

Editorial

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Over the last three years, *Health Tomorrow: Interdisciplinarity and Internationality* (HTII) has published research articles and book reviews with an increasingly interdisciplinary and global orientation. Our online archive covers topics such as sexual health, addiction, reproduction, stigma, affect, body aesthetics, and resource distribution in varied demographic groups and social contexts. While often focusing on specific topics, these manuscripts are also attentive to larger sociopolitical issues such as health equity, health institutions, social capital, the relationship between health and disability, discrimination, colonialism, racism, sexism, and neoliberalism.

Building upon existing volumes, we are pleased to announce the publication of the fourth installation of HTII. This special issue focuses on multiple forms of 'borders' in health, gathering research that addresses how various forms of borders are brought into being, structured, legitimated, shifted, contested, and crossed, as well as their complex and sometimes conflicting implications. Borders are constructed to regulate the movement of people, resources, and information, as well as to structure and appraise different forms of knowledge. They can also be used to isolate the causes – or perceived causes – of adverse health effects, protect equitable standards, recognize different health needs, and preserve the right to self-determination and privacy. In many ways, borders fulfill more functions than desired or even anticipated and their effects require critical analysis. Consider, for example, the establishment of disease taxonomies that disempower, isolate, and stigmatize groups and individuals. In other ways, and with mixed effects, the creation and maintenance of borders can shape individual access to health services, the nature and costs of these services, the power dynamics involved in their provision, and the political categories that structure collective understandings of health.

We are pleased to share four articles which approach the theme of borders from innovative and interdisciplinary perspectives, tackling issues as wide-ranging as migrant labour and pregnancy, and arts-informed expressions of trauma. This selection is unified by a shared commitment to justice, and each piece speaks current political work, from the People of Colour HIV/AIDS movement based in Canada, to feminist critiques of health care in Argentina, and resistance to biomedicalisation by Andean migrant worker communities in Bolivia.

In the first featured article of this volume, Ciann Wilson, Sarah Flicker, Jean-Paul Restoule, and Ellis Furman engage with the politics of representing illness and race in their article on HIV narratives, titled "Exceptional Narratives of Resistance: (Re) telling the history of the HIV/AIDS movement – Because the lives and legacies of Black, Indigenous, and People of Colour communities depend on it". The authors argue that the dominant narrative that

justifies HIV exceptionalism – the view that a continued unique response that goes above and beyond 'normal' health intervention is necessary in the case of HIV – overlooks the histories and realities of critical resistance and struggles for HIV prevention and treatment within Black, Indigenous, and People of Colour communities. They highlight the structural violence and social inequalities from which the need for HIV exceptionalism arises, and urge international solidarity to enact justice for those disproportionately affected by the disease. Through this critical piece, Wilson, Flicker, Restoule, Furman create a platform for the queer, trans, two-spirited, Black, Indigenous, and racialized people globally whose voices and experiences have hitherto been suppressed.

Sabrina Yañez's article, "Fragmentation and hierarchies in Argentina's maternal health services as barriers to access, continuity and comprehensiveness of care", stems from her field research, which analyzes Argentinian access to health services for women during pregnancy and postpartum and their children. She discovers that inconsistent regulations that ignore local knowledges result in hierarchy-building and the fragmentation of maternal health services. The particular geographical and institutional organization, as well as the allocation of time and unequal distribution of power among healthcare professionals has resulted in serious challenges to women's full access to maternal health services. Shifts toward the technologization and commercialization of medicine have also led to the crowding-out of the singularity and diversity of women's experiences.

Karolina Kuberska addresses the Bolivian state's adoption of medicalized birthing practices, weighing its impact on the lives of Indigenous Andean migrant workers in Bolivia in "Who benefits from hospital birth?". Working directly from her own field research in Bolivia, Kuberska highlights the complex ways in which pregnancy and childbirth are perceived by Andean migrants and exposes the degree to which biomedicalisation of female health is privileged by the authorities by means of national health care policies. These policies, along with the decrease in the numbers of local midwives, the targeted media campaigns, the availability of affordable private health care, and the restrictions of poverty, continually transforms the perceptions of pregnancy and childbirth. Kuberska, however, also notes the agency of women in resisting these processes and in their ability to shape ideas in an active manner, combining traditional knowledge about pregnancy with what they are learning from sources favouring the biomedical perspective.

Lauren Spring reflects on the diagnostic category "Post Traumatic Stress Disorder" in the Diagnostic and Statistical Manual, which has been criticized as medicalizing and pathologizing. By analyzing discourses that emerge through traumatized veterans' comments on art exhibitions, Spring argues that stories and artworks can counterpoint and complement straightforward categorical diagnosis, because they "make strange" of things and allow for multiple interpretations. The interpretive space opened up by stories and artworks has the potential to bring to light the nuanced and philosophical aspects of trauma that tend to be overlooked by mainstream psychiatry.

Volume 4 also includes a rich array of reviews that engage with some of the latest interdisciplinary publications in health. At the start of this section, John Knight addresses Maoist health reforms and scientific consolidation in his review of Miriam Gross' new book, *Farewell to the God of Plague* (2016). Following this, Cath Duchastel de Montrouge's analysis of the edited volume, *Diagnosing Folklore: Perspectives on Disability, Health, and Trauma*, emphasizes how people often make sense of illness, trauma, and disability, and

negotiate and resist stigma through self-narrative. In her review of *Our Chemical Selves*, Angela Cope discusses a collection of environmental health research that shows how under capitalism, the effects of toxins are often gendered and rooted in racism. Hilary Martin makes a similar point in her review of Jasmine Gideon's *Gender, Globalization, and Health in a Latin American Context*, where she describes how health inequalities are presented through a gendered political economy analysis that also takes into account race, class, socioeconomic and migrant status. In the final piece of this section, Twena Grinberg provides a detailed review of a highly interdisciplinary new volume dedicated to issues of women's health in Canada.

HTII recognizes the importance of open dialogue across disciplines and social contexts and challenges researchers thinking about health to situate their work within an intersectional framework of social justice. We encourage prospective authors to contact us to discuss contributing to our subsequent volume at htii@yorku.ca.