

## PODCAST: EMBODIED INEQUALITIES OF THE ANTHROPOCENE

### EPISODE 7:

#### 'Multi-species relations and racism, sugarcane plantation, social participation and health'

**00:00:01 Ivana Teixeira:** Embodied Inequalities of the Anthropocene. Building capacity in medical anthropology. A podcast series that analyses the human and non-human health impacts of this geological epoch of profound transformations.

**00:00:23 Jean Segata:** Welcome to another episode of the podcast Embodied Inequalities of the Anthropocene, a collaborative space between universities in the UK, Mexico and Brazil, where we explore health in this new geological political period, in areas such as: the Indigenous experience and coloniality in the Anthropocene; gender, reproduction and social justice; multispecies ethnographies, human-animal health; COVID-19; and public understanding of the Anthropocene. In addition to toxicity and chemical exposure.

I am Jean Segata, a professor in the Department of Anthropology at the Federal University of Rio Grande do Sul, in Brazil, where I teach and research multi-species health, technologies, and food. Our guest today is Cristiana Bastos, a professor and researcher at the Institute of Social Sciences of the University of Lisbon, where she was born. She is an anthropologist with a PhD from the City University of New York, and her work intersects anthropology, history, and social studies of science and technology. Cristiana addresses topics like medicine and empire, epidemics, and the processes of racialisation in plantation societies. She has extensive field research in Portugal, Brazil, the United States, India, Mozambique, and other countries. Cristiana recently co-ordinated the project 'The Colour of Labour: the racialised lives of migrants', which was funded by the European Research Council, and most recently, she has just received the *Prémio Científico* [Scientific Prize] from the University of Lisbon. Welcome, Cristiana! Thank you for taking the time to talk to us and our podcast listeners.

**00:02:29 Cristiana Bastos:** Thank you for having me here, Jean, Ivana, Juan. It's a pleasure to be here, simultaneously, and record a podcast, which is my first one. I listen to a lot of podcasts here and there, but I've never done one, so forgive me if anything goes wrong. So, I've done radio shows before, but they were called radio shows, now it's something else. Thank you very much for the generous introduction.

I'm very interested in engaging in a dialogue with the project Embodied Inequalities of the Anthropocene. In fact, we've already had an event in Lisbon that went very well and it was a launch event for us, but also a moment of consolidation of lines that were already the subject of dialogue. It's a very important moment, for us to start from what we have in anthropology and science studies, health studies and global Anthropocene studies, to think together and relativise the somewhat anthropocentric position that anthropology has been and look at variables that are, are more than variables, they are interveners in this complexity. So, thank you very much, it's a pleasure to be here.

**00:03:48 Ivana:** Thank you very much, Professor Cristiana, for accepting our invitation. It's truly a pleasure and an honour for all of us to have your partnership and for us to begin with your participation. Could you tell us a little bit more about yourself? Where were you born? Where your mentors studied? How did you become interested in anthropology in general and also in the study of these relationships between historiography, anthropology, health and immigration?

**00:04:24 Cristiana Bastos:** Of course, with great pleasure, but don't let me go on too long, because my life is already a bit long. I got into anthropology early on, and I examined other social sciences because the subject wasn't available when I started university in Portugal. I looked into other areas of the social sciences and then, as soon as the Anthropology degree programme opened, I got into it and have never left. It has always been my guiding subject. That said, I also had supervision and mentors from the history side who taught me to look at things globally. Social history, without a doubt. The most notable is Vitorino Magalhães Godinho, who is a great historian, a great Portuguese historian who supervised my Master's degree and always helped me to open up, to open up to perspectives, not to close off, to open up, to think about more variables, to think with greater complexity and not to be afraid of involving long distances and, in the long term, a lot more complexity.

Not being afraid of, in a certain way, what a movement was in anthropology, in ethnography, focusing on a micro-universe in detail, always coexisted with an impulse to look for variables further afield. Therefore, right from my first major work, which is on the Algarve mountains, the northeast of the Algarve, I was, at the same time as I did fieldwork, living in a small place in the municipality of Alcoutim, which is in southern Portugal, I also looked at everything I could find from parish sources, registry books, demographic data, etc., to have a long-term, far-reaching perspective. Therefore, history as a method and as a way of thinking and as a dimension, let's say, has always been present in my anthropology work. I can't even think any other way.

The next work was in the United States. I went to the United States to do my doctoral studies, because I also wanted to be exposed to different ways of thinking that I didn't find close by, in Portugal or in continental Europe. And I was, I was accepted by some, but what interested me the most was that which unified the City University of New York, which had a very interesting, vibrant, intellectual and political environment. So, we had professors like Eric Wolf, June Nash, Shirley Lindemann, Vincent Crapanzano, etc. And very interesting colleagues. High quality. I have very, very fond memories of that time, doing my PhD, which was in the late 80s and early 90s, and at that time the AIDS epidemic was raging in the city of New York in a way that was impossible not, to not, to not affect everyone's lives. Whether or not they had the disease, it was a very strong thing. And I was already interested in the themes of health anthropology, and that was that, and I ended up studying the epidemic as well. But my approach to the epidemic focused less on, let's say, epidemiological counts or behavioural analysis of a specific group, etc. Which was what many people did. And so, I tried to think globally. How do we think about infectious diseases? Why do we think this way? Why is there so much emphasis on armamentarium and combat? Why do we think of the immune system as a defence army? That has little soldiers, etc? Today, we don't think about it that way anymore, but in the 80s and 90s, this was the entire vocabulary. And for several reasons that I can explain later more slowly, otherwise we'll never get where we want to go.

I went to do empirical research in Brazil, in Rio de Janeiro. I did a bit of what at the time wasn't yet called multi-sited work, because I also did fieldwork in New York, right? And I also worked in international organisations that today are called global health, in the WHO, the World Health Organisation, in the Global HIV Programme, which was, which was part of the WHO. I attended international conferences. To finance myself, I even became a science journalist temporarily, for a Portuguese weekly magazine, so I could gain access to the conferences, which were very expensive. I was just a student and, in addition to gaining access, I had access to the press room, which is a dream for those of us who are used to going after sources and waiting weeks for someone to interview us there. Everyone wants to be interviewed, everyone gives press releases. Information flows better, much, much more easily. So, I did this work with a major anchor in Rio de Janeiro, also looking at São Paulo, Brazil, etc. Again, as an anchor in New York and with a perspective on international societies to combat AIDS. Here in Portugal, we call it SIDA [*síndrome da imunodeficiência adquirida*], but at that time it was, it was all AIDS for me, that's it, it's AIDS.

So, that was my... I already had some interest in healing systems, medical systems, forms of medical thought, perhaps a perspective; I couldn't even state it was close to the history of science, but rather closer, even closer to the social studies of science that were taking shape, in the meantime. I ended up materialising this, so to speak, in

the study of an epidemic, it wasn't just an epidemic, it was a pandemic, it was highly visible, let's keep going. So, it wasn't easy to finish my doctoral thesis, because everything was always changing and the subject was always coming into my life. Even though there wasn't much internet yet, there wasn't even any internet, but there were media outlets, etc. Not yet. It wasn't like saying goodbye to the people who welcomed us in a village for a year or two and then moving on to another environment.

The subject continued, well, what happens during my field work, with me, with my interaction with (in quotes) 'the field', that is, which was the entire group of social actors who worked on AIDS? So, it wasn't just the patients, it was also patients and action groups, but it was the clinicians, the doctors, the scientists, the politicians, the politicians involved in making public policies, the social scientists who were also activists, etc., etc. And within one, I followed, with permission, clinical cases in all the drama that they were. We are talking about a time when there were still no effective antiretrovirals like there are today. And these were always very, very emotional situations, difficult for everyone, everyone involved. And part of me was interested in two things that had a very special dynamic in Brazil, very different from the United States and different from other places I knew.

One was therefore, care for infectious diseases, which had a tradition coming from tropical medicine, coming from a medicine that provided care to less privileged groups, to groups affected by endemic or epidemic diseases that were not visible in Europe. Rarely, unless we were talking about, about assistance medicine in the continuation of colonial medicine, and this part was also articulated with—which is another component, which is a social thought about, about Brazil that also involved, at least with the colleagues with whom I interacted—having knowledge or developing research on the role of tropical medicine in the history of the nation, let's keep going. And I'm talking more specifically about the colleagues at FIOCRUZ<sup>1</sup>.

I did, let's say, fieldwork in several places in, in Fundão at UFRJ<sup>2</sup>, in Antônio Pedro<sup>3</sup> Niterói, at ABIA<sup>4</sup>, at GAPA<sup>5</sup>, etc., etc. But it was at the FIOCRUZ that I had a spark for

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<sup>1</sup> The Oswaldo Cruz Foundation, or Fiocruz, is the most prominent institution of science and technology in health in Latin America.

<sup>2</sup> Here Prof. Bastos mentions the Fundão campus of the *Universidade Federal do Rio de Janeiro* (UFRJ) [Federal University of Rio de Janeiro].

<sup>3</sup> The Antônio Pedro University Hospital in Niterói, RJ.

<sup>4</sup> ABIA is the *Associação Brasileira Interdisciplinar de AIDS – Observatório Nacional de Políticas de AIDS* [Brazilian Interdisciplinary AIDS Association – National Observatory on AIDS Policies].

<sup>5</sup> GAPA, *Grupo de Apoio a Prevenção da Aids* [AIDS Prevention Support Group] is an AIDS support and prevention network that operates at the state and municipal levels.

further research, not only accompanying the then young people, I was also young, who were doing a specialisation course in tropical diseases and who took great pity on me because I couldn't see anything under the microscope. That eye trained to see parasites and small beings, I couldn't do anything and it was part of my research to see them or to be able to do that and try to learn and, (I) interacted a lot with them, it was very interesting. And with colleagues who were doing what was, and it was very early on, the Oswaldo Cruz house, that is, a group of researchers dedicated solely to the history of medicine. I learned a lot from them and that stayed with me, it transformed me for the next step, for my next cycle of research. So, let's say, I closed the AIDS cycle, I chose not to continue with AIDS, for personal reasons, I don't, I don't want to set my identity – it's something I want more than anything to end today, or tomorrow, or next week. So, I really praise those who continue to work on AIDS, but I wanted to change my cognitive field, at least my research field.

And that's where this idea of tropical medicine being the genesis or the mother or grandmother of medicine and infectious diseases led me to look at the colonial systems themselves, the imperial systems, to see the development of the genesis of tropical medicine, let's move on. The idea was to see how the exercise of imperial colonial military power cuts across the language of the exercise of tropical germ medicine. And there are some very long passages, I can't go into much more detail on that, I've dealt with a few articles, but that led me to get closer to a whole literature on medicine and empire, and that made me, yes, that's where I am with those, that world of Portuguese influence, because I went into the colonial archives or the *Arquivo Histórico Ultramarino* [Overseas Historical Archive], especially the health section, to try to examine Portuguese colonialism in the nineteenth century and the beginning of the twentieth century, from this angle of power relations and health.

Initially, I had the ambition of studying all the colonies, you know, Goa, Macau, Mozambique, Angola, Cape Verde, etc., etc. And then I realised that this was too ambitious and I stayed in Goa and spent a lot of time working in Goa, but, but more than I had initially thought, and also thinking about the background in Brazil, because Brazil, at that time of the implementation of tropical medicine, is no longer a colony of anyone, but the construction of the nation is a process that is somewhat colonial, of one group of the population over another. The conquest of the interior, the subjugation of the Indigenous populations, the expansion of a White urban logic, so to speak, is a process similar to the colonial process. This took some time to set itself up for me and that's that. So, that was the second cycle. And I don't know, I've already answered. Let's move on. Let's move on to the most recent project.

**00:17:46 Jean:** Thank you, Cristiana. Continuing on this path, on this trajectory of yours, we would like to hear a little more about one of your latest projects, 'Colour of

Labour: the racialised lives of migrants'. What were the main axes of this research and how, in some way, can we relate these themes to social inequalities in health in the Anthropocene era?

**00:18:20 Cristiana:** Thank you, Jean. It came out in continuity and opposition to that which had been my previous cycle. So, on the one hand, the continuity of continuing to explore these nexus of empire, subjugation, etc., that I had seen in the study of the nineteenth century, in opposition, precisely to move away from that more Lusophone sphere and Portuguese colonialism and look at other aspects. There is a, there's a moment in which it is also transformative, which is a, there's an episode that has to do with southern Angola, which is a kind of strange colonisation carried out at the end of the nineteenth century, which does not make much sense with the rest of the, of the colonial purpose. And when I examined this phenomenon more closely, I began calling it a social engineering that concerned diverting migratory flows that were departing the country, diverting these flows to places that the Portuguese government wanted to occupy in Africa. And where were these places that people went to that are not well recognised in the normal history, neither that of Portugal nor international history? It was to Hawaii.

The boat (unintelligible 19'45") of Madeirans who went to southern Angola, possibly, literally diverted people who had planned to go to Hawaii. And I'll explain why it was Hawaii, and it was also Guyana, British Guiana or Demerara, but known as Demerara, although Demerara is just that. And what were people going to do in these places? People went as labourers bound in servitude, similar to the indentured labourers from India to the sugar plantations, from Trinidad, from Guyana too, and from Mauritius. And they were the way that the plantation economy continued to have a source of labour after the abolition of slavery.

In some places this can be seen chronologically as a cycle of 'importing' (in quotes) enslaved Africans ends and is replaced by a cycle of, you can't say enslaved, but of indentured, bonded labourers contracted from India. This is the case of Guyana, Suriname, Mauritius. This is very clear. Or in the case of Fiji, there are also a large number of Indian indentured workers. But there was a time when the English Empire used them. There were workers from Madeira who were on route between England and Demerara. The island of Madeira is on the way. It was an easy target and the people in Madeira in the nineteenth century, in the mid-nineteenth century, lived in terrible conditions at the bottom of society and in a pyramidal society. It is itself a kind of plantation *avant la lettre*. It is a kind of feudal society extended over time in a pyramid, with a very small number of people at the top and a very large number of people at a very precarious, very vulnerable base. Therefore, these people were easily recruited, if not almost kidnapped, to go to the sugar cane plantations, to the sugar

fields, where African slaves were no longer recruited, so they went along with free Africans and later with indentured Indians as well. So, this was a part of the history linked to Portuguese migration flows that I was completely unaware of.

At the time, I asked fellow historians: ‘But what is this?’ ‘What is this? No’ – there was a vague understanding that there was a Portuguese community in Hawaii. But they didn’t know much more. So, that was the first impulse. It took a long time to think. The first impulse was to try to see what these flows were. Then, yes, there was, so to speak, a Portuguese nexus. And that led me to delve into the plantation literature in full and see the processes of racialisation that are a dynamic of the plantation itself, beyond that which was the central racialisation, creating the category of Black based on the diversity of the Africans who were still enslaved. So, the argument is that the plantation is a machine for producing racialisation. It produces this category of Black with the large slave trade in the Atlantic. But the machine continues to produce even after the abolition of slavery or even when it did not exist, like in Hawaii. I mean, there was domestic slavery, but that’s not the same thing as the mass enslavement to/from plantations across the Atlantic.

**00:23:39 Ivana:** Thank you, Cristiana. The next point I would like to touch on is very much related to what you said at the end about this productive relationship, if we can say that about the plantation. Clearly productive is a more positive word, but in your current project, which is vast and extremely interesting. Do you bring this notion or this perspective that plants transform and create human societies, contributing to different forms of hierarchisation and racialisation? I would like you to tell us a little more about your notion of plants that produce people and the relationship of this notion with colonialism, with capitalism, based on your studies.

**00:24:33 Cristiana:** Okay. Thanks for the question. So, this idea that plants produce people was not a starting point, it was an effect of the analysis throughout the project. And I think it is also an effect of us expanding the framework of analysis from an anthropocentric framework that is very focused on human agency and bringing in the dynamics, ‘agency’ (in quotes), we could say, of other non-human elements. So, it was a cognitive experiment that I did based on what I analysed in plantation societies. And what if we look at what sugar cane is, the transforming agent of societies, this does not mean that plants alone transform societies. Obviously not.

But if we look at the route of sugar cane, how it became an object of desire, of desire, of tasting, on the one hand, and of the desire to create easy profit and multiply itself in greed and in capital accumulation on the other, as Sidney Mintz<sup>6</sup>, shows very well,

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<sup>6</sup> Mintz, S. 1985 *Sweetness and Power: The Place of Sugar in Modern History*. London: Penguin.

as Eric Wolf shows, as Eric Williams shows, etc. Which shows how, in fact, capitalism and the industrial revolution began there, with sugar. So, we can make an entire argument showing how sugarcane travelled around the world, creating social and economic dynamics. Of course, the interaction with humans, with desires, with volition and with purposes.

And from a certain point on, this interrelationship between production, land, plant and capital 'generates' (in quotes) a dynamic of bringing out labour force, which is one of the most brutal things on the face of the earth, which was slavery, which was slavery across the Atlantic. And in this process, social differences are created that are codified as natural. Race is created. If there were no designations for racial differences before, there were now! It's not that there weren't even forms, as I said a moment ago, of domestic servitude, slavery, war slavery, etc., etc. All of that existed.

But the plantation process, the epitome of which is the sugar plantation, which is fast powerful capital requiring a type of immediate labour force, it is necessary to process the sugarcane immediately to transform it, then it can make a lot of money, more money than in the previous cycle of the Empire. It was the spices that were harvested, they weren't, they weren't grown that way, they were trafficked at the beginning, in a more, let's say, humanised way.

With the sugar plantation, we have a social transformation with marks that remain to this day, which is the creation of a racial category, of slave labour. And associated with a black colour or a Black race. This is something that, although it may have previous origins, the plantation reached an ontological level, so to speak, based on the plantation, which has consequences to this day. The hierarchical racialism according to colour that was codified in the racist sciences of the eighteenth century and so on, has left marks to this day. To this day, we have many people in the world thinking about hierarchies associated with colourisms. And it is not enough to combat racism by demonstrating that genetically this categorisation of human races has no validity. We know that.

Science has known this for a long time, but it is not enough to deny racism. So, I think that looking at the way in which this dynamic of sugar production created categories of people and, therefore, ultimately, plants produced categories of people, like, such as labour, as slaves and then as race, helps us understand the complexity. And how? As a collage of hierarchy and functions, colourisms that remain and that is perhaps one of the most serious components of racism that continues to this day.

**00:29:43 Ivana:** Thank you, Cristiana.



**00:29:44 Jean:** Cristiana, in the Embodied Inequalities of the Anthropocene project, we adopted a critical medical anthropology perspective. This is a perspective that we also perceive in your work. But much more than that, you bring a strong component of a relationship between ethnography and history to analyse the processes that shaped a certain colonialist biopolitics of health practices and their connections and disconnections between global and local logics. We would like to hear a little more from you about how this colonial past in health practices that you have perceived in your work, okay? It has shaped some of the experiences on how we work with epidemics and other health and disease processes today. If you could give us examples of your research in Brazil, but also from other countries, it would be great for our listeners of the project Embodied Inequalities of the Anthropocene.

**00:30:57 Cristiana:** Thank you, Jean. Well, I think that's what caught my attention because I'm not working directly on epidemics right now, although because of the invitation, I had to reflect a little and think. So, I may not be completely up to date with what's being done in global health. Even so, we'll try because I'll, I'll pay some attention. And I believe that what we have today, in the 2020s, is not what we had in the 1980s, when the AIDS epidemic broke out. And in part, what's different about us today is also due to much of what was done about the AIDS epidemic.

The notion of global health, more than international health, was an effect of that moment. I won't say that it was the AIDS agents who created the idea of global health, but this idea of having multiple voices, multiple partners, of listening to NGOs. Now, note a brief aside, I didn't mention this, but I also studied syphilis in the early twentieth century, in Lisbon and in Europe, etc., and I supervised some theses, anyway, on what power, personal empowerment, personal empowerment was, the enabling of syphilis carriers in the early twentieth century or what people with AIDS were in the late twentieth century is something very different. We had it, but I'm not saying it was like that for everyone, a need was created to take into account the voice of those affected.

The personal and collective agenda of populations at risk is an effort, at least to have, let's call it a high North-South, let's call it multi-nuclear, etc., etc. This has changed and I believe that what we have in the twentieth century is not a copy of the imperial scenario that we had at the end of the twentieth century, which was, I mean, we - I noticed when I started studying and looking at international data before the internet, they came with sheets of paper and graphs, etc. The map of Africa seemed to cut across what was independent countries, with decades of independence, but the incidence of AIDS seemed to cut across what had been the colonial map, because the types of aid came directly to the Congo from Belgium, to Angola from Portugal, and so on. And that was the scenario at the end of the twentieth century.

I believe that today we live in a different world. I believe that we had people involved with AIDS, like Paul Farmer and all his colleagues in global health and many more from Geneva, Cambridge, Massachusetts, from South Africa, etc. From Brazil, from various places in Brazil, to transform the global health scenario. Therefore, I believe that we have a different awareness and a different capacity as well. That said, it doesn't mean that we're on the opposite side of what the Empire world was.

Many of the inequalities are still a prolonged effect of the inequalities created under that regime that I, I think it's even more important to talk about the plantation regime than about the empires, because the empires were, were many different things and in some places they didn't necessarily create inequalities, in others there's a clash of differences, differences of cultures, differences of access, etc. Therefore, I'd be more cautious in seeing something as a univocal continuation of the imperial regime of colonial inequalities to the present day. Although much of what we have is the effect of that moment of inequality.

**00:35:17 Ivana:** Thank you very much, Cristiana. You told us about your work, projects, reflections and developments of these works. Thank you for telling us more about these issues, these points of view and these intricacies that appear in your research. They are extremely important for anthropology in general, but mainly for this critical anthropology, the critical medical anthropology that we're developing, as Jean mentioned before, very close to your perspective, which is historical, which is also local and also ethnographic. Would you like to talk about new projects, developments of these projects or future investments?

**00:36:10 Cristiana:** Thank you. I would like to add something that I didn't elaborate on in the previous question, which is that this opening up to those who were not usually the voices of command or political decision-making on health and involving the most vulnerable populations, involving minorities, involving those affected, created a dynamic. It doesn't mean that it solved the world's problems, but it did at least create a global awareness that can no longer be ignored. But this dynamic didn't stop there. I think that today, in the 2020s, we have an opening of the analytical and action horizon that is multi-species, which goes beyond the anthropocentric approach that we had up to now in the analysis of anthropology. So, what have we learned from this complex struggle? Look, we can't just focus on humans. Humans do many things, much more to each other, it's not, it's not necessarily the oppressed human who will save everyone else because they may or may not. They can also be an oppressor. And, unfortunately, the human species does not always contain all the roots of, of the remedy for the ills it causes.

So, we have that nowadays it's not, it's no longer extraordinary, it's something that anthropologists said a few decades ago, but it seemed like they were in their own little world just wanting – listen to what the Indigenous populations are saying, listen to the rivers, listen to the species, listen to the animals, listen to the leopard, listen to the snake, listen to the tree, listen to the silk-cotton tree, listen to the mountain and listen to what these beings are also saying about the state of planetary health. Today, planetary health is not just human health, and who doesn't take this into consideration? Who is creating it? Creating a medicine for something that poisons a river that will later create more pathologies is doing it wrong. Therefore, I believe that today there's more awareness of this. Will we, together with humanity and other species, be able to contain this catastrophe that's underway with climate change? I don't know how to answer that, nor does anyone else. All is not lost. We have scenarios of a slow or rapid global apocalypse, and we have scenarios of redemption, let's say, mitigation of what lies ahead. And today, these scenarios have to involve listening to these species.

So, going back to your question, which is what are future projects? I'm almost at the end of the project 'Colour of Labour', which was a project that began anthropocentrically, began with a human grid looking at how the infrastructure of the plantation economy produces a social, cultural and cognitive superstructure that are racialisations, and began to include species as well, namely the plants. Others work with animals, I work more with plants. And this created this dynamic of Plant-People, *plantas-pessoas*, which I explored in some articles that were only published now in 2024. One is yet to be published. I started thinking along these lines at a meeting that was the last one before the pandemic.

It was in December 2019, in Chennai. It was called the *República das Plantas* [Republic of Plants] and that transformed me a bit. It was the last conference like this, live, in the time of innocence, so to speak, the pre-COVID innocence. And from there I started to develop this idea of how sugar creates, creates social dynamics and then I explored it further, but with several sides, so there is an article that came out in the *Journal of Ethnobiology*<sup>7</sup>, which is a special issue that I co-edited with other colleagues, with Andrew Flachs and Deborah Heath and Sita Venkateswar. My article also shows relationships that are about rescuing the person-plant relationship, which are not, let's say, about curses and bad karma and suffering and oppression and strangulation, but are about affection, memory, identification. Even if they come from a place of pain, they can be a place of personal identification, growth, happiness, desire, etc., etc.

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<sup>7</sup> Flachs, A.; Bastos, C.; Heath, D.; Venkateswar, S. 2024 Special Issue: Plant-anthropo-genesis: the co-production of plant-people lifeworlds. *Journal of Ethnobiology* 44(1).  
<https://journals.sagepub.com/toc/ebia/44/1>

So, at the moment I'm not sure where this will take me, but I'm thinking about it. I recently attended a symposium in Venice, organised by my colleague Tamar Blickstein, which was called 'Plantation Afterlives and Ecologies of Loss'<sup>8</sup> which will now give us some time, moments of critical thinking for the next few months when we will be editing a special issue. And that's it, I have more, but if I don't stop, I'll never shut up again. It's better to say goodbye now. It was a pleasure to be with you and I wish you great work on the podcast and the project.

**00:41:21 Ivana:** Thank you very much, Cristiana! It's a pleasure, as I said, to talk to you, to listen to you and, finally, we are very grateful. Thank you very much.

**00:41:32 Jean:** Thank you very much indeed. Thank you for speaking with us this Saturday.

**00:41:37 Cristiana:** Thank you, have a good Saturday, and a good Saturday. Have a good Sunday, have a good week for the listeners.

**00:41:45 Ivana:** This episode was recorded virtually between Brazil and Portugal. Jean Segata and Ivana Teixeira wrote the script and conducted the interview. Ivana Teixeira lent her voice for the jingles and managed the general production, and Juan Mayorga took care of the audio editing and post-production. This podcast is an international collaboration between University College London in the United Kingdom, the Universidade Federal do Rio Grande do Sul in Porto Alegre, Brazil, and the Centro de Investigaciones y Estudios Superiores en Antropología Social in Oaxaca, Mexico.

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<sup>8</sup> The symposium schedule is available here: <https://www.unive.it/data/33113/2/88530>