Flag or Flesh: Imaginary Borders, Neglect, and Embodied Evidence

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Abstract

This article offers an artistic research inquiry into how the neglect of women's health intersects with the financing and fetishisation of imaginary borders. Instead of treating neglect as a simple absence of data, the text argues that neglect is a structural effect of how evidence is organised, bodies are categorised, and budgets are justified. Drawing on feminist technoscience, intersectional theory and feminist nationalism, the article develops the phrase "flag or flesh" to name the tension between investment in national symbols and disinvestment in embodied care. Four biomedical papers—about a male physicians' trial of aspirin and β-carotene, sex bias in research, a sexualised study of endometriosis later retracted, and a careful trial of a non-hormonal male contraceptive—are treated as archive objects. They are not read for clinical guidance but for what they reveal about default bodies and authorised witnesses. The performative heart of the article involves painting the author's own legs with a paste of turmeric (kurkuma), then documenting the residue after wearing and removing trousers. Kurkuma functions as a material agent that stains and resists erasure, making the body into an archive of contact and neglect. The article concludes that when women are neglected by care systems and treated as noise, they are often recruited as symbols of the nation. Borders become corporeal as women are asked to stand in for the flag. The work invites readers to attend to residue, stain, and embodied evidence as sites where knowledge and politics meet.

Introduction

“Flag or flesh” names a dilemma that structures contemporary public life. Governments invest vast sums in defending national boundaries and imaginary ones. Flags fly over buildings, armies and fences are funded to protect lines drawn on maps, and borders become theatrically visible in policy debates. At the same time, care for the flesh—particularly for bodies that do not correspond to dominant norms—remains precarious. Women’s health, especially when it involves reproductive organs, hormones, or pain that is hard to quantify, is repeatedly downgraded. Treatment delays, underfunded research, and casual dismissal of embodied testimony are not anomalies but structural features of techno-scientific governance. The choice between flag and flesh is not presented to voters explicitly, yet it appears in budgets and in the continuing absence of embodied care.

Artistic research provides a way to interrogate this dilemma. It deploys performance, materials, and embodied practices as epistemic methods rather than illustrations. In this article, I adopt an artistic research approach to analyse how neglect of women’s bodies and fetishisation of borders co-produce one another. I begin by tracing how biomedical research has institutionalised a masculine default through large-scale trials such as the Physicians’ Health Study, in which 22,071 male physicians served as stand-ins for “the human” (Hennekens and Eberlein 1985). I juxtapose this with evidence of sex bias across biomedical research (Beery and Zucker 2011) and with a notorious study that rated women with rectovaginal endometriosis for attractiveness (Vercellini et al. 2013),and was subsequently retracted (Vercellini et al. 2020). These archive objects are evidence of what kinds of bodies become credible. Finally, I contrast them with the careful pharmacokinetic work of a first-in-human trial of a non-hormonal male contraceptive (Mannowetz et al. 2025), noting the asymmetry in caution and investment when men’s fertility is the site of innovation.

These papers are not analysed to propose new therapies: rather, they are read as cultural artefacts that reveal how authority and neglect are distributed. The article then moves into practice. Drawing on my own body, I develop a performance in which I paint my legs with a paste of turmeric (kurkuma) and document the residue after wearing and removing trousers. The turmeric stain functions as a material register of contact and neglect. It resists washing away, marking the body like a border line drawn on skin. This practice does not claim to heal. Instead, it provokes questions: when and why do states invest in imaginary borders but not in the health of their inhabitants? How does neglect of flesh push women towards nationalist narratives that promise protection, even as those narratives discipline their bodies? What is the knowledge that resides in residue?

Following the introduction, the article develops a theoretical framework that brings together feminist technoscience, intersectionality, and feminist nationalism. The second section explores the concept of imaginary borders and the affective investments in flags and fences. The third section elaborates on the artistic research method and the performance with kurkuma, describing the process and its epistemic stakes. The fourth section revisits the four archive papers as rehearsals of default making and violence. The article concludes with reflections on embodiment, memory, and the persistence of neglect.

Theoretical framework

Situated objectivity and the apparatus of evidence

Donna Haraway's critique of the "god trick" of seeing everything from nowhere provides a starting point for thinking about embodiment and neglect (D. Haraway 1988). Haraway argues for "situated knowledges" in which objectivity is not abandoned but accountability for the apparatus of observation is central. When evidence is treated as disembodied, the apparatus—comprising

instruments, protocols and social roles—disappears from view. In biomedicine, this invisibility has tangible consequences: when women's bodies are excluded from trials, as they were for decades, their exclusion is naturalised as methodological prudence. Only when policy changed did the apparatus become visible. Even then, the residue of exclusion remains. Haraway's later work in *Modest Witness* (D. J. Haraway 1997) investigates the figure of the credible scientist, arguing that credibility is tied to a social role more than to individual virtue. This insight helps explain why male bodies can stand for humankind while women's bodies must prove themselves as exceptions.

Sandra Harding extends this critique through the concept of strong objectivity (Harding 1986; Harding 1993). She proposes that objectivity is strengthened when inquiry begins from the lives of those structurally excluded. In other words, marginalised embodiments are not distortions of truth but sources of insight. Helen Longino similarly argues that objectivity is not individual but collective, emerging from community practices of criticism (Longino 1990). These frameworks justify the use of artistic research and performance as epistemic methods: starting from a body that does not conform to the default may reveal features that the apparatus otherwise erases.

Karen Barad's agential realism further destabilises the notion of pre-existing objects waiting to be observed. Measurement practices do not passively record; instead ,they produce boundaries and phenomena (Barad 2007). Annemarie Mol's ethnography of the disease multiple shows that diseases are enacted differently across practices and sites, and that coordination stabilises a unitary object (Mol 2003). When applied to women's health, these arguments highlight why neglect persists: it is enacted in many sites simultaneously—through trial design, diagnostic scripts, insurance codes, research categories, and everyday interactions. Feminist epistemology, therefore,calls for embodied practices that expose the apparatus and produce

alternative evidentiary modes.

Intersectionality, Operational Exclusion and Feminist Nationalism

Kimberlé Crenshaw introduced intersectionality to show how single axis categories such as "woman" or "Black" fail to capture the experience of Black women, whose lives are shaped by the intersection of racism and sexism (Crenshaw 1989; Crenshaw 1991). Patricia Hill Collins develops intersectionality as a critical social theory that links inequality to knowledge production (Collins 2019). In this article, I treat intersectionality not as an identity checklist but as an operational condition: it is evident in how eligibility rules, measurement standards and administrative categories produce patterned exclusion. When a clinical trial excludes anyone with potential to become pregnant, when a funding category fails to track a disease that is clinically common but politically quiet, or when pain is taken seriously only when it resembles a masculine norm, intersectionality is at work as a structural effect. Miranda Fricker's notion of epistemic injustice highlights how testimony can be downgraded because of social power relations, producing harm in knowledge production (Fricker 2007). Sara Ahmed's concept of institutional walls builds on this: repeated encounters with institutional inertia produce affective labour that makes marginalised people "sticky" to obstacles (Ahmed 2017). When women report pain and are told it is psychological, the dismissal is not merely a cognitive error; it is a structural practice that disciplines their bodies and restricts their mobility.

The neglect of women's bodies does not occur in a political vacuum. Research by Kavanagh, Menon, and Heinze shows that health vulnerability predicts greater support for right-wing populist parties in Europe (Kavanagh et al. 2021). Menon and colleagues argue that negative experiences with health systems can erode trust in democratic institutions and reshape political

engagement (Menon et al. 2025). These findings underscore how embodied neglect becomes political. Feminist nationalism scholarship provides a mechanism. Deniz Kandiyoti argues that nationalist projects articulate cultural difference through control over women and their bodies, positioning women as symbols of honour, reproduction and morality (Kandiyoti 1991). Floya Anthias and Nira Yuval-Davis demonstrate that women are both biological reproducers of the nation and cultural signifiers who are asked to carry the weight of tradition (Anthias and Yuval-Davis 1989; Yuval-Davis 2003). Leila Abdou describes "gender nationalism", wherein feminist discourses are mobilised to mark national superiority against racialised "others" (Hadj Abdou 2017). Sara Farris has analysed "femonationalism" as the instrumental use of women's rights by right-wing nationalists to justify anti-immigrant policies (Farris 2017). These concepts reveal how political projects can transform women's neglect into nationalist symbolism: the same institutions that fail to provide care ask women to stand in for the flag.

Flag or flesh: Imaginary borders and the affect of protection

States do not simply delineate boundaries; they produce borders as methods (Mezzadra and Neilson 2013). Sandro Mezzadra and Brett Neilson argue that borders are techniques that organise labour, subjectivities, and movement rather than static lines. Benedict Anderson's concept of the nation as an imagined community highlights how shared imaginaries bind people who will never meet (Anderson 2006). These imaginaries require symbols such as flags, anthems, and monuments, and they often rely on embodied performances: pledging allegiance, participating in parades, displaying passports. Borders also operate on and through bodies. Geoffrey Bowker and Susan Leigh Star's work on classification shows that categories embed moral and political choices into infrastructure (Bowker and Star

1999). In research funding, categories organise which diseases or conditions become visible and how budgets are justified. When women's health is under specified, the invisibility is not accidental but designed.

The phrase "flag or flesh" captures the tension between investment in symbolic borders and the neglect of embodied care. The choice is not necessarily conscious. In many countries, military budgets dwarf healthcare spending; yet the justification for war is often framed in terms of protecting "our women" and "our way of life". Emily Grabham's analysis of corporeal nationalism describes how skin itself becomes a border: the body is imagined as the first line of defence, with whiteness and heteronormativity as unmarked norms (Grabham 2009). When women's bodies are neglected as patients but celebrated as national symbols, the contradiction intensifies. Protection becomes metaphorical. Care is deferred to private spheres or charity. The border emerges not just on maps but on skin and in the classification of who counts as an authorised patient.

Political rhetoric often makes this substitution explicit. In debates about immigration, politicians claim to defend women's rights by restricting migrants, invoking narratives of honour killings or sexualised violence. Meanwhile, domestic policies cut funding for reproductive health clinics. In this context, feminism becomes a weapon used against racialised others, and the nation is imagined as a safe space for "our women". The neglect of flesh goes hand in hand with the fetishisation of the flag. The performance of protection is paid for with women's bodies, but not in the form of care.

Performance and material method: Kurkuma as an epistemic agent

Why Kurkuma?

Turmeric (kurkuma) is widely known as a culinary spice and a medicinal plant. In bio-medical research, curcumin, its most studied compound, is marketed as an anti-cancer, anti-inflammatory, and antioxidant agent. The literature is vast and contradictory. A systematic review focused on cervical cancer models documents numerous inhibitory effects in *vitro* and in *vivo*, yet emphasises that translation to clinical practice is limited (Abdull Rahim et al. 2024). Critical analyses warn that trials often conflate different formulations and fail to account for poor bioavailability, leading to inflated claims (Bučević Popović et al. 2024). Khosravi and Seifert argue that clinical trials of curcumin in cancer have not convincingly shown benefit (Khosravi and Seifert 2024). Curcumin is thus a *pharmakon*: a substance that can be medicine or poison, hype or hope.

I do not use kurkuma as therapy. I use it as material epistemology. Turmeric stains. It leaves a yellow mark on skin, fabric, and paper that resists washing away. This property makes it ideal for marking contact. In my performance, I paint my legs with a turmeric paste composed of powder mixed with water and a small amount of oil to help adhesion. I leave the paste for a period and then remove my trousers. The stain on my skin and the residue on the fabric become traces of contact, friction, and removal. They mark where care ends and where the border between clothing and skin begins. The stain is a witness to neglect: when I wash my legs, the colour lingers in creases and hair follicles. It is memory in pigment.

Procedure and Documentation

The performance involves several stages. First, I prepare the paste and apply it to my legs from the knees down. The material is cold and thick. As I spread it, I think about protocols for topical drug delivery, which often require uniform coverage and timed exposure. I do not aim for uniformity. Instead, I allow thickness to vary, creating a map of residue. While the paste dries, I read aloud key passages from the four biomedical archive papers. I annotate the paper copies with notes about who is included and who is excluded. The reading is not a lecture: it is a ritual. I am inscribing into my skin the words that have shaped research priorities.

After the paste dries, I put on trousers. The fabric absorbs some pigment. The friction of cloth on paste produces a thin border of colour along seams. I move, sit, and stand. When I remove the trousers, the stain on my legs has patterns: darker areas where the paste was thick, lighter areas where cloth rubbed it away. The trousers bear lines and smudges, recalling border fences and national markers. I photograph my legs and the trousers. I wash my legs, noticing how the stain persists in creases and on hair follicles. I note the time it takes to fade.

The data in this performance are not numbers or mechanistic outcomes. They are traces, annotations, photographs, and sensory memories. The photos are not aesthetic; they are evidence that embodiment produces knowledge. Haraway's insistence on accounting for the apparatus (D. Haraway 1988) resonates here—the camera, the lighting, the angle, the time of day, the temperature of the water I use to wash my legs—all of these become part of the apparatus of evidence. The turmeric stain is not a symbol. It is a material agent that forces me to notice what persists.

Ethical Boundaries

It is essential to state what this performance is not. It is not medical research. There is no intravaginal application, no invasive procedure, no therapeutic claim. Curcumin is not an established treatment for cervical cancer or any other cancer, and self-treatment is not advised (World Health Organization 2024; Khosravi and Seifert 2024). The performance does not involve the cervix directly; the cervix is present in the archive as a site of medical obsession and neglect. Local delivery of curcumin in preclinical and early phase human studies has been explored (Debata et al. 2013; Gattoc et al. 2017; Basu et al. 2013), but these studies are not models for self-experimentation. My use of kurkuma is domestic, culinary, and epistemic. The performance uses common ingredients to make visible what budgets and research categories erase.

Archive papers: Witnesses of default and violence

The Physicians' Health Study Design

The Physicians' Health Study is often cited as a paradigm of rigorous randomised controlled trial design. Its primary goal was to test whether aspirin and β-carotene could prevent cardiovascular mortality and cancer among U.S. male physicians aged 40—84 (Hennekens and Eberlein 1985). The design is elegant: a 2×2 factorial, placebo controlled, double blind trial with a long follow up. Its participants are highly educated, motivated, and health conscious. From a methodological standpoint, the design maximises compliance and minimises confusion. Yet from a feminist technoscience perspective, the study constructs the male physician as the default human. Women were excluded due to concerns about pregnancy and hormonal cycles. Non-physicians were excluded due to concerns about compliance.

The result is not accidental: the apparatus is built to produce a reliable answer for a select population and then generalise it.

In my performance, I read the abstract and methods of this paper aloud. I mark the inclusion criteria and the language used to justify them. I note that the authors describe the participants as "highly motivated, dedicated, and health conscious physicians" who will "perform definitive tests" (Hennekens and Eberlein 1985). The epistemic consequence is that the male professional body becomes the gold standard for human health. The turmeric on my legs contrasts with the whiteness of the lab coat. As the stain dries, I think about how the categories of "motivated" and "dedicated" attach to social status rather than to the capacity to follow a protocol. Motivation is not a neutral attribute; it is built into professional training and recognition.

Sex Bias in Biomedical Research

Beery and Zucker's review compiles evidence of sex bias across neuroscience and biomedical research. They show that male animals and male cells are used predominantly, and that when females are included, data are rarely analysed by sex (Beery and Zucker 2011). The justification often given is that females are too variable due to hormonal cycles. Yet empirical data contradict this assumption: males are not less variable. The paper thus exposes a methodological rationalisation for neglect. In my performance, I read this paper aloud while the paste dries. The act of reading becomes an incantation against rationalisations. I mark passages where the authors call for change. I note that the paper itself draws on policy mandates, such as the NIH's requirement to consider sex as a biological variable (National Institutes of Health 2015). The turmeric stain becomes thicker while I underline the word "bias". I feel the weight of the word as I wash my legs later.

Attractiveness of Women with Rectovaginal Endometriosis

The 2013 *Fertility and Sterility* paper that rated women with rectovaginal endometriosis for attractiveness stands out for its combination of methodological violence and sexualised gaze (Vercellini et al. 2013). The study claimed that women with severe endometriosis were rated as more attractive than controls. Not only is the premise ethically dubious, but the design reproduces objectification: participants are observed and judged by observers who are not identified. The authors suggest that sexual attractiveness may be linked to disease severity. The paper was later retracted (Vercellini et al. 2020), but the fact that it was publishable reveals a disciplinary blind spot.

During the performance, I read the abstract of this paper. I speak the words "attractiveness" and "endometriosis" aloud, feeling their juxtaposition as a visceral discomfort. I mark the retraction notice and the justification given. The stain on my legs has dried by this point, and the lines left by the fabric of my trousers resemble measures on a specimen. The border between the research subject and the objectified body blurs. The retraction does not erase the harm. It is like washing turmeric: the colour fades but persists in creases.

A Non-Hormonal Male Contraceptive Trial

Finally, I consider the phase 1a trial of the non-hormonal male contraceptive YCT-529 (Mannowetz et al. 2025). The study reports careful safety monitoring, dose escalation, and pharmacokinetic analysis. The authors emphasise reversibility, mood effects, and systemic exposure. They note the need for rigorous preclinical data before advancing to human studies. The caution is striking compared with many trials involving women's reproduction. In my performance, I read this paper with my trousers on, the turmeric residue seeping into the fabric. I think about how investment and caution are distributed. When male

fertility is the site of intervention, safety cannot be compromised. When women's pain is the site of intervention, the research can be sexualised and trivialised. The asymmetry is not personal. It is institutional. The turmeric stains my trousers, and the marks look like border lines; the fabric becomes a flag that has absorbed flesh.

Residue, memory and the politics of neglect

From Neglect to Nationalism

The performance of painting, staining, and washing reveals how residue functions as memory. The turmeric marks persist on my legs even after washing; they fade over days. This persistence invites reflection on memory and politics. Health neglect leaves residues: chronic pain, fatigue, mistrust. Research shows that such residues can translate into political behaviour. Kavanagh, Menon, and Heinze find that health vulnerability predicts support for right-wing populism in Europe (Kavanagh et al. 2021). Menon and colleagues argue that negative healthcare experiences reduce trust in democratic institutions (Menon et al. 2025). Feminist nationalism scholarship helps make sense of this translation.

Deniz Kandiyoti notes that nationalist projects often promise protection to women while simultaneously disciplining them (Kandiyoti 1991). Women become symbols of honour and tradition, which must be defended. Floya Anthias and Nira Yuval-Davis argue that women are positioned as biological reproducers and cultural carriers of the nation, making them central to national projects even as their health needs are marginalised (Anthias and Yuval-Davis 1989). Leila Abdou's concept of "gender nationalism" describes the mobilisation of feminist discourses to mark national superiority, often against migrants (Hadj Abdou 2017). Sara Farris's analysis of femonationalism shows how right-wing actors use women's rights to justify anti-immigrant policies

(Farris 2017). These frameworks suggest that neglect is not the absence of care but a mode of producing political subjects. When women do not receive care as patients, they may be re-inscribed as carriers of the nation. The choice between flag and flesh is not theirs. It is imposed. Kurkuma residue becomes a metaphor for the residue of neglect that drives political belonging.

Imaginary Borders on Skin

The lines left by turmeric on my legs echo physical borders. They are imperfect, porous and persist in creases. They are drawn not with precision but with friction. As I move, the marks shift and smudge. The process recalls Emily Grabham's argument that nationalism operates on skin, linking property and whiteness to corporeal borders (Grabham 2009). The stain also calls up Mezzadra and Neilson's notion of border as method: the border is not only a line on a map but a technique that organises labour and subjectivity (Mezzadra and Neilson 2013). Painting my legs becomes a way to feel how borders are not abstract; they are made on flesh.

Flag or Flesh as Epistemic Stance

The phrase "flag or flesh" is not only descriptive; it is an epistemic stance. It demands that we ask where public money goes and why. It implies a critique of funding priorities that elevate territorial security over health security. It does not offer a policy programme. Artistic research is not concerned with offering solutions in the form of recommendations. Its task is to make visible what is normally hidden and to provoke new questions. In this case, the question is: how does the apparatus of evidence and funding lead to neglect and nationalism being co-produced? The answer resides not only in documents and budgets but in residue. The turmeric stain is an archive of this investigation. It testifies to contact, friction, discipline, and persistence. It marks the body as a site where imaginary borders and neglect meet. It

refuses to wash away easily. In that refusal, there is knowledge.

Conclusion

This article has explored how neglect of women's health and fetishisation of borders co-constitute the contemporary condition. By bringing together feminist technoscience, intersectional theory, and feminist nationalism, I have argued that neglect is not simply a technical gap. Contrarily, it is produced through apparatuses of evidence, classification, and funding that value some bodies and discard others. The choice between flag and flesh is made in budgets, trial designs, eligibility criteria, and the distribution of care. Women's bodies become visible as symbols of the nation even as they remain neglected as patients. When women seek care and are dismissed, the residue of neglect can drive them toward nationalist narratives that promise belonging. "Flag or flesh" thus names both a structural dilemma and a personal experience.

The article has also presented an artistic research method that uses turmeric as a material agent. Painting my legs and documenting the residue after removing my trousers allowed me to materialise the border on skin and to feel how neglect persists. The four biomedical papers served as archive objects that illuminated different aspects of default making: the male body as stand-in for the human, sex bias as rationalised exclusion, the sexualisation of women's pain, and the asymmetry in caution when male fertility is at stake. Reading these papers while the stain dried integrated textual analysis and bodily sensation. The stain is memory and evidence. It is not easily erased.

Artistic research does not replace policy or clinical work, but it offers a way to produce knowledge that is accountable to embodiment. It invites different publics into dialogue and opens spaces for questions that do not fit into existing categories. In the context of women's health, it offers a mode of critique that

is not just spoken but felt. It also resists the appropriation of feminist discourses by nationalist projects. If the flag demands that women stand in for the nation, the flesh demands that we attend to care. Residue reminds us of what we owe to bodies that bleed, hurt, and heal. In a world where imaginary borders are funded more generously than embodied care, the choice between flag and flesh is ours to contest.

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