

(Not) Lost to Follow-Up

The first qualitative interview I conducted in the beginning of the Parejas project was with Maria, a forty-six-year-old American woman with a long history of heroin use and engagement in sex work in Tijuana. After a standard introduction outlining the consent form and its largely clinical concern with confidentiality and data security, I asked if she had any questions. “No.” I turned on the tape recorder to begin. “Actually, I do have a question. Why are you studying us? Do you think sex workers are weird or something?” After I answered Maria’s questions, she was satisfied enough that I was allowed to proceed. While this exchange was not ultimately transcribed as part of the “official” Parejas data collection, I archived our interaction in my personal fieldnotes. Later I began to think about the “official” record—including what is captured and what is lost in our methodological choices and how this shapes the implications of our work.

This chapter 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, also an American woman who has lived for many years in Mexico. Both were “lost to follow-up” in the Parejas study—research parlance indicating that neither were able to complete all of their study visits over the two-year period and thus could be excluded from longitudinal analyses. Neither woman completed my own project either. Given the tragic circumstances that prevented them from finishing either study, which made their stories somewhat different from the other couples, I could have excluded them from this book. But where is the love in that?

Research methodologies encompass our overall approach and values that drive research projects. Methodologies are guided by our epistemological, ethical, and political commitments and shape the choice of methods in our projects. Methods are tools and techniques to collect and analyze data (e.g., surveys and semistructured interviews). Methods range from the unstructured interactions of anthropologists in the field to more structured, increasingly sophisticated statistical

approaches that are simultaneously hailed as “rigorous” and criticized as imposed forms of white logic enacting oppression. The structured, rigorous, and replicable methods increasingly demanded by granting agencies and academic publishing venues compel us to “clean up” the data, “drop” incomplete cases, “throw away” interviews that pilot test questions, and generally exclude interactions outside of officially approved study protocols as “anecdotal” rather than “real data.” In contrast, feminist scholars outline alternative methodologies valuing the knowledge produced through unfinished and otherwise liminal spaces.¹ I envision a methodology guided by love as emerging in feminist traditions prioritizing people over procedure and valuing what happens outside of traditional research frames. By tracing my engagement with Maria and Gwen through the course of research, this chapter reveals the love that would be lost if we don’t see beyond conventional measures of “rigor” in research.

As it is, American migrant women like Maria and Gwen are typically unseen in academic and popular accounts of sex work in Mexico. Yet they represent two of the estimated 1.6 million Americans living in Mexico, the majority of whom are concentrated in the northern border region of Baja California, where Tijuana is located.² Their intersecting identities as white American bilingual women with histories of drug addiction and sex work in Mexico created unique privileges and vulnerabilities that shaped their intimate relationships with monolingual Spanish-speaking Mexican men in Tijuana. Their stories speak to the historical connections in the Mexico-US border region around leisure economies and the deep social ties that mark cross-border life in this part of the world. Examining Maria’s and Gwen’s lives through the lens of their participation in Parejas reveals the borderlessness of love and shows how much happens in the lives of research participants beyond the parameters of our studies. They also remind us that their participation—however brief—is meaningful and their stories worthy to be told.

MARIA AND GERALDO

Maria and Geraldo met because of drugs, and much of their relationship was structured around their shared struggles with addiction. He knew that she smoked crack when they met and purposefully started coming around her San Diego neighborhood to buy crack and hang out at her house. One day, when they were watching television, she turned to him to comment on a commercial, and he suddenly kissed her. That started the beginning of a complex, nearly twenty-year relationship marked by periods of trauma, separation, incarceration, drug rehabilitation, and, most recently, serious illness. Yet through it all, Geraldo said they will “always be together.”

For the first few years of their relationship, they stayed in San Diego and got high on crack until Geraldo went to jail on a charge he doesn’t even remember and got deported to Tijuana. Maria followed him and a year later found out she was

pregnant. When the time came to deliver, they went to the border crossing so she could deliver on the US side. He went to the border patrol officers to plead with them to let her through the long wait because she was an American citizen. They got her into an ambulance that whisked her off to the US side. They refused his entry, and he missed the birth of his son. The next day the baby died. They both had kept using drugs during her pregnancy and had not thought that it could lead to premature death. His parents blamed her, which created family conflict. They separated for a few years but still kept in touch. Geraldo didn't like to talk about what happened to their son; he had nine brothers and sisters, and he was the only one without children. He always wanted a boy.

During their separation Geraldo started using drugs more heavily and was constantly in and out of jail. Maria was also arrested in California and given the option of six months in jail or a court-ordered drug rehabilitation program. She chose the latter because she could “wear clothes [not a prison uniform] and smoke, so that was a big privilege.” She maintained a period of sobriety for several years: “I was living in San Diego; he was living here in Tijuana. I was working. I had two jobs; I did pretty well. I had two dogs, a car. I used to get my nails done every two weeks, and every two months I had an appointment at Supercuts.”

But Maria missed Geraldo. She started traveling down to Tijuana to see him, seeking both the danger and comfort of the dangerous safe haven they had built. She knew there was a risk of relapsing, but even with all the comforts and stability of her situation in San Diego, there was something missing without him. One time when she went to visit Geraldo, she had him inject her with heroin. At first, she didn't feel anything, and so she started her drive back to the border, only to call him ten minutes later to say that she didn't feel well and that she couldn't drive anymore. “You don't know how sorry I am” for introducing her to injection drug use, Geraldo later recounted. Maria, however, said she was “tired of being sober anyway.”

Years later, when I met them, heroin injection was a significant feature of their dangerous safe haven. But it was much more than that. They shared an emotional commitment complicated by their addictions and the geopolitics of the border that shaped their possibilities to build a meaningful relationship. Although Maria grew to know Tijuana and could navigate her way through the city, it was still always an adopted place, where she stood out. Yet she couldn't return home, as Geraldo's deportation status restricted their possibilities.

In Tijuana their dangerous safe haven made Maria feel safe. She often woke up in the middle of the night feeling scared and wanting his comfort. She worried about losing him because she is the older of the two. Starting to go through menopause, Maria felt that her hard life was beginning to wear on her appearance: “El esta joven todavía y yo me estoy poniendo más *chicharrón* con cada día a día [He is still young, and I am becoming more like *chicharrón* every day],” she said, jokingly referring to the fried crackling pork skins that are a favorite snack

in Mexico. However, he said her age did not matter, and that they still loved each other. Maria joked that “I must love him if I put up with his shit,” referring to his large, meddling Mexican family, her hunch that he’s had outside sexual partners, and their shared struggles with addiction. Ultimately, she said that Geraldo is “the love of her life.” But, like other couples in this book, the emotional protection of the dangerous safe havens could only go so far amid the everyday violence and social marginalization that marked their lives.

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The next time I saw Maria, after her enrollment in Parejas and our qualitative interview, was between data collection visits when it was time to update locator forms, the detailed sheets of information that staff used to follow up with participants. She was heavily made up in thick lavender eye shadow and lip liner so dark it almost appeared black, but no lipstick. She looked exhausted. She complained about having to do the locator and at first would not even sit down. Eventually, she settled in and we talked about topics well beyond confirming her address.

Maria was nearly raped two weeks prior. Reminiscent of the secret keeping common among couples, she hadn’t told Geraldo. She didn’t want to upset him and deal with the consequences, as she was pretty sure he would want to find the person and exact revenge. She would rather shut that out and stay inside of her dangerous safe haven. She internalized the blame for this violence. She normally does not get inside cars with strangers, but this man was young and good-looking, so she took the risk. When he didn’t follow her directions and make a right turn where she indicated, she knew she was in trouble. As he forced himself on her, she tried reverse psychology on him, as she knew that rape was not about sex as much as power and control. She learned that from watching *CSI: Miami*. Her tactics spooked him, and she escaped the situation without being physically harmed.

But the emotional damage was already taking hold. She wondered why it happened to her when she wasn’t even young anymore. Worldwide more than one-third of all women have been physically or sexually assaulted in their lifetimes. A systematic review indicates that sex workers are disproportionately affected, as 45–75 percent have experienced violence (Deering et al. 2014). Like the available epidemiological data, our follow-up surveys asked about experiences of rape, sexual assault, and other forms of violence. However, we didn’t ask about situations like Maria’s in which it “almost” happens, which can be equally traumatizing but, in terms of data collection, represents a form of erasure. We had resources to offer her, but she wasn’t interested.³

This wasn’t the last of Maria’s trauma either. By the time the next Parejas follow-up surveys came due, Maria was also beginning to suffer from serious physical health issues. She showed up to the office with no makeup, and I had never seen her in a baseball hat before. Her leg was in severe pain, and so she had to pull herself up the steep stairwell backward to our office, with a staff member helping and

encouraging her to rest and take deep breaths on the way up. She had not seen a doctor, and so she was taking an excessive amount of over-the-counter pain relievers, including eight tablets prior to coming to the interview that day.

Although she periodically cried through the survey, she insisted that she wanted to finish. To get through the interview, I gave Geraldo a dollar to get her cigarettes to take her mind off of her pain. She complained that I kept asking her the same questions over and over again. As with many epidemiologic surveys, the content of many of our questions were similar, but the recall periods of behaviors and details elicited about specific behaviors varied. Maria was not in the mood to answer questions she didn't find important, but she also refused to stop the interview.

I never struggled so much with an interview as I did that day, and her case (among others) highlights the problems of positivist conceptions of survey data collection that assume everyone has a replicable interview experience. I consulted with another project coordinator, and we gave the couple part of their study compensation early so Geraldo could purchase heroin and they could inject and relieve some of her pain. Geraldo took for what seemed like *forever* to get the drugs. Back at the office he pulled a syringe full of dark-brown heroin out of a hidden compartment in his backpack and handed it to her. She grabbed it and with barely a thought, jabbed it into her upper right arm. We probably broke multiple study protocols that day, but I could see why people struggling with addiction would do anything not to see their loved ones suffer. Couples like Maria and Geraldo navigated the thin line between injury and care embedded within their everyday relations and collective efforts of survival (Garcia 2010). For a moment at least, I also became part of that nexus of care and violence, as the research took second place to her well-being. Maria made it through the rest of the interview, and she was well enough that the pair even participated in a couples interview later the same day.

However, she was already hospitalized in the United States when, a short while later, I tried to contact them about the photovoice project. As it turns out, Maria left for San Diego just three days after their last Parejas interviews. She had an embolism in her leg (the lodging of an embolus, or a mass that causes blockage in a distant part of the body) and had been taking far too many over-the-counter painkillers without eating enough. Geraldo got scared about her deteriorating health and called her family in San Diego. The hospitals in Tijuana have a horrific reputation for how they treat people who use drugs, and he worried about her care there. Even so, Maria did not fare well in San Diego, as she had a stroke, was diagnosed with endocarditis (a heart infection), and became infected with methicillin-resistant *Staphylococcus aureus* (MRSA) while in the hospital. She was under their care for about four months and received methadone to manage the heroin withdrawal.

Remaining behind in Tijuana, Geraldo participated in my photovoice project to show a glimpse of his life separated from Maria.⁴ He told me he did not care

about my project, but he was doing it only because Maria liked me, and she would want him to do it. His decision-making in her absence reflects the fundamental importance of their relationship. His behavior was still driven by what he thought would make Maria happy.

Geraldo knew Maria was okay because her grandmother called him to keep him up to date, while warning him that she needed time to recover. Because of his deportation status, he could not see her, but he also worried about her wanting to come back to Tijuana and start using heroin again. It pained him, but he resisted talking to her, even the day I offered to let him use the office phone:

Jennifer: Do you want to talk to her right now? We can use the phone here, and I can call her mother's house. What do you think?

Geraldo: No, so . . . how can I tell you? I don't want to talk to her right now, Jennifer, because if I talk to her, and it's okay, she will want to come here; do you understand me? And I don't want her to come because I don't want her to be using it anymore, and I know that if I talk to her, she is going to tell me things, and they will make me want to see her, and I am going to tell her to come here, and I am going to be very sorry for that. I don't want her to come here, I would prefer to go over there with her, and for me to also stop using than for her to come here, Jennifer. Here, it is the same wherever I go. Where I go is pure drug use, and I don't want her to use again, I want her to recover well. And I assure you that if I talk to her, Jennifer, she will want to come. I really want to talk to her, Jennifer, seriously, I really want to talk to her, but if I talk to her, she will want to come here. She might cry, but I don't want her to come here.

Geraldo was concerned with Maria's recovery, even as he emotionally struggled with wanting to be with her. He felt strongly that being back in the drug scene of Tijuana would jeopardize her health. His emotions often bubbled over in his interviews. He grew visibly upset several times during our interactions, as I tried to be sensitive and not be too invasive in my questions yet still open a space for him to talk. He wanted to stop using drugs and be with her, but without viable options for his own drug treatment, he felt stuck. In his photovoice project he took multiple photos relating to his drug use, which he said had escalated in her absence as a means of coping with his stress.

However, the most revealing photo was not one from his photovoice project but one he carried with him in his tattered leather wallet. It had been taken many years ago, after he had gotten out of prison and Maria had been abstinent on the US side. He lovingly pointed out that she looked *gordita*, or fat, which in this context was used in an endearing way, referring to her as healthy rather than skinny from drug use. The photo was a symbol of the strength of their dangerous safe haven. Not only did this moment speak to the emotional and sensorial power that photographs evoke, but it gestured to a deep and enduring love in their relationship.

Like each of the male partners featured in this book, the underappreciated role of men's love and emotional commitment is a key component of dangerous safe havens. In her insightful book analyzing men, masculinity, and love, bell hooks (2014) notes that men long for love just the same as women. However, men are not typically socialized to share emotions, and we as researchers often uphold these norms by not even asking about it. Thus, men's emotional needs often go unnoticed, which can significantly damage their sense of self and well-being, including how they cope. Seeing his long-term partner suffer from a grave illness and feeling powerless in terms of visiting, Geraldo was deeply emotionally impacted by the situation. He was suffering and wore it in his entire way of being, but he had no outlet other than heroin.

Geraldo gave me Maria's family contacts in San Diego, but when I called, her mother was suspicious that he had put me up to it. When I explained that I was genuinely concerned for Maria, she softened up a bit. She said she would pass along my number so Maria could make the choice to contact me once she got out of the hospital. Clearly, Maria's family knew Geraldo and seemed to have mixed feelings about the happiness and harm they imagined him to bestow on her. Hardly any research has explored the broader family dynamics of sex workers' relationships, but a study of social networks with a subsample of Parejas couples found that extended families shaped partner notions of well-being in critical ways. People *missing* from couples' networks—who tended to be family members—were particularly important to partners. Often these relationships were strained by drug use, as partners didn't want their families (especially children) to see them active in their use (Wagner et al. 2018). Separation was thus conceived of as a way of caring for important relationships and wanting something better for their loved ones. These findings resonate with Geraldo's struggles in his separation from Maria; even when apart, their emotional bond and the effect they had on each other's behaviors remained strong.

Eventually, Maria was discharged from the hospital and communicated with me through texts to let me know how she was doing. These messages were often composed of blocks of emojis rather than actual written text. I visited her at her mother's home in San Diego and talked to her about her recent experiences and plans for the future. She moved more slowly but laughed more often and more heartily than I had previously observed. By that point she had been in contact with Geraldo, who said he planned to quit using heroin. They wanted to get married. She was growing tired of being home and wanted to go back to Tijuana to see him as soon as she felt better. She wondered how their relationship would be together if they were both sober. She also wondered if she would want "just one more shot" if she returned to Tijuana. But she wanted to take that risk because she knew she loved and missed him.

Maria and Geraldo's story illustrates how intimate relationships are always dynamic processes shaped by broader structural forces that permeate interior

emotional experiences and personal commitments. Some of this story was captured as official data of Parejas, but many other aspects of the story lived only in the fieldnotes I recorded over two years of our personal interactions. Due to Maria's illness, the couple officially completed only a one-year period of follow-up in Parejas. Their story also reveals how much of these couples' lives remain obscured even in well-designed, mixed-methods longitudinal public health studies. There is much more love and emotional durability in these relationships than remains to be seen through a research lens.

GWEN

I first met Gwen in the lobby of our project office. We needed to take her photo for the credentials we gave out for the Parejas project, so I asked her in Spanish if she could stand against the white wall as a backdrop, and she answered that it would be fine in English. Within the first few minutes of meeting her, I learned that she was originally from the southeastern United States but had lived in Mexico for many years and had been in Tijuana since the last time she got out of prison. Thirty-two years old, Gwen had participated in other research projects conducted by our team and always dropped by the office for her follow-up interviews and to check on her STI test results. She is HIV positive, but her HIV-negative partner did not like to use condoms. Our interaction stayed with me.

Soon after, we needed to pilot test the interview guide for the one-year follow-up qualitative interviews for Parejas. I thought Gwen's candor would be helpful for testing and refining the questions. She was not part of the original qualitative sample, which also rendered her an ideal candidate because the data from pilot interviews are typically "thrown out," as the feedback from piloting is often valued for shaping the data collection instrument rather than the actual data collected. Gwen was incredibly helpful. In fact, we ultimately led off the interviews with her suggested questions: "What was your original motivation to join the Parejas project? Have your reasons for participation changed over time?" In addition to her pilot interview, we shared a long and intense conversation about her life history, and I invited her to participate in the photovoice project. Gwen's partial account gives insight into a migrant life in Tijuana, where she tried to forge a loving relationship. However, her story reveals the contexts in which the danger outweighs the safety of dangerous safe havens.

Gwen had an intense sadness etched on her face from a lifetime of hardship. Her childhood was mostly blurry to her, likely a reaction from severe trauma. She remembered moving to the West Coast when she was young to live in a very rural and isolated area with her mother and siblings. She was sent to live with her father over the summers, even though he had been sexually abusing her since age four or five. When she was eleven, he raped her, and she was forced to drop out of school because of the resulting pregnancy. She was then shunned from both households

and lied about her age to land a blue-collar job to support herself. She went to live with a much older man, which she noted as essentially introducing her to sex work. She described herself as angry and violent since her youth as a reaction to her loveless and abusive family situation. “So pretty much I started prostituting since I was . . . I mean, it wasn’t as it is now as a job, but I’ve been depending on men to take care of me since I was eleven, twelve years old,” she explained.

After the state took custody of her child, Gwen was hospitalized for nearly a year after an attempted suicide. When released, she went to Nevada to be with her mother. She again lied about her age and worked fast-food jobs and had her first formal experience with sex work around age thirteen. When Gwen turned sixteen, her mom announced that she was getting remarried to a Mexican national. Gwen traveled to southern Mexico for the wedding and decided to stay. A local family took her in, and she got a job in a factory, learned Spanish, and became accustomed to the local culture and life. She fondly recounted the local public plaza on the weekends, where they sold shaved ice. To Gwen “It was nice, probably the only time I can remember in my life being happy.” But it lasted for only about two years.

In this cultural context families granted permission for their daughters to court potential partners (in this case Gwen was like a surrogate daughter to her host family). Reminiscent of anthropologist Jennifer Hirsch and colleagues’ work in rural Mexico (Hirsch et al. 2002, 2007), Gwen described a social geography structured around traditional gender roles, concerns for family and reputation, and socially sanctioned courting rituals. Gwen’s host family told her she was not allowed to see the boy who caught her interest, a family relative named Javier, who they considered to be a “drug addict.” Although they told Gwen she could date anyone else in town except for him, Gwen said he “stole” her away. They literally loaded her stuff on the back of his bicycle, and she left her surrogate family for good.

Gwen smuggled Javier into California without proper documentation, where they lived together for several years. She had two children with him and got her GED and a job driving long-distance trucks to support the family. She also helped smuggle other people across the border until she got caught and went to prison. During this time Javier had an affair with their babysitter and fathered a child with her. He was eventually deported and took all the children with him back to Mexico. Gwen served seven years in prison and has not seen any of them since. After she was released, she felt as though she “lost everything.” As she described, “I lost my kids. . . . I didn’t know what to do. I’d been in jail for so long, and I got used to being in jail.” After a brief stint engaging in sex work in Las Vegas, she decided to head back to Mexico. She came to the Zona Norte in Tijuana to buy a *globo* (hit) of meth and never left.

Gwen observed that other women in the Zona earned relatively easy money through sex work, and, with limited options of her own, she tried her luck at it there too. Other sex workers helped her learn where to stand, what to charge, and what to do to stay safe on the job. Gwen had traded sex off and on to survive for

several years, but she felt she was “never any good at being a prostitute.” She did not want a client so much as to find the right person who would understand her troubled story and help her out of it: “I think I’ve always wanted to find somebody who was going to save me, and take me away, and fall in love. . . . I was always looking for that somebody to rescue me; I always wanted somebody to come and say, ‘You know, you don’t have to do this anymore. Come here, I’m going to take you.’ I was even stupid, sometimes I wouldn’t even charge for sex.”

Gwen’s lifetime of cumulative trauma shaped her interior emotional experiences and desire to find love. Her bad relationships with men emerged from an absence of love growing up. She internalized blame for this and cast herself as undeserving of love while at the same time longing for it. As bell hooks (2001a) notes, family is the primary place where individuals learn about love, but those, like Gwen, who do not grow up with love are expected to somehow find it in intimate relationships as adults. While some do, it is difficult and elusive for many others. Individuals may spend their entire lives searching for someone to undo the damage caused by the abuse, neglect, and lack of love they have experienced throughout their lifetime. Gwen “always wanted to find somebody” but struggled to forge a relationship that could “rescue” her. Her use of sex work as a strategy to find love and intimacy resonates with other sex workers across global contexts who similarly try to build better lives for themselves (e.g., Brennan 2004; Cheng 2010; Ratliff 1999; Stoebenau et al. 2009). For sex workers like Gwen, love offers hope.

In the meantime, however, Gwen was influenced by all the injection drug use around her. She too started to inject meth and heroin. As her addiction deepened, she found it harder to keep herself together and attract clients. She felt “stuck” in downtown Tijuana: “I didn’t go anywhere else. I didn’t know anything else to do, and just prostituting. I mean, I had so many marks on my body from the syringes that I couldn’t even pick up two dollars to get a hit, and that’s when I sometimes slept in the canal. I walked over to where the *alcantarillas* [sewers] are. Sometimes I would fall asleep on the street, behind the cars. . . . I almost ended up dying out there.”

Gwen was walking down the street one day when a man yelled down to her from a second-floor balcony. She looked disheveled, and he offered her a hot shower and change of clothes, reminiscent of what Celia and her brothers do for other people who use drugs and spend time on the streets (as depicted in chapter 3). Edward took care of the apartment building and allowed people to come by and use drugs in the privacy of his apartment and off the streets. Gwen was special though, and the two ended up forming a three-year relationship. This relationship represented Gwen’s dangerous safe haven immediately prior to Parejas; Edward was a source of material and emotional support who helped her get off the streets, and he may have saved her life. However, the subjective sense of safety and emotional support that he provided could not counteract the very real risk in their relationship that would change her life forever: Edward infected her with HIV.

Gwen found out her HIV status by participating in a long-standing research study for people who inject drugs in Tijuana. After she informed Edward of her status, they went to the doctor together, and testing revealed he had a dangerously compromised immune system. The doctor told them it was likely that Edward had been infected for at least a decade. Gwen thinks he became infected through trading sex with men, and she attributes her own subsequent infection not to their unprotected sex but to sharing a syringe. He did not normally inject, but one day he asked her to inject him because he wanted to know “what it feels like.” On this one occasion, nearly three years into their relationship, she trusted him and they shared the syringe. As it turns out, Edward knew he was infected through their entire relationship, but he did not tell her. Gwen harbors a lot of anger and resentment because of this. It was his own form of secret keeping that helped their dangerous safe haven to endure. But after her diagnosis, it no longer felt safe for Gwen, and she left him.

Immediately afterward, Gwen met Ricky, the partner she enrolled with in Parejas. While their relationship started out as mutually supportive, he quickly became possessive and jealous, and her sex work started to create conflict. Increasingly, they got into verbal and physical fights. I met him once in the office, and we had an informal conversation. He was condescending and made me feel really uncomfortable. Gwen was smart and acutely aware of her life constraints, including the limitations of her relationship with Ricky. Her critical analysis of intimate relationships in Tijuana—including her own struggles to find love—insightfully links how the structural and social challenges for women engaged in sex work and drug use along the border shape their pursuit of relationships as refuge, even if it does not always work out as planned:

Here in downtown Tijuana, almost nobody is from here; it's like you either got deported or something has happened, but you get here, and you're by yourself. I noticed the hardest part about being a prostitute and a drug addict was you get sick one day, one day you don't get money to pay for a hotel room, you don't have the money to get well, you don't have the money to eat, and the next day you didn't sleep, you didn't shower. It's even harder to prostitute the next day because you didn't have a place to stay the night before. . . . I mean, you're not going to get a client like that. . . . So you always need that somebody, and . . . it's easier to make friends with a man, and it's usually more of an . . . “I help you; you help me.” If somebody robs me, there's a man at least to stand there, or come help me . . . so I don't feel like I'm alone.

And then, because it's harder for men to get a job . . . you kind of get in that game. “Oh poor thing, he can't find a job,” but he helped me out, and I'll help him out. . . . But you end up getting used to that person, and it's easier to stay with the person you're with than go with somebody new. . . .

Like me, it's easier to stay with Ricky than it is to actually think that somebody else is going to accept me with HIV, is going to accept me with an alcohol and drug problem, is going to accept me being a prostitute. I mean, it's like you don't really have that option anymore that somebody is going to say, “Well, I want you to be the

mother of my children. I want to make a home, and we're going to have a wedding with a white dress, and everything is going to be . . ." [her voice trails off]. I mean, it's just not going to happen.

By the time I met her, Gwen was trying to change her life. She had recently gone to a drug rehabilitation program, only to get kicked out when they found out she was HIV positive. Now she was regularly attending Narcotics Anonymous meetings as part of an effort toward recovery. She got a job at a beauty salon and was cutting back on her sex work.

In addition, for the first time in several years, she was seeking medical care and restarting a regimen of antiretroviral therapy to treat her HIV. Previously, she had used a fake name to acquire free HIV medication through the Mexican health system, but she had been off her medication for some time. During her interviews she was coughing a lot and seemed physically run down. She recently reenrolled in a clinic in San Diego and connected with a case manager to help her to navigate the bureaucracy and paperwork. The meds made her feel sick to her stomach, but they told her it would subside, and then she could start interferon treatment for her coinfection with hepatitis C.

As part of this larger effort at change, she and Ricky separated. As she made changes in her life, her dangerous safe haven started to feel more dangerous, and she described her feelings for him as "cautious." Even though Ricky told her that he too was cutting down on his drinking and meth use, she did not see any evidence. As soon as they separated, he moved back in with his ex-wife, a stripper at a local nightclub and the mother of his child. He swore to Gwen that they were not sexually active, but they were together for the living arrangements. She did not believe him. Given his refusal to use condoms with Gwen despite her HIV status, she also felt that it was unlikely he was practicing safe sex with his ex-wife. Gwen reflected on this point and called him "selfish" because he could potentially be infected and in turn infect this other partner with the similar kind of negligence that led to Gwen's infection (Ricky's baseline HIV test was negative).

When I invited Gwen to participate in the photovoice project, her face lit up and she eagerly accepted. I gave her a camera, and she quickly snapped an unexpected photo of me. I acknowledged that I knew her situation might be a little bit different because she and her partner were no longer living together, but nonetheless I was interested in learning about his role in her life. She laughed and commented that through the photos "his role would become apparent." Unfortunately, however, I was never able to find out. I never saw Gwen again. In Parejas we followed only the women and not the men if partners were lost to follow-up or broke up, so I am not sure what happened to Ricky either.

I looked for Gwen. I visited the beauty salon where she worked and called around to jails. The rumor was that she got caught smuggling marijuana across the border. Maybe she was incarcerated, or maybe worse. At one point before her stint in a California prison, she had worked with human smugglers, who she said were

dangerous people. But this is rumor and speculation. No one on the study team was ever able to confirm what happened to her.

FINDING A REASON

In their edited volume that aims to “put people first” in global health studies, anthropologists João Biehl and Adriana Petryna (2013) ask, “What would it mean for our research methodologies and writing if we embraced the unfinishedness, seeking ways to analyze the general, the structural, and the processual while maintaining an acute awareness of the inevitability of the incompleteness of our own accounts?” Although Maria’s and Gwen’s stories are partial, and both were officially lost to follow-up in Parejas, this chapter suggests that there is much to learn from unfinished stories in relation to both experience and methodology.

Telling Maria’s and Gwen’s stories through their involvement in a research study shows the complexity of women’s experiences that are only ever partially captured in any research project. Their stories speak to the ways in which dangerous safe havens constitute an important, if often elusive, strategy to find love, emotional security, and meaning in life. Their experiences also remind us that dangerous safe havens are not always objectively safe spaces from the everyday violence that surround sex work and drug use in the border region.

If we adopt a methodology of love to guide our work, we have an ethical obligation to do justice to the stories that have been entrusted to us. Such methodologies urge us to embrace the knowledge that emerges from liminal spaces to push beyond epistemologies demanding “unbiased” research and “clean” data sets as the preeminent way of knowing. Methodologies that embrace compassion, care, understanding, and the other key “ingredients” of love throughout our research processes and writing open up new possibilities for understanding. This means embracing what appears messy and unfinished. This also means that drawing on the embodied nature of fieldwork and the relationships we build are important ways of knowing. Rather than erase or pathologize experiences of sex work and drug use, methodologies guided by love give attention to what is critically important in the lives of those with whom we work.

For Maria, it was important that we understand the humanity in her struggle of drug use. At the conclusion of our first interview, in which she turned the tables and interviewed me on my role in research, she also asked for my reaction after our conversation:

Maria: Did you learn anything from me?

Jennifer: Of course I did.

Maria: Oh okay. That you never want to be like me? Oh no, don’t say that you don’t ever want to be like me, ‘cause then you will. I have learned that you can never be judgmental. Everything I have said I would never do, I have done.

Maria's pointed questioning and call for nonjudgmental treatment is a cry to be treated with love and understanding. She did not want to be viewed as "weird" and judged because of her drug use, sex work, and all that has happened to her. She wanted to be understood as a person who has lived a complicated life and cultivated an equally complicated but caring intimate relationship. Her nearly twenty-year relationship has endured far longer than the "normative" marriage these days. She found love with Geraldo, and struggling in their addiction together did not diminish that.

Gwen also wanted to find a bigger meaning in the research. Like others in Parejas, she had originally joined for the monetary incentive that paid per interview. Over time she came to value the project and how it helped her, especially in her recent efforts to try to stop using drugs and engage in HIV care. At several different points Gwen reflected on everything that had happened to her in her lifetime. She wondered if her suffering could help others: "It is something that I have to talk about. I mean, it's part of my story. I think I always wanted there to be a reason. . . . At least if it is something that's happened to me, I ended up being HIV positive, with hepatitis C, all the consequences that I had to go through because of my drug use, if I could help somebody else, then there will finally be a reason. . . . You know, something good can come out of all the bad that I had to live through."

Without our chance encounter in the office—and without valuing her pilot interview for its content, inviting her into my project, and putting the partial pieces together for this book—her story might have been lost. A methodology grounded in love opens up space for insights that may not have been originally intended in our studies. Even if the methods we use in the process are flawed and incomplete (e.g., invasive surveys, pilot interviews that get tossed, lost photos), the time, effort, and personal stories people choose to share is a gift to be valued.

Even as this chapter provides insight into the intimate relationships of Maria and Gwen, their status as "lost to follow-up" in the study also provides an opportunity to reflect on the production of research. Without a methodological commitment to love, research continues to be an allegiance to the status quo, which often privileges the researchers over the reasons that individuals like Maria and Gwen participate in our endeavors in the first place. To this end their stories offer a launching point for reflections on best practices in research and lessons for building more compassionate health programs and policies.