

PREFACE: COLLECTIVE BIOLOGIES IN THE COVID-19 PANDEMIC AND BEYOND

The pandemic has been a hell of a way to demonstrate this book's relevance.

This is a book about how people in a Mexican city destabilized by pre-pandemic economic and narcoviolence crises used a seemingly individual act—participating in medical research—to help others. They hoped to help by supporting science in the abstract, disinterested way imagined by Western medical ethics boards. Yet they also hoped men would directly benefit from the medical testing they received and that those benefits, in turn, would concretely enhance the embodied well-being of specific groups of others. The medical research participants I worked with understood themselves to be members of groups at different scales, from their families to the Mexican populace, whose collective, embodied futures were determined by all members' actions.

Here I call these bodies “collective biologies.” My goal in doing that is to offer a way to theorize the nonindividual and embodied consequences of understanding oneself as part of a physically and socially interrelated group. It is obvious, though important, to note that everyone and everything is interrelated in a general sense. In this book I offer a way to theorize a particular kind of interrelationship. I analyze the ways that people's experiences of belonging in culturally recognizable groups, such as couples and congregations, shape their daily life actions and, in turn, influence collective well-being. I investigate how people's beliefs about the boundaries and contours of their own relationships with specific sets of others have embodied consequences for those others.

For the research participants I worked with, their memberships in these biosocial collectives were unremarkable, often implicit truths fundamental to daily life action. Theorizing them explicitly is my way of mapping the collective consequences of one ethnographic example of medical research. Further, it is an effort to provide a model for identifying how cultural

ideologies of interrelatedness become embodied on greater-than-individual levels in other cases.

It is no accident that I felt called to try to understand this phenomenon while experiencing new forms of collective biology in my own life. In what could be considered intensive participant observation in embodied relatedness, I gave birth to two children between doing the fieldwork for this book and completing the final manuscript. These new beings depend on me and my husband to meet their needs and to engage in the joyful and exhausting social interactions that make us all people in cultures. I knew that kids need care. I naïvely did not realize how extensive the embodied consequences of providing it would be, from the surgical scar on my wrist that reflects the repetitive strain of childcare to the vastly different calculation of the consequences of my own risk taking that now shapes every new move I make. As members of a nuclear family in a society in which that unit is framed as the main locus of care, what happens in one of our bodies influences quite concretely what happens in the other three's bodies.

This became painfully clear when the COVID-19 pandemic struck. Our nuclear family became a bubble, and our interdependence and shared vulnerabilities, and the varying porosities of our collective bodily and social boundaries, became the main driver of every action we took. I had written about Mexican medical research participants trying to care for collectives amid crisis. Now I was consciously experiencing the state of “living for others” that people had told me about in our interviews not only through new parenthood, but also through my hopes that my own actions would protect the collectives to which I belonged from the harms of the COVID-19 pandemic. Like the research participants I interviewed in Mexico I hoped to be able to use my individual actions to effect change in several collectives, at multiple scales. For example, I hoped changes like teaching online would not only protect my family, but also contribute to the well-being of larger collectives such as my university community.

Yet being American during the pandemic, I have also experienced a cultural form that is opposite to my own hopes and those voiced by Mexican research participants: the refusal of collectivity. I live in Iowa, a midwestern U.S. state whose government refused to mandate masks even when we topped the global charts for COVID-19 positivity rates. Rejecting collectivities does not actually make the individualist fantasies fundamental to Anglo-American culture true or seal our bodies off from one another. We are all still interrelated, and your refusal to wear a mask can still sicken me and my

children and their day care teachers and their families. But that refusal does preclude the kinds of care we can achieve when we understand ourselves to be members of specific groups affected by other group members' actions and bodies, and live accordingly.

While I feel them keenly as a new parent in a pandemic, this book's insights into enacting or refusing collective biologies extend past any moment or place. For instance, COVID-19 will eventually recede. Yet the ongoing pandemic of racism, disproportionately directing viral and other dangers to people of color, harms on a longer timeline. Many activists' efforts to redress this draw on ideologies of collective biology. Conversely, people's efforts to maintain and profit from institutionalized inequality might involve rejection of collectivity. Mask refusal as performance of Anglo-American individuality could fall into this category. Yet as American white supremacists' actions terrifyingly show, explicit efforts to maintain racialized inequalities can also represent perverse efforts to care for collective biologies to which people believe they belong. In the context I discuss in this book, people's understandings of themselves as Mexicans simultaneously make it feel possible for them to use individual medical research participation to aid the national populace, and reify the racial categories that naturalize gender inequality via *machismo*, and marginalization of Indigenous people and other Mexicans excluded from national narratives of progress through *mestizaje*.

I offer these examples of racialized collective biologies here both to highlight the relevance of the analytic of collective biologies in and beyond our current moment and to stress that this approach can be used to understand harms perpetrated in the name of promoting a collective's well-being. Collective biologies themselves are not inherently positive. Yet I hope that the analytic of collective biologies that this book presents can do some modest good.

In disciplines from anthropology to biology, we are developing new ways to understand the fundamental interrelatedness of the social and material aspects of the world, without reifying the ideas of a bedrock, essential "nature" that have created and justified so many forms of inequality. I hope that the concept of collective biologies will contribute to that work. I hope it will help us identify how the ideologies of collectivity present in particular places and times influence the embodied well-being of the people imagined to belong to those collectives. I hope it can be applied in a way that enables greater-than-individual bodies to be studied and understood in fields such as clinical research, which currently focuses on individuals even

when investigating population-level phenomena. Finally, in a desire intensified by the desperation of the unmitigated pandemic and the exhaustion wrought by caring for those two new humans amid it, I hope that readers will be inspired by this book's examples of naming and caring for collectives to think in fresh ways through the collective consequences of their own actions, and to care for one another.

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