middle-income countries characterized by intense socioeconomic inequalities and sexual tourism, women may leverage sex work to intentionally develop relationships with (often Western, white, and wealthy) clients for not only financial gain but intimacy and hope for a better life, including prospects for marriage and migration.¹⁷ Men may also look to sex workers for more than physical acts of sex, but to counter loneliness and build social status amid changing economic and cultural expectations.¹⁸ To simplify a complex topic, sex work means many things, including some kind of transactional exchange, but emotional intimacy may or may not be one of them. The women themselves often decide.¹⁹

Importantly, emotional intimacy in different kinds of paying and nonpaying sexual partnerships carries public health significance. Studies have consistently found that female sex workers are less likely to use condoms with intimate, non-commercial partners compared to clients.²⁰ Just like we see in other intimate relationships, sex workers can find condoms to be a physical and emotional barrier to trust, intimacy, and pleasure; for sex workers in noncommercial relationships, it is particularly important to demarcate the physical and emotional boundaries of their personal lives. Still, in-depth studies of female sex workers' intimate, noncommercial relationships remain rare, and studies are not typically dyadic in design to include their male partners' perspectives. The extant work is insightful in documenting the complex negotiations and tensions in maintaining emotional intimacy in the context of transactional sex, including how jealousy and conflict shape relationship quality. Overall, however, these intimate relationships are meaningful and important to partners and offer a critical socioemotional space for women to feel accepted and loved despite the stigma associated with their involvement in sex work.²¹

Drug use is even less frequently viewed through a lens of relationships and emotional intimacy, even as drug use often overlaps with sex work for women, and sexual partners often use drugs together and influence each other's behaviors. Trust, intimacy, and care within the context of relationships significantly shape drug-related practices, including syringe sharing, which places partners at heightened risk of HIV/HCV.²² Medical sociologist Tim Rhodes and his colleagues have made significant contributions to rethinking how relational dynamics affect both sexual and drug-related behaviors. This work reveals how couples negotiate the pragmatics and emotions of addiction that complicate intimate relationships. Couples can insulate each other from social stigma and other harms through provisions of care and social protection, but these strategies do not objectively protect them from drug-related risks or fundamentally change the social structures around them enacting harm.²³ Other recent scholarship corroborates how trust, cooperation, intimacy, and power commingle to shape injection practices among drug-using couples, which may shift over time and require specific attention in health programming.²⁴ I read these currents in scholarship toward the relational and emotional dimensions of drug use as a significant discursive and political move to cast a more humanizing understanding of addiction and offer a revision to punitive programming and policies, a goal to which this book also aspires.

* * *

Love is foundational to our shared human experience and an important, if traditionally underappreciated, topic of scholarly inquiry. Intimate, loving relationships also bear critical implications for health and well-being. A growing body of scholarship is challenging prevailing stereotypes that female sex workers do not have steady, noncommercial partners, nor share the same desires for

intimacy and love as anyone else. This work further suggests that the social and emotional dimensions of sex workers' relationships are often prioritized over more distal pathogenic risks such as HIV. However, even as our academic interest in love grows, applied attention to love in sex workers' intimate relationships and the ways that trust, care, and emotional intimacy shape health outcomes remains largely marginalized in health programming, particularly in terms of addressing injection drug-related risks. Moreover, the emotional experiences of sex workers' male partners remain largely excluded from the dialogue. After decades of research we still know virtually nothing about these male partners with whom sex workers fall in love.

Building on scholarship centering on love and care, this is the first full-length ethnography to offer insight into sex workers' intimate relationships through a lens of love while accounting for *both* partners' perspectives. It interweaves strands of often disparate scholarship in sex work, drug use, and health and emotions to construct an ethnographic account focusing on intimacy within sex workers' long-term, established relationships rather than their broader search for intimacy. In building a conception of love, it grants attention to not only how partners describe love but how the multifaceted components of love are embodied and enacted within sociopolitical contexts of inequity and disadvantage. Reading these relationships as dangerous safe havens offers conceptual insight into how couples navigate very real epidemiological risk but prioritize the subjective emotional comfort of their relationships as a collective means for survival. Not only do the forthcoming narratives reveal love, care, trust, and cooperation among partners, but we see the spaces of violence, conflict, risk, and abandonment in couples' lives where love has been lacking, generating the need to build dangerous safe havens in the first place. Thus, the couples' stories also create a springboard for a broader political discussion of the role of love in transforming health programming, policy, and research ethics and practice.

LOVE AS A PATHWAY TO HEALTH EQUITY

Years after completing my project and thousands of miles from Tijuana, I absentmindedly checked my email on my iPhone one day to learn terrible news: Cindy had passed away. As indicated by her appearance throughout this chapter, Cindy was not an ordinary "research subject" to me. She was an inspiration for my project. More than that, I had become friends with her and Beto in the blurry sense of friendship formed through anthropological fieldwork. She couldn't have been but thirty-five years old at the time of her death. I was devastated.

Cindy had been periodically ill throughout my fieldwork with undetermined flu-like symptoms, but I was unaware of the seriousness of her condition. She once told me she felt like she was "going to die" during one of these bouts. How could I not know how foreboding that statement would be? In trying to reconcile my

personal and emotional reaction to her early death with the intellectual sensemaking that I've tried to craft of her life, I revisited her interview transcripts and photos in remembrance and looked to creative methods for healing.²⁵ Of course, many researchers before me have confronted death in their fieldwork, sometimes on a much more massive scale. However, we do not always openly reflect on and write about these deaths. But death and mourning jar us out of the mundane demands of our work, taking us back to a core value in anthropology: the fundamental importance of forging meaningful human relationships. As I reflected on Cindy's death, new forms of meaning arose from her life, inspiring me to write this book against sanitized and dispassionate scholarly depictions of sex work, drug use, and HIV risk. Both her life and her death make clear that, even amid conditions of inequality and social suffering, individuals can find meaning through emotionally intimate relationships. More broadly, Cindy pushed me to reflect on my role as a scholar, including all the inequities that plague our research and can make it feel futile. For me Cindy's death opened up critical questions about the purpose of our work and led to me wonder, Is there a bigger role for love in our research? Going further, is there a role for love in developing equitable health programming and policies?

Cindy's dangerous safe haven with Beto could not protect her from an untimely death. But her life matters: in its own right, in relation to Beto, and for the many other sex workers worldwide who also find themselves trying to survive difficult circumstances. We have much to learn from the experiences of socially vulnerable couples that can help us transform research, policies, and practices into coconstructed processes that aspire to social change and health equity. If love is a strategy to resist oppression even in a life cut short like Cindy's, then organizing for a broader political love can help us dismantle those systems of oppression in the first place. Put another way, I want to explore how love can help us carve a pathway to health equity.

Here I return to the second major intervention of this book: the critical power of love as a force of sociopolitical change and health justice. I don't want to only document love as such; I use love as a heuristic to think through our collective actions to address health inequities. I find inspiration in *Methodology of the Oppressed*, postcolonial feminist scholar Chela Sandoval's work that draws on a long line of revolutionary thinkers to understand love as capable of producing a different consciousness in which we can break through oppression to create "understanding and community." According to Sandoval, "Writers who theorize social change understand 'love' as a hermeneutic, as a set of practices and procedures that can transit all citizen-subjects, regardless of social class, toward a differential mode of consciousness and its accompanying technologies of method and social movement" (2000, 139). In this sense "falling in love" is not romantic mirage but a metaphor for transforming ourselves into a new state of social awareness. In this state of being, individuals develop new subjectivities about the self and others and

recognize the need to transform repressive structures of knowledge and power. This revolutionary potential of love lies at the center of anti-oppressive liberation movements, including Brazilian educator Paulo Freire's ([1970] 2018) transformative pedagogies to raise consciousness to enact broader social transformation.

Anthropologists have also used love as a lens through which to think more deeply about questions of morals, politics, and ethics. In this sense, as anthropologist Jarrett Zigon (2013) notes, "love" is like the "good" that has recently seeped into anthropology's more typically "dark" focus on the misery and social suffering of our neoliberal global order. Focusing on the good doesn't erase suffering, but it opens up a counternarrative to locate the cracks and gaps in our current order to reveal how people build meaningful lives despite bleak circumstances.²⁶ Likewise, I document the struggles of sex workers and their partners not as voyeurism into darkness but to adjust the theoretical aperture and shed light on the changes we need to grapple with as a society if we are to address health inequities.

Developing a political love could enable us to move toward health equity in new ways. Following bell hooks (2001a), drawing on the principles and values ("ingredients") of love to inform policy means coming together to map out justice-focused programs that would affect the good for *everyone*, not just the privileged few. According to Keri Day, such a political project not only needs reasonable and sound (i.e., evidence-based) policy making but broad emotional support and societal buy-in. With such support, Day imagines that "love can birth new moral worlds in response to the pathologies of neoliberal societies" (2016, 105). In contrast to the self-interest and materialism of the neoliberal political order, an affective political love cultivates empathy, compassion, and collective motivation to rise against injustice. In other words, if we better understand and empathize with the plight of the most vulnerable—in the case of this book, drug-using sex workers and their partners—we are more apt to speak out, act up, and work hard for social and health justice.

The narratives in this book offer a means to think about incorporating love not only into policy but into our own research as a way to enact change. Love can be integrated from project conceptualization to dissemination, including inviting love into our scholarly writing. As anthropologist Virginia Dominguez (2000) points out, academics are professionalized into particular forms of scripted writing to specifically excise the love out of our work. But Cindy taught me that applying love to our anthropological writing can reveal our own love and respect for the people with whom we work while opening up a space to reflect on our political commitments. Importantly, this does not mean presenting only positive portrayals of participants, avoiding violence and conflict, or tiptoeing around our privileged positionality. Rather, writing with love is itself a political project. Our politics of representation can build compassion and support toward more humane policies addressing sex work and drug use that resist moralizing discourses of blame and punishment.

I write this book with a loving lens to prioritize a humanistic representation of couples whose lives are marginalized, pathologized, and socially forgotten. These couples have something important to tell us about the revolutionary forms of social change needed to effectively address the lifelong social and health harms related to sex work, drug use, trauma, violence, and poverty. The dangerous safe havens that couples construct are paradoxical spaces that sometimes protect but sometimes cannot shelter partners from harm and early death, as in the case of Cindy. However, examining sex workers' relationships through a lens of love gives due attention to couples' creative resiliency while also revealing the larger societal deficiencies that need to be addressed if we are to achieve health equity.

Bringing a political love into our research resets our research priorities to center on transformative health justice and equity. This means incorporating a multidimensional understanding of love into a research ethics that privileges relationships with participants and their needs, while critically examining our own role in systemic oppression. This also means that academic documentation alone is not good enough, but that active participation toward change is needed. Love in this broader political sense can carve new pathways through the transformation of our research questions and methodologies, which in turn can iteratively inform more humanistic global public health programming and policies. These points are further taken up in the conclusion in recommendations to move forward. In thinking through the overwhelming amount of work to be done to achieve health equity, I find solace in the words of bell hooks, who reminds us that “the transformative power of love is the foundation for all meaningful change.”²⁷

LOVE STORIES

The stories in this book are not your typical love stories. They offer a counternarrative to stereotypical images of sex workers' lives and intimate relationships. They portray the more private side of sex work and drug use that coexists with the public sex industries and violent drug markets in globalized cities like Tijuana. The chapters provide ethnographic case studies contextualized with epidemiologic and qualitative data from the larger Parejas study to offer insight into couples' lives. Careful analysis of dangerous safe havens lends insight into the various ways that love is embodied, expressed, practiced, and lived out in sickness and health. Each chapter explores a different dimension of dangerous safe havens to reveal their complexity, meaning, and importance in both partners' lives. In doing so, the chapters also build toward concrete suggestions about how to better address the social and health inequities that couples in Tijuana—and elsewhere globally—will continue to face unless we harness the revolutionary potential of love in our work.

Chapter 1 takes readers into the Red Light District of Tijuana to understand the sociopolitical context of sex work and multiple risks that sex workers and their partners navigate on a daily basis. A historical background of sex work and

Tijuana's centrality as a node in a major global drug-trafficking route concretizes some of the structural factors shaping women's work environments and survival strategies. Within this context the chapter tells the story of how Proyecto Parejas, the NIH-funded study that inspired this book, came into being to address an unacknowledged but critically important dimension of sex workers' lives: their intimate, noncommercial relationships. The chapter concludes by examining qualitative data from the larger Parejas study to begin sketching out how couples describe and enact love, care, and commitment within their relationships. These descriptions simultaneously begin to answer and ask new questions about love, which situates the rest of the book's in-depth focus on seven sex workers' intimate relationships.

Chapter 2 delves deeper into how couples cultivate sexual intimacy in the context of sex work. Through the creative-writing device of "composite couples" to protect confidentiality around a sensitive topic, this chapter explores the paradox of how couples can be emotionally close and love each other but have sex with other people and lie about it. These stories demonstrate how multiple meanings of sex, especially *outside* of the primary relationship, reveal the importance of intimacy *within* the primary relationship. For these couples sexual risk and deception in the context of patriarchal norms, shifting masculinities, and changing gender expectations shape the possibilities for love, but what do outside sexual partnerships actually accomplish? What is preserved and what is lost in negotiations of deception and how does this inform our rethinking of sexual and social forms of risk?

Against the backdrop of the drug war in Tijuana, chapter 3 explores the stories of Celia and Lazarus and Mildred and Ronaldo, whose relationships are embedded within extended family networks and social relations ordered around drug use. Their stories illustrate how drug use demands analytical attention not only for health risks but also for how the violent institutions of the drug war reshape social relationships. These couples offered their homes as *picaderos* (shooting galleries), which functioned as safe spaces where friends and family could inject drugs. In this sense the couples' homes became extensions of their dangerous safe havens that absorbed kin and other trusted social relations. The communities of care that emerge in the wake of war push back against depictions of people who use drugs as always selfish and illustrate how couples, families, and friends entangled in addiction navigate their complex relations in terms of love and collective survival.

Returning to Cindy and Beto's relationship, chapter 4 explores the couples' experiences through a lens of love as both feeling and embodied practice. Their dangerous safe haven represents the embodiment of shared histories of trauma that brought them together and illustrates how health risk behaviors that could enact physical harm also express solidarity and emotional commitment. While I attend to how the extraordinary risks of injection drug use and sex work shape their relationship, I also draw attention to the more quotidian aspects of their daily

life together. The couple shared an emotionally close relationship, and its transformative power was constantly revealed in small ways and endured in bigger ways until its tragic end. What does their relationship tell us about the transformative power of love even in a life cut short?

Chapter 5 examines the complexities of love in two women's lives as a way to also think through bigger questions about research methodology. I focus on the stories of Maria and Gwen, both US women with long histories of drug use and sex work in Mexico and relationships with Mexican men. Both women's stories offer ethnographic insight into the epidemiologic concept of "lost to follow-up," when researchers cannot retain participants in studies, and they are therefore "dropped" from longitudinal analyses. In other words, neither woman was able to finish their participation in Parejas, nor my own project for that matter. Telling Maria's and Gwen's stories through their limited involvement in a research study shows the complexity of women's experiences that are only ever partially captured in a research project. What happened to these women, and what does this tell us about the stability and precarity of dangerous safe havens? Furthermore, how do their stories challenge us as researchers to develop methodologies grounded in love?

Given the health and social harms described throughout this book, the concluding chapter explores love as a pathway to health equity. This chapter uses a lens of political love and harm reduction to make recommendations for programs and policies to improve the health of drug-using sex workers and their partners. As a movement for social justice and pragmatic but compassionate approach to health care, harm reduction articulates with a framing of love as social analysis and political practice that can reorient our priorities to concrete action. Furthermore, we as scholars have a significant role to play in creating change. I conclude the book with a reflexive articulation of lessons learned through this research and how love could transform our work.

Ultimately, love does not necessarily bring an end to suffering, nor can it entirely erase the risk for negative health outcomes and early death. However, as the forthcoming narratives reveal, what love *can* offer is a form of solidarity and resistance, a bigger meaning in life, a way to feel safe and secure, and the ingredients to help us counter an unjust world of disadvantage. *Dangerous Love* urges us all to consider new pathways forward and represents a small contribution toward a broader project centering on the transformative power of love.