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“Workin’ It:” Trans* Lives in the Age of Epidemic

by

Christopher William Roebuck

A dissertation submitted in partial satisfaction of the

requirements for the degree of

Joint Doctor of Philosophy
with University of California, San Francisco

in

Medical Anthropology

in the

Graduate Division

of the

University of California Berkeley

Committee in charge:

Professor Lawrence Cohen, Chair
Professor Judith Butler
Professor Sharon Kaufman
Professor Aihwa Ong

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Abstract

“Workin’ It”: Trans* Lives in the Age of Epidemic

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In Medical Anthropology

University of California

Professor Lawrence Cohen, Chair

Situated in the interstices of anthropology, public health, and critical theory, this dissertation pursues questions of gender, health, transnationality, and governance. It does so through a critical medical anthropological study of trans* lives during what has been referred to as “the second wave of AIDS” in San Francisco. According to public health research and epidemiological studies, urban transgender women are reported to constitute one of most vulnerable populations for HIV infection in the United States. Combining research methods of medical anthropology and urban ethnography, this dissertation explores self-making and world-making practices of trans* individuals during a time, I call “the age of epidemic.”

Multi-year ethnographic research was based primarily in San Francisco’s Tenderloin, a low-income, culturally diverse neighborhood that has been referred to as the “epi-center of the AIDS epidemic” in San Francisco. At the same time, it is home and center of social life for many trans* immigrants from Mexico, Central and South American, and South-east Asia, who migrate to the city in hopes of creating vibrant lives. Hence, the term, trans* is meant to reference three intersecting experiences: transgender identity; transnational conditions of migration; and the crossing of multiple political, geographical, linguistic, sex/gender, and bodily borders. As well, trans* refers to the Tenderloin itself as a translocal space networked by global processes of migration, diaspora, and economic restructuring. Ethnographic research was conducted with transgender and immigrant interlocutors, neighborhood denizens, public health researchers and healthcare providers, and local and international transgender activists. Clinic-based participant-observations and volunteer activities were conducted at a public health center, which provides care to homeless and underserved populations. In late 1994, it opened the first transgender primary healthcare clinic in the United States.

This dissertation documents how trans* women create lives through “workin it,” a constellation of dynamic and heterogeneous tactics including: actions for making forms of sociality and publics in San Francisco’s rapidly transforming Tenderloin; practices for creating kinship and engaging in reciprocal practices of care outside normalizing regimes of sex, gender,

and laws of alliance and descent; activities for cultivating trans* bodies and becomings utilizing biomedical technologies often in unexpected ways; and conducts for fashioning a beautiful and ethical life when such a life is often deemed diseased, foreign, and other.

Findings have led to the conclusion that epidemics, such as HIV/AIDS, have a paradoxical force in contemporary life. Epidemics are destructive, pathological biosocial events, causing untold sickness, suffering and death. But they are also generative. Epidemics instantiate proliferative governing strategies and technologies, which discipline and manage bodies under logics of health promotion. At the same time, the immeasurable sickness, death, and loss caused by HIV/AIDS has provided evidence to support political claims for health and life by trans* communities. The calamitous impacts have offered a language through which to render visible social inequalities and social suffering. The biosocial crisis has engendered new social movements for justice and affirmations of trans* survivals. But most significantly, it has given rise to unique forms of resiliency, belonging, kinship, and care amid and against precarity.

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TRANS* LIVES IN THE AGE OF EPIDEMIC

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DEDICATIONS

To the Girls, always to the Girls, for sharing lives – generously and kindly – with the ever prying anthropologist. I hope to have done a little justice to all that you teach me.

To the clients, staff, providers, and volunteers at the “TG Clinic” for showing me how healthcare – as a practice of justice – gets done against odds.

To the wifey (C³) and the cuz (GFR) for doing kinship all kinds of wrong and loving me all kinds of right – in spite of me.

To mama: Mary Frances (January 27, 1947 – April 29, 2008) for teaching me that beauty has always been a verb, *a doing*, an ethical practice. Not a day begins or ends ...

Continuing to “speak” to maman (shared language being a kind of presence) is not affected by internal discourse (I have not talked “talked” to her that way), but in my way of life: I try to continue living day by day according to her values: to recover something of the nourishment she provided by producing it myself, her household order, that alliance of ethics and aesthetics that was her incomparable fashion of living, of constructing the quotidian.”

- August 18, 1978: Roland Barthes, *Mourning Diary* (2009)

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Anthropology poses a paradoxical predicament. As a practice of fieldwork, it is extraordinarily social. And yet at the same time, as a practice of writing, it requires, if not demands, time alone. To endure, the contradictions and tensions arising from movements between sociality and solitude, and back again, I have been nourished by the kindness, understanding, and love of those close. I have amassed a long list of colleagues and friends, mentors and familiars who have supported and cared for me in countless ways, and who have taught me more than I could ever speak towards here. Humbly, I will try, though, inspired by what Morrison (1993b) calls the “force and felicity” of narrative: its refusal to “give the final word.”

First I must thank the Girls without whose kindness and patience none of this would have been possible. To protect their privacy, I am unable to thank the most important people by name. Though, I hope all, who took time out of their days and nights to deal with the ever prying anthropologist and invited me into their lives, know the depth of my gratitude and respect. I remain today and tomorrow grateful to the Girls for opening-up my eyes to how “workin’ it” is an ethical practice of fashioning selves and worlds. This dissertation is dedicated to them and to the memory of “Maria.”

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During my anthropological education, Stefania Pandolfo opened up anthropological theory to the poetic, and Donald Moore taught me to always be attentive to how the question of “the human” is always irreducibly, an ethical and political interrogation of power. I thank Paul Rabinow for inviting me to rethink the question of (queer) kinship and biology, which ended up transforming – if not opening up – Chapter 4.

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In sixth grade, my best friend, Tanya Sahadachny, and I grew despondent upon learning that no more chronicles of narina were to come. I have never forgotten how Sue Falls placed a ream of blank paper on her dining room paper and invited us to go forth and to write the next chapters. Well I kept writing and here we are; C.S. Lewis might not be too agreeable, but Sue’s encouragement taught me what it is to inspire students to write, write, write. Her care during my mother’s struggle with cancer was saintly and humbling, and taught me that kinship – practices of care in life and in death – is not limited by the dictates of blood or law.

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My grandfather, William, taught me that generosity, kindness, and humility are the marks of masculinity; and to always wear a tire in public! My erudite and feisty grandmother, Mary, impressed upon me as a child the love of books and writing. She was a rabble-rouser and provocateur, fond of declaring that Jesus was the first communist and of asserting that being called a communist and a feminist were not condemnations but rather accolades. She remains the inspiration for all.

In love, I began and concluded the academic work and field research described here. Kristofer Velasquez saw me off with pride and taught me what “boys in love” was finally all about. Beto Coronado supported me amid the demands and absences of fieldwork, and taught me about *la amor con monstruos y conejitos*. I am forever grateful that he opened up my world to Spanish Pop and brought Ely Guerra into my life.

As a child of divorce, I have been graced with double love from two families. Phil Roebuck instilled an unrelenting curiosity about how the world works. He and Alexandra Roebuck have proudly and supportively stood beside me as I passed from BA to MPH to MA to PhD (enough already!). Bill Boarman taught me about labor history and economic justice. He and Lauren Boarman have been a continual source of support and encouragement in ways I know they can hardly imagine. How does one acknowledge the depth and perseverance of such affection through the deepest of losses? I hope to begin now.

My beloved and inspirational mother, Mary Frances, passed while I was beginning to write my dissertation. Perhaps this is all there is to say: “I sat down to write, and Mama died.”¹ For some time after her passing – way too long – I was lost, adrift and weighed down, until I could become present with what she shared with me towards the end. During what would be her last round of chemotherapy, in which she risked her life for a Janus-faced promise of a future, she held me: “Baby, I will do all I can to see you graduate and walk across that stage and get your Ph.D. You know I will. You have sacrificed so much to get where you are.” Ha, me?! It was she who sacrificed in putting up with, and caring for, this often undisciplinable son. I only wish I had been able to honor her limitless love and tireless devotion by allowing her to experience the denouement in this lifetime. Never a day passes...

Yesterday and tomorrow and the next, I am moved by the steadfast love of George Ridgely, G, my always cosmic g-star, g*. You are my solider of love.

¹ Maybe now I can finally understand Meursault’s confusion of time amid loss in the opening sentences of Camus’s *The Stranger* [(1942) 1989].

In Medias Res: “AIDS Made Me”

“I’m going to give you the real story, not the one written down.” She paused, and waved the evening’s program in the air above the crowd. “You can read that later. What I’m going to give you is the real story, the story from the heart.”

Cecilia Chung² began with these words as she stood upon a small stage at inarguably San Francisco’s most famous nightclub, the End Up, “where,” as the adages goes, “everyone ends up.” On this evening in October 2010, we had not gathered to dance until dawn at one of the popular after-hours parties or through a Sunday afternoon at the legendary tea dances. Rather we joined together to celebrate the eighth anniversary of the Transgender Law Center (TLC). TLC is a California statewide civil rights organization “that provides direct legal services, public policy advocacy, and educational opportunities to advance the rights of diverse transgender communities.”³ Chung, the first trans* identified person to chair San Francisco’s Human Rights Commission and later the Health Commission, had been asked to introduce Tita Aida, one of recipients of that year’s “Vanguard Award.” Tita Aida, a well-known leader, fundraiser, and manager of Trans-Thrive, a drop in center for trans* individuals that seeks to foster a more healthy community, “empowered by the leadership of its peers,”⁴ was being recognized as a “community hero” for her over two decades of work on behalf of trans* communities.

“Let me tell you,” began Chung, “Tita Aida and I go way back, back to when we were just baby Girls out on the streets of the Tenderloin.” The crowd erupted with laughter and applause. She described how in the mid 1990’s she and Tita Aida were members of one of the first HIV/AIDS programs that outreached to trans women, which at the time were described in the language of public health as being a “hidden” and “difficult to reach population.” Chung explained that transgender women, whom she affectionately referred to as the “Girls,” were being over looked and uncounted by most HIV/AIDS efforts, even though they were suffering and dying from HIV/AIDS in large numbers. She recounted that people “were getting sicker and sicker and dying from AIDS but very little was being done, especially for the Girls. Nothing really. And some of us got together to do something. And there was Tita Aida, right out there, out front, working the streets,” she said with a sweet sarcasm which sent the crowd into fits of laughter. “That’s right, she was in the Vanguard even then!” Cecilia declared with a smile. Then turning serious, she explained that the Asian AIDS Program, of which the transgender outreach program was a part, was at the forefront of providing peer-based education to one of the most vulnerable HIV/AIDS communities – transfemales, “the Girls.” Cecilia recounted how she and Tita Aida would pass out condoms and prevention material on street-corners, in alleys, in single resident hotels, and in bars and clubs. She explained that “these were scary times, but sadly not too different than today. The police would harass us, even cite us for prostitution or

² In keeping with anthropological conventions and the University of California, Berkeley’s Committee for the Protection of Human Subjects requirements, all interviewees, informants, and interlocutors have been given pseudonyms. However for this opening scene actual names are used, since the event was a public forum and many of the activities and comments were described and published in local media (eg. Bay Area Reporter October 21, 2010; McMillen, Dennis. October 28, 2010).

³ Quoted from the mission Statement from the Transgender Law Center. <http://transgenderlawcenter.org/cms/content/history-and-mission>

⁴ Quoted from the mission Statement from the Trans Thrive. <http://www.transthrive.org>

other quality of life violations, just for passing out condoms and teaching Girls how to protect themselves. I mean how to protect ourselves!” Chung asked the crowd to remember how trans women struggled not only for survival amid the AIDS crisis but for respect and dignity and to live lives “as the we people we are.” She then turned to the current work with which Tita Aida was involved and commended her work at Trans Thrive and her volunteer service on various city commission and community advisory boards. Then she exclaimed, “Here she is, my sister – excuse me – my bigger sister!” The crowd roared with laughter as she announced, “Tita Aida!”

“Good evening everyone!” Tita Aida began with a heartfelt smile. “And yes Cecilia is right AIDS made me, made me who I am today and the work I do. Now, everyone knows what Tita Aida means right?” She paused. “Well,” she declared, “Auntie AIDS. Yes, that’s right Auntie AIDS.⁵ I’m am that nice Aunt you can come to with any problems and questions about anything – and I mean anything. Here I am...” In her acceptance speech Tita Aida described similar events and themes as did Cecilia Chung, such as struggling against prejudice and hatred to live their lives proudly and with dignity as trans women. She reminded the crowd that she began her work with trans communities at a time in which trans women were often harassed, detained, cided and even arrested for being on the wrong corner, at the wrong time. Tita Aida explained that trans women are frequently accused of being engaged in illegal activities when simply, “we were just going about our business. You know everyone thinks us Girls are up to something bad.” She paused and then sarcastically replied to herself, “Well, sometimes we are, but bad meaning good, alright!” She snapped her fingers. The crowd roared with laughter. Then Tita Aida called upon those present to stand up for equality and social justice for trans communities, telling us not to forget trans history and to remain vigilant in the struggle for justice. Closing out her speech, she told us that the award wasn’t about her, but about all those who have been lost to AIDS and those who continue to work to keep the trans* community safe and healthy. Raising the award high above her, she asserted, “This is for the Girls, *my* Girls, the next generation who are continuing this work. Let me introduce them right now. Come on up,” she exclaimed. She called out half a dozen names and a racially and ethnically diverse group of Girls in their early to mid twenties joined her on stage. Turning to them, Tita Aida declared, “Look at these Girls. They are the T-LISH⁶ girls, Transgender Ladies Initiating Sisterhood. That’s right! I’m so proud of them. Aren’t they beautiful? They *are* the future. Our future!” The crowd erupted in applause.

There are many things that the stories of Cecilia Chung and Tita Aida make me want to think about. The ethnography that follows is an attempt to engage a few. Undoubtedly, both Cecilia Chung and Tita Aida point out the forceful role that AIDS has played in shaping trans* lifeworlds. They ask us to see that trans* identifications, politics, and socialites cannot, and ought not, be divorced from the effects of the biological-social⁷ crisis of AIDS. Both highlight

⁵ The term, “Tita Aida,” is what might be called a creolization, combining Spanish (“Tita”) and Tagalog (“Aida”). “Tita Aida” is well-known title in Filipino queer and trans cultures as Manalasan describes in the last chapter of *Global Divas: Filipino Gay Men in the Diaspora* (2003).

⁶ See the T-LISH website (Transgender Ladies Initiating Sisterhood) at <http://www.apowellness.org/tlish.html>

⁷ Throughout I will employ the term biological-social in ways I have learned from Haraway’s use of compound words, such as “material-semiotic” and “nature-culture.” By employing biological-social, I want to highlight and always keep in mind, but more so in tension, that the relationships between what is termed the “biological” and what is termed the “social” is co-constitutive. Each term gains meaning in relation to the other, and yet at the same time the meanings and effects of each term cannot be totalized by the other. In other words, HIV and

that some of the earliest trans* community institutions were built by trans women who organized to take care of each other during sickness and death. As well, the event itself evidences, what I call, following Warner (2002), the creation of a “counter public;” that is, a space of celebration and vibrancy that is created over and against a dominant regime of heteronormativity that de-values trans* and gender variant lives as pathological and even unlivable.

Both Cecilia Chung and Tita Aida also compel us to consider questions of kinship and of care, and the relationship between them. For instance, the term sister was invoked frequently – between Cecilia Chung and Tita Aida, and in the name of the T-LISH Program itself (Transgender Ladies Initiating Sisterhood). It appears as if modes of belonging and affective relations are articulated and practiced through the languages and categories of what anthropologists have long called kinship structures. Yet this is not a kinship which binds its subjects through blood – birth – or law – marriage – but perhaps by what Schneider (1980) might call an “enduring solidarity.” And the question of the law in relationship to trans* lives is raised in another way. Both Cecilia and Tita Aida describe the precarious status that many trans* and gender variant persons have in relation to agents of juridical power, in this case the police and the rise of a new form of profiling and criminalizing, which interlocutors have called “walking while trans.” Finally, in Tita’s Aida’s closing comments, she compels me to think about the question of beauty in relation to surviving and thriving. What it is to be beautiful or to live beautifully? How does one come to be, or to do, so, and be recognized as such, through what kinds of norms, and by whom? And what does being beautiful have to do with perseverance and futurity? What is the relationship between a beautiful life and a life that is opened to a future?

There is, however, a much more over-arching question about the conditions of contemporary life that Tita Aida, “Auntie AIDS,” compels me to ask. How has a pathogenic actant, HIV/AIDS – which has caused untold sickness and death, given rise to new and old patterns of stigma, hate, and violence, and posed unanswerable questions to science, medicine and public health – create who one is, confer identity, and create *communitas*; in other words, how is it that HIV/AIDS has produced new, if not “emergent, forms of life”?⁸ How can this be? It is this *vital paradox* of a retrovirus and its associated syndromes that my ethnography seeks to account for as it explores how trans* lives come to be made and unmade in the time of AIDS at the dawning of a third millennium.

AIDS are both irreducible biological entities and social entities, and at the same time the co-constitutive interaction between the biological and the social create what HIV/AIDS is in the lives of humans. For discussion of Haraway’s use of compound –word concepts, see Haraway (1992, 1999, 2004).

⁸ I borrow this term from Fischer (2003)

1 [SYMBIOGENESIS] When pathogens, power, and people mix

Disease is not a variation on the dimension of health; it is a new dimension of life.
— Georges Canguilhem, 1966

*If disease is an expression of individual life under unfavorable circumstances,
then epidemics must be indicative of mass disturbances in mass life.*
— Rudolf Virchow, 1848

*...there was another dream of the plague: a political dream in which the plague is rather the
marvelous moment when political power is exercised to the full.*
— Michel Foucault, 1974-75

*The plague-stricken town, traversed throughout with hierarchy, surveillance, observation and
writing; the town immobilized by the functioning of an extensive power that bears in a distant way over all
individual bodies – this is the utopia of the perfectly governed city.*
— Michel Foucault, 1979

*It is no longer a matter of referring to “a” or “the” epidemic, for “epidemic” has lost its article...
It has lost its discreteness and specificity and become a condition, no longer an object
of knowledge but a contemporary epistemic condition of articulation. Hence the effects of
epidemic are to be found throughout contemporary discourses on bodies, pleasures, sexualities, sexual
arrangements, forms of erotic exchange, the production and marketing of zones of erotic safety, the
juridical construction of bodies in relation to the state...*
— Judith Butler, 1996

*... we find far less work on ... those lives lived in the “shadow of an epidemic,” the lives of
women, transgenders, and queers ...*
— Judith Halberstam, 2005

How can “we” ... imagine our vulnerability as a window onto life?
— Donna Haraway, 1989

Power, (trans)gender, and the question of life

What is the force of epidemic in contemporary life? Western style modernity has been characterized in broad epochal terms as an era in which biological capacities of individuals and populations have become at once both target and objective of technologies of power, ranging from strategies of governing collectivities to modes of cultivating personhood and creating solidarities (Foucault 1978, 2003; Haraway 1991, 1997; Rabinow 1992; Rose 2006). Foucault names this modality of power “biopower” and describes it as a force, which has brought “life and its mechanisms into the realm of explicit calculations and made knowledge-power an agent of transformation of human life” (1978: 143). Life is a double – both object of study and target of intervention. Life forms and life processes – ranging from the molecular to the ecological – are intimately and prolifically observed, studied, measured, evaluated so that they might be controlled, managed, fostered, optimized according to regulatory norms of health, of sex, of nation-race, of species.

HIV/AIDS, or what has been termed a, if not *the*, modern plague, has brought to the fore, and perhaps to the breaking point, Foucault’s contention that what is at stake in modern politics

is “the naked question of survival” (1978: 137). Though one of the least commented upon “scandals” and cruel ironies of Foucault’s *History of Sexuality*, according to Butler (1996), is Foucault’s claim that beginning in the eighteenth century the “menace of death” in the form of “epidemics” have “ceased to torment life so directly” within industrialized western european worlds (Foucault 1978: 142). However over two hundred years later the transnational appearance of the pathogenic retrovirus, HIV and its related syndrome of diseases, AIDS, in the early 1980s and its ongoing impacts across the global, reminds us that not only do infectious diseases and their epidemic potentials continue to threaten human life, but multifarious contemporary technologies of power, targeting as they do the biological, draw upon, if not require, epidemic threats for their force, organization, and rational.

The late twentieth and early twentieth-first century in the United States, we might have witnessed, is a time in which traditional understandings of identity in relation to sexed morphology and gendered affect have become troubled, and in many ways sex, gender and the body and their relationship have become de-stabilized as no longer standing in linear relationship of equivalence. The triad, sex-gender-body, might be said to have become problematized, understood in Rabinow’s terms as an “event” but often as a process in which “classifications, practices, and things” which were once thought settled and even commonsensical, if not natural, have become open to ethical and political questioning and social reformation (Rabinow 2003: 67) . Certainly, much academic scholarship has taken up questions critical of this naturalized triad, which can be marked by the appearance of transgender as an identificatory, social, and political category. As the editors of *Transgender Rights* delineate it: “transgender issues have become a topic of serious and respectful inquiry in virtually every scholarly field, from medicine to political theory, and scholarly works by trans authors are now widely available” (Currah, Juang, & Minter, 2006: xiii).

However, just as equally important, and perhaps even more so for the anthropologist, is that the relationship between gender, sex, and the body has had a particularly salient and controversial social life outside academia. As Stryker, co-editor of *The Transgender Studies Reader*, notes “transgender” has moved “from the clinics to the streets” (Stryker, 2006: 4). Across the U.S. social institutions and political movements have arisen under the name of transgender. While at the same time, debates range across a variety of social fields about what bathroom trans* persons can use, if and how trans* status is to be legally recognized, can children be allowed to live their social lives in a gender other than the sex assigned them at birth, should transgender status be defined as a psychological disorder, what sorts of trans-related medical procedures ought to be covered by health insurance, and can trans* individuals marry, serve in the military, or even become girl scouts.

As well, the contemporary world teems with accounts testifying to horrific violence and murder perpetuated against trans and gender variant persons often in what has been termed “over-kill;” that is, bias-related violence that is characterized by serve brutality and multiple serious injuries. These instances teach us that questions of justice are not only about the achievement of equality and rights, but about interrogating the very status of “the human” and what role normative schemes of gender/sex play in defining what lives become qualified as human, or what Butler (2006) has described as a life worthy of being lived and a life whose death counts as the loss of a life that can mourned. This question of the relationship between mourning and the recognition of a human life might why the largest trans* community event in

the U.S. is “Transgender Day of Remembrance,”⁹ a date set aside each November to memorialize those who have been killed due to anti-trans violence.

Taking up questions concerned with the status of life and the status of “the human,” this ethnography investigates the relationship between the social emergence of gendered lives, termed transgender, and modern technologies of biopower, and how they are sutured together by the “critical event” of AIDS.

AIDS in the making and unmaking of trans identities

What might we take as the starting point for thinking about the relationship between AIDS and transgender identification, politics, and social worlds, and what evidence is there to make such a connection? As the opening vignette bears witness to, AIDS and trans* lives are intertwined in truly fundamental ways. For instance, identifiable transgender social movements and public cultures emerged, and became named as such in the US amid the crisis of AIDS during the early and mid 1990s.¹⁰ It is perhaps not a coincidence that both the time of AIDS and the social category of transgender emerge seemingly in tandem. Indeed time and again, I have been told that it was AIDS which led to certain aspects of trans* visibility.

Let me share just three brief accounts here. A well-known trans* activist and scholar explained it like this: “Many of us got our first experience in political organizing in the days of ACT-UP and Queer Nation. It was the rage of those times that spurred us, and that transgender issues were often ignored by LGBT politics of the time (the late 1980s and early 1990s).” She explained that some of the first visible trans* activist groups, such as Transgender Nation, emerged out of queer politics around AIDS as well in response to the limitations of ACT-UP’s and later Queer Nation’s engagement with gender diversity. This account echoed an earlier conversation I had with one of the first trans-identified public health researchers in the United States who explained what she called her “second coming out.” “I was living an ordinary life in the suburbs, what we call stealth, as if that is really possible. (She laughed). But all this changed for me when I began to see all the devastation AIDS was causing to transgender women, my sisters. I changed my job, moved, changed my whole life, to do what I could do to fight the epidemic.”

Later a close interlocutor and friend who worked on San Francisco’s ground breaking 1994 report, *Investigation into Discrimination against Transgendered People* (Green, 1994), told

⁹ See event website: <http://www.transgenderdor.org/>

¹⁰ A number of writings on trans histories have described the emergence of transgender as an identity, social, and political category as occurring in the early 1990s. Although, during the 1970s, the term “transgenderist,” was coined by Virginia Prince, it did not circulate as widely. As well there are some important differences to consider between the two terms. Transgenderist was meant to refer to identities that fell between “transvestite” (a person who cross-dresses, often described in the language of psychiatry as doing so for erotic fulfillment) and “transsexual” (a person who undergoes genital surgery). Both transvestitism and transsexuality are concepts that were developed within medical-psychological discourse. Transvestite was formulated by Dr. Magnus Hirschfeld in the early twentieth century, and transsexuality was formulated by Dr. Harry Benjamin in the mid twentieth century. In many ways, both transgenderist and transgender were developed in resistant to the hegemony that medical and psychological categories had over defining trans experiences and identifications. However, transgender, unlike transgenderist, was meant to refer to collectivized struggle for social, political, and economic justice for gender variant and gender nonconforming persons. The first public declaration of transgender as a social and political category has been identified with the 1992 pamphlet written by Leslie Feinberg, *Transgender Liberation: A Movement Whose Time Has Come*. Some histories of trans* experiences and identifications include Benjamin (1966), Califia (2003), Denny (2006), Hirschfeld (1991), Feinberg (1996), Meyerowitz (2002), Stone (1992), Stryker (1999, 2006, 2008) and Valentine (2007).

me in no uncertain terms that it was the sickness and death caused by AIDS that drew the attention of city officials to the needs of trans* residents. “I don’t think anyone, unless you were there, can fathom all the loss that we experienced. Look around, why do you think there are so few trans* female elders. They aren’t living stealth. They just aren’t here. They’re gone. They’re dead. AIDS has destroyed the transgender community, trans women. And what makes it even worse is that we weren’t being counted. No one knows how many of us have died and how many are still dying because there are no records being kept. The city’s (HIV/AIDS surveillance) forms do have a box now to check – MTF or FTM, but still must providers don’t ask, and who is really going to disclose their status given all the discrimination and harassment, and there are no national records. We are counted as ‘MSMs’ (men who have sex with men). But we are trans women. A lot of this is why the city held hearings in 1993, to bring attention to the discrimination and violence and deaths. Later, the ‘TG’ clinic was opened in the City, and why we started community events like the Trans March was to say we’re here you can’t forget about us – and it was because we were dying, but also because – like with the Trans March – we wanted to also celebrate our lives and communities. But you can’t tell this story of trans politics without the AIDS losses. You just can’t. And to do so would be to erase all those who have died, all our losses, and those who struggle against the epidemic today.”

Though, it is not only ethnographic accounts that point to the intertwined relationship between AIDS and trans* identities and socialities. Much public health statistical research has found that transgender women constitute one of the most vulnerable communities for HIV infection. In 2000, the Centers for Disease Control reported that transgender persons had the highest prevalence among all gender and sexual identities (Valleroy et al: 2000). In 2008, the largest meta-analysis study to date of published data on trans populations and HIV/AIDS analyzed twenty-nine studies and found that 27.7% of trans women tested positive for HIV (Herbst, et al. 2008). This is in contrast to 1 in every 250 persons estimated to be living with HIV in the United States population as a whole (Centers for Disease Control, 2009). Rates among trans women, particularly for African Americans, over half are reported to be HIV positive, constitute some of the highest rates ever reported in the history of HIV/AIDS in the United States (Clements-Nolle, et al. 2001). The State of California has identified trans women as a vulnerable group, experiencing extremely disproportionate rates of HIV/AIDS and has called upon the State’s public health community to develop relevant and sensitive programs (California Department of Health Services: 2006). The Center of Excellence in Transgender Health, a nation-wide program at the University of California, has asserted that HIV has had an “enormous impact ... on local communities” and that there is an “immediate need for HIV prevention among trans populations” (Gutierrez-Mock et al, 2009: 4).

Although this ethnography will make a series of claims how what has been called the epidemic of AIDS and trans* identifications and trans* social movements have emerged contemporaneously, if not constitutively, I must also ask some questions critical of this very approach. What sorts of limitations for thinking about trans* identity, sociality, and politics arise when the emergence of transgender as social category is linked to the biological-social crisis of AIDS; that is, to sickness, disease, and death? I am well aware that the emphasis on AIDS can have a variety of unintended and perhaps detrimental consequences. For instance, in conversations with interlocutor-informants it was stated time and again the focus on AIDS has often led to a deprioritizing of other concerns facing trans and gender variant persons. This is often the case for health and social programs for trans and gender variant masculine persons, who at the time of my research are not considered to be a “high-risk” HIV/AIDS population.

Many trans* guys expressed that there were very few programs that addressed their needs. Their concerns are often rendered invisible when the primary issue facing trans people is said to be AIDS. This social fact is something that I take very seriously, and acknowledge as a limitation in my ethnography, which is centered on the lives of trans women and gender variant feminine persons.

Trans women also expressed concern about the constant association between trans* status and HIV/AIDS. Some women told me that they felt stigmatized as carriers of disease. Other women explained that the linking of AIDS to trans* status even restricted their life possibilities and employment opportunities. “Lidia,” an asylee from Central American, described being under-employed. “I’m an architect. I have a college degree. I passed architectural exams in my country. I am certified. But the only work I can get here is passing out condoms and leading groups or doing (lip-synch) shows. But it’s not for me. It sucks. I’m shy. I’m not a performer!”

One of the tasks I have in what follows is to both bear witness to the deep impacts that AIDS has had on trans* lives while at the same time not reduce trans* lives to a diseased condition. This is of course particularly salient given the long history of gender variance being diagnosed as a mental health illness, given names such as “gender dysphoria” and “gender identity disorder” (Califia, 2003; Meyerowitz, 2002; Singer, 2006; Spade, 2003; Stone, 1992). I approach this tension by trying to remain vigilante to the effects of AIDS while also pointing out the limitations of understanding trans* lives through a model of disease. In many ways I am caught in another paradox, indeed the paradox of AIDS in trans* social movements. AIDS has been a means through which trans* lives have gained a certain kind of visibility, and AIDS has afforded a language through which particular kinds of political claims on behalf of trans* communities can be asserted, while at the same time the primacy of AIDS can erase the fullness and vibrancy of trans* lives as well as obfuscate other pressing concerns. In the midst of these tensions, I will argue that trans* lives cannot be reduced to the experience of AIDS but nor can the emergence of contemporary trans* identities, modes of embodiment, and political movements be divorced from the biological-social impacts of AIDS. This is just one of the contradictory effects arising out of the relationship between pathogens and people or what I am calling the *vital paradox of epidemic*.

Epidemic as vital paradox

Contemporary social worlds, assembled together by apparatuses and technologies concerned with security, risk, and surveillance, teem with warnings of present or future epidemics (Braun, 2007; Briggs 2011; Dry & Leach, 2010; King 2002, 2004). We are constantly being told to be on guard for the next “coming plague” (Garrett, 1995). Headlines clamor about SARS, Avian and Swine Flues, Ebola, and pandemic influenza. Even conditions that are not thought biologically infectious are referred to in the often sensationalist language of contagion, such as the epidemic of obesity, epidemic of suicide, epidemic of violence, epidemic of drugs to name but a few. We might say that epidemics have become awfully endemic in contemporary times.

It is precisely out of the contradictory conditions of the epidemic gone endemic that the phenomena of AIDS emerges, for although AIDS is referred to time and again as an epidemic, it does not seem to fit the traditional definition or follow the conventional narrative. As historian Rosenberg (1989) has argued, epidemics can be understood as a kind of “dramaturgic event” or episode that follows a chain of progressive or “revelatory” phases. First, there is hesitation

and often resistance on the part of authorities to accept and acknowledge mounting sickness and death. Once the threat of infectious disease has been acknowledged, it is followed by a second phase in which the apparent randomness of an outbreak is explained, and indeed ordered, by the terms of dominant moralities, political authority, and scientific knowledge – although these three spheres of influence may rarely find themselves in agreement. Lastly, there is need for public response that promises control of disease and the re-establishment of an ostensible healthy social order.

Although the early appearance and responses to AIDS might seem to have followed, at first, the phases of a “dramaturgic” episode or what Wald (2008) terms an “outbreak narrative” or what Fee and Krieger (1993) call a “gay plague model,” AIDS remains a biological-social emergency whose influence has continued across time and space – we are now its third decade, all nations have reported cases, and there are a variety of entrenched transnational and often highly bureaucratic organizations that have been established in response to HIV/AIDS, bringing with them a whole new alphabet of acronyms, such as PEPFAR and UNAIDS.¹¹ Perhaps AIDS, the epidemic, is less an event or episode than an enduring predicament.

This ethnography opened with a question concerning the paradoxical force of epidemic in contemporary life worlds – how can AIDS, which has caused such extensive sickness and wholesale death across multiple social worlds also be a generative phenomena giving rise to new forms of identity, bodily being, and collectivity? My experience in the field of AIDS beginning with work at an AIDS Buyers Club¹² in the mid 1990s and continual involvement with communities highly impacted by the disease in San Francisco starting in the late 1990s, a time known as the “second-wave of AIDS,” (Cochrane 2005, Gross, 1993) have led me to think that epidemic might be understood along the lines proposed by Singer (1993) as a “proliferative logic.” In a short, but highly provocative text, *Erotic Welfare: Sexual Politics in the Age of Epidemic*, Singer argues epidemic conditions, such as AIDS, supply a cultural logic that assembles and brings together bodies, actors, institutions as targets of political, government and citizen-making technologies, which are concerned with the regulating and managing of the biological life of individuals and populations. Building upon Foucault’s insight that biopower is productive and constitutive, Singer argues that deployments of biopower are tricky, for they enact a temporal reversal. Technologies of biopower do *not* take hold of already existing objects and bodies, rather they produce the very subjects and objects they come to regulate. In short, biopower is at once, at same time, constitutive and regulatory, it generates and multiplies, controls and manages the very objects it is claimed to only discover.

As a phenomenon that is represented in the terms of epidemic, AIDS comes to function as a vital paradox in another way. Although it gives rise to death and sickness, it incites mechanisms of intervention, discipline, and control. Singer argues the potential for sickness and ill-health posed by epidemic – indeed very the threat of death that Foucault argued has ceased to

¹¹ PEPFAR stands for the unilateral program, “President’s Emergency Program for AIDS Relief” and UNAIDS stands for the multilateral program, “Joint United Nations Programme on HIV/AIDS.” For critical analyses of some of these programs, see: Cohen (2005), Epstein (2008), Patton (2002), and Pisani (2009).

¹² AIDS Buyers clubs were organized by people living with and/or affected AIDS in the 1980s and 1990s. These grassroots organizations served many roles. They were a clearinghouse for up-to-date prevention and treatment information. They provided access at reduced prices to nutritional supplements, alternative and underground treatments, and conventional medications. They offered social support in forms of peer-led groups and political organizing. For a description of their work, see: Crimp (1988, 1990), Epstein (1996), Martin (1994), Treichler (1999).

torment life so directly – authorizes techniques of biopolitical control and management, which, in turn, produce and organize, discipline and control bodies, subjects, and populations. “An epidemic,” she describes, “is a phenomenon that in its very representation calls for, indeed, seems to demand some form of managerial response, some mobilized effort of control” (Singer, 1993: 27). As well epidemic as a logic can be “used to justify any number of interventions into the lives of bodies and the forms of exchange in which they move as well as to provide an occasion around which to mobilize social assets and resources” (Singer, 1993: 29). AIDS supplies a “panic logic” (Singer, 1993: 27) that demands an immediate, extensive, and often dramatic response. By authorizing the control and management of individuals and populations in the name of health, AIDS makes it possible for new modes of discipline and regulation to intervene at some of the most micro and macro of scales – biologies, bodies, subjectivities, populations, nations, and other lived environments and biospheres.

As a proliferative logic then, AIDS might also be thought to provide a specific kind of “rationality,” to borrow the term from Rabinow (1992), for authorizing deployments of power within biopolitical regimes. As he states in the introduction to *Essays in the Anthropology of Reason*, the AIDS epidemic produces “new objects, subjectivities, and alliances” (Rabinow, 1996: xi). AIDS in many ways offers a reason for the regulation and management of bodies and population at biological scales of both the molecular and the ecological all in the name of health security, and at the same time AIDS offers the occasion for new forms of relationality, solidarity, and subjectivity to emerge that often arise up in the name of health and life against the very biopolitical apparatuses that seek to control them. This is yet another paradoxical characteristic of the paradox of epidemics – as a vital force epidemic instantiates modes of discipline and regulation as well as provides the very terms and subjects for re-articulations and de-stabilizations of political power.

Another way to consider the paradox of epidemic as a vital force can be understood by thinking about AIDS within the terms of a “critical event.” I draw the term, “critical event,” from Das (1996) who delineates the concept in the context of India’s partition and the violence that followed in its wake. She describes a critical event as a historical moment, perhaps an upsurge of energies amid a “state of emergency,”¹³ in which a convergence of social and political forces transform day to day life and the previous ordering of lives and things is no longer possible. A critical event reassembles how people understand the nature of reality, their life possibilities and limits, and what constitutes justice amid conditions of precarity. I loosely borrow the term as a way to think about the situation of trans* communities in the late 1990s and early 2000s. Understanding AIDS as a critical event in the emergence of transgender life affords a way to address how “new modes of action come into being,” “new formations of community and culture” are engendered and new “political actors” arise on the “public scene” (Das, 1996: 5-17). As I argue, transgender, understood as category of identity and social movement emerges amid the AIDS crisis, and in many fundamental and generative ways, the AIDS crisis among trans* individuals is a critical event: it has forced open questions of who lives, and who dies, under what sorts of conditions, and why, and asks what roles do norms of gender play in the distribution of vulnerability.

¹³ I am thinking the concept “state of emergency” along the lines described by Walter Benjamin (1968), and discussed by Michael Taussig (1989) as contemporaneous with conditions of contemporary life. “The tradition of the oppressed teaches us that the ‘state of emergency’ in which we live is not the exception but the rule” (Benjamin, 1968: 257).

AIDS, the biological-social phenomenon, is a proliferative force generating new possibilities for conceiving of identity, bodily being, politics, and connection that often run counter to the very biopolitical governing strategies that seek to regulate and control bodies and populations. As in the ethnographic accounts I provide here, AIDS has offered an occasion for staking claims for political rights, to health, to survival by and for trans* communities, understood in the logic of epidemic as a vulnerable community. It is over and against the losses and devastations caused by AIDS that many trans* individuals have made claims to life, enacted a will to live, and asserted to being lives that vitally matter contra a regime of sex-gender which often deems queer and trans* lives diseased, if not unviable.

In short, epidemics, though pathogenic, are not only destructive. Amid pathos of sickness and death, they often acquire creative, if not instigative, force, giving rise to worlds and peoples and things. In their wake new modalities of power are incited; new bodies and identities are engendered; new institutions, political struggles, and governing strategies are fomented.

Methodologies and terms

My research has had many phases and has taken shape over the course of many years. In the Summer of 1999, I began an internship with the STOP-AIDS Project in San Francisco as part of my Masters in Public Health coursework. During my internship, I acted as a peer educator, distributed condoms, and conducted key informant interviews with men who sex with men, self-identified gay guys, and trans women. I engaged in street-based HIV/AIDS outreach in a variety of San Francisco's neighborhoods, including the Castro, Mission and Tenderloin, known as San Francisco's red-light district and home for many low-income queer, trans and gender variant persons. During this time I became known as the "condom guy" among many trans women in the Tenderloin for I often dropped off supplies of condoms and lubricant for the City's condom distribution program in venues throughout the neighborhood. In the Fall of 1999, I conducted a three month research project for a graduate course in qualitative methods. I interviewed trans women about their AIDS concerns and health issues, and began to collect oral histories about life in the Tenderloin. Through this formative research project, I came to realize that perhaps there was a potential for a much larger project, which could include long-term ethnographic fieldwork in the neighborhood. My interest was further piqued when I began reading preliminary findings from the first large-scale epidemiological study of trans health, *The Transgender Community Health Report*, which was being conducted by the San Francisco Department of Public Health (SFDPH). It found that close to 35% of the "transgender MTF" study participants tested HIV positive,¹⁴ a number that astonished most public health authorities but was not at all surprising to the trans women with whom I spoke.

This epidemiological study was pioneering in many ways. Not only was it the first large scale study of trans* health, but the mode of knowledge production diverged from most conventional public health research during this time. The SFDPH study included principles and methods of community-based participatory research (Clements-Noelle & Bachrach, 2003; Wilkinson, 2006). For instance, trans* individuals were not objects of study, but were included as experts in the design, implementation, and analysis of research. As well, the study marked an important turning point in how trans women were conceived of, if not constituted, within public health discourse. Prior to this study, most all other research conducted on (and the preposition "on" is important here), identified trans women in terms that were often derogatory. In published

¹⁴ Parts of the study were published as Clements-Nolle et al. (2001a) and Clements-Nolle et al. (2001b).

research, study participants were referred to as “transvestites,” “transsexual prostitutes,” and/or “cross-dressers,” not terms by which study participants would probably identify themselves. However, the SFDPH study employed the term transgender, and in my review of the literature, this marked one of the first times the term transgender was used in public health research. As well, the study did not refer to trans women as “vectors” of disease, “reservoirs” of infectious agents, or “bridges” of HIV to the general population as were conclusions reported in prior studies published in well respected public health and HIV/AIDS research journals.¹⁵ Rather the SFDPH study described trans women as being a vulnerable HIV/AIDS population due to social inequalities, such as poverty, transphobia, and lack of access to health care. The study moved from a *carriers of disease* model to a *social production of disease* model. I understood the study as marking an almost “epistemological break” within public health discourse, and I wanted to investigate what effects this change would have on the production of authoritative knowledge about trans* individuals and AIDS more broadly. At the same time, I was interested in knowing what trans women thought of this newfound interest of public health on their lives, how they responded to the “gaze” of medical authorities, and in what ways, if at all, they thought that this study could change the conditions of their life.

This set of earlier questions lead me to pursue medical anthropology and in 2005, I embarked on a multi-year ethnographic study, some of whose findings are documented here. While conducting fieldwork in San Francisco and after, I have volunteered and worked with many trans and LGBT organizations, including Asian and Pacific Islander Wellness Center, EL/LA Para Translatinas, the Transgender Law Center, and the LGBT Center. I also served on the first community advisory board for the Center of Excellence in Transgender HIV prevention, a joint program between UCSF and California’s State Office of AIDS. As well I live only a few blocks from many fieldsites and continue to run into and talk with informant-interlocutors. Hence, the distinction between research and day-to-day life has not always held firm, which is perhaps always the predicament of anthropology.

My fieldsites have been varied. I conducted urban ethnographical research in the neighborhood of the Tenderloin, a low-income area in central San Francisco and one of the city’s culturally diverse neighborhoods. It is known as the city’s red-light district and one of the City’s hardest hit neighborhoods by AIDS. Public health authorities have described it as an “epi-center of the AIDS epidemic” that “is geographically the intersection of all HIV/AIDS sub-epidemics in San Francisco” (MacFarland, 2003). At the same, the neighborhood has a long history in the formation of vibrant queer and trans* communities and public cultures (Members of the Gay and Lesbian Historical Society of Northern California, 1998; Silverman & Stryker, 2005; Stryker 2008b, 2008c). Since at least the early 1960s, the Tenderloin has been home, work-site, and center of social life for trans and gender variant persons, particularly those who are low-income and (im)migrants looking to create a new, and hopefully, better life in the City, which is often portrayed in many imaginaries as offering refuge for gender and sexual diversity. I conducted semi-structured taped interviews, oral histories, and engaged in informal conversations with residents, business owners and employees, and people who socially gather at neighbor venues, businesses, and social agencies. I became a regular at a bar and nightclub that caters to trans

¹⁵ See for example: Boles & Elifson (1994), Elifson, K, et al. (1993), Galli, M, et al. (1991), Modan, et al. (1992), Varella, D et al. (1996), Wiessing, Lucas, et al. (1999).

women and their friends, and to whom some interlocutors referred to as “their admirers.” I have given the bar and nightclub, the name “Rani’s.”¹⁶

In addition, I conducted two years of observations and interviews at the nation’s first public health clinic to provide a primary care and hormonal treatment program for trans* and gender variant individuals. Opened in late 1993, the clinic has seen over 1200 patients and their protocols of care have become a model for trans* care across the nation. The “TG Clinic,” or “the Clinic” as I will call it here, is part of a large public health center that for over forty years has provided the city’s pioneering healthcare for the homeless program, which offers multidisciplinary care, drawing upon harm reduction principles, for underserved populations in San Francisco. As well, I have taken part in many trans* political events and community celebrations, and have attended trans* health conferences in San Francisco, Sacramento, Los Angeles, and San Diego as well as nation-wide conferences in Washington, DC, where I have given presentations and interviewed researchers, advocates, and community leaders.

A large part of my ethnographic practice and writing has been informed by the writings of the post-colonial feminist theorist, poet, and film-maker Trinh T. Minh-ha (1982, 1989, 1991, 1999, 2011). She has cautioned against pretenses of ethnographic authority and has introduced the concept of “speaking-nearby”¹⁷ as a representational, and indeed, ethical practice. Rather than speaking for or about those whose stories I share here, “speaking-nearby” is a practice that refuses representational authority to give the final word or a complete summing up. “Speaking near-by” necessitates a dialogic relationship of situatedness in which knowledge claims are always, already partial and mediated, and open for revision and re-telling.

There are three key terms I employ here to identify my interlocutors and informants: transgender, trans, trans*, and Girls. Transgender, as what might be termed an emerging category, is not settled in the slightest. The editors of the two most influential volumes in recent trans* studies, *Transgender Rights* and *The Transgender Studies Reader*, have underscored that transgender is a term whose meanings and modes of inclusion vary across context and temporality. The editors of *Transgender Rights* note that “transgender is an expansive and complicated social category” (Currah, Juang, & , Minter, 2006: xv) and Susan Stryker and Stephen Whittle (2006) in their introductions to *Transgender Reader* note that the definitions of transgender are still being resolved across a variety of social and cultural fields. David Valentine (2007) has written an important study of the emergence of transgender as a social category and the institutionalization of the term, which he argues has had contradictory effects. Although the term is meant as a term of inclusion, Valentine has found that the lived realities of many poor trans feminine persons of color are often obfuscated and erased in the values attributed to the term and the norms of inclusion it requires. He argues that many who might be hailed under this term are actually “left out of an imagined future of justice and freedom frequently understood as enabled as this category” (Valentine, 6). Recognizing the contradictory effects and limitations of transgender, I will employ it with deep reflectivity, in what Scheper-Hughes (1992) might call a “good enough” fashion. As used here, I understand transgender in the broadest ways to “refer to

¹⁶ In Hindi, Rani means queen. Often times, Girls will refer to one another as ‘queen.’ I thank my dear friend, Rani Neutill, for reminding me of this transliterative semiotic fact.

¹⁷ I am also drawing upon lively conversations with the medical anthropologist, Lucinda Ramberg, who describes “speaking-nearby” as one mode of her ethnographic practice in South India among women devoted to the goddess Yellamma. See Ramberg (2006).

individuals whose gender identity and expression does not conform to the social expectations for their assigned sex at birth.”¹⁸

Transgender women, or MTF transgender women, is a term many of the social-service providers use as well as some interlocutor-informants to refer to individuals who were defined as having the natal sex of male, but whose gender identification and expression is feminine. Also more recently some community leaders and researches have suggested the term, trans feminine persons, as better reflecting the range of gendered identities, expressions, and bodies, to which the category transgender women is said to refer. As well the term trans feminine is meant to call attention to the normalizing effects of the category of transgender women which could have the unintended consequence of reifying a regime of binary gender which devalues lives that do not, or cannot, inhabit the regulatory categories of man and women. As a young twenty something, interlocutor expressed as she look around the bar and night-club, Rani’s. “Hell none of us are women up in here. We’re just a bunch of Girls trying to make our way.” However, since the term trans feminine or trans female does not, at the time of this writing, circulate widely in the communities in which I work, I am resistant to use it, worried that it might turn out to be yet another identity category forced upon “subjects” by health and medical “experts.”¹⁹

Trans* is meant to reference another way to think of transgender status as lives that are always in a process of becoming in terms of bodily being and spatial positioning.²⁰ For instance, many of the interlocutors and informants whose stories are shared here are (im)migrants coming to the US and San Francisco with the hopes of creating new lives. Many exist in a variety of citizenship and non-legal statuses – citizen, legal resident, undocumented or in common parlance – “alien.” As well, many of the women cycle in and out of the Tenderloin often as a result of migration or, as one social worker explained it, “the need to get away from the pressures and triggers of the Tenderloin. Some people find their home there, but it can be hard to sustain – drugs, violence, the fast life, quick money, but at the same time it’s hard to stay away, when you don’t have a legit job or place to stay.”

Trans* can also be understood in terms of bodily transformation undergone as a process of becoming. Many interlocutors explained that gendered embodiment takes shape as modes of living within, between, and even beyond binary categories of gender/sex for a variety of reasons, including material constraints, religious beliefs, political convictions, aesthetics, or pleasure. For instance, at the end of a three oral history interview over afternoon tea in her apartment, “Lisa” mused, “the way I think about it, the more I think about it, about my life, well I, am not about being a woman – that is not why I am at the TG clinic. For me being transgender is about exploring different ways to be who I am, which is not a women but not a guy either. I think it’s about exploring and finally realizing that none of the names have ever suited my life. They never did, I am someone else. Maybe there is no name.” She laughed, “expect... well, being super!” She smiled.

¹⁸ Currah, Paisley, Juang, Richard, Minter, Shannon Prince. 2006. *Transgender Rights*. p. xiv

¹⁹ This concern has been influenced, as well, by Foucault’s more extensive argument, in *History of Sexuality*, that the discourse of sexuality has been marked by increasing classification and specification of human life into specific categories of gender and sex; the normal and the perverse. As a form of knowledge-power, the discourse on sexuality operates as a kind of “incitement;” in other words, it has forced ever more speaking about and investigation of sex, and in so doing new subjects, bodies, and identities are constituted as objects of knowledge, discipline, and regulation. See Michel Foucault. (1978)

²⁰ For a discussion of some of the differences between transgender, trans, and trans-, see Stryker et al’s introduction in Special edition of *Women’s Studies Quarterly*, 2008

I find that the term, trans* helps me remember that identity and gender embodiment for many of my interlocutors is often lived as experiments with affect, expression, and bodily being. In many ways gender identifications become divorced from the strictures demanded by a naturalized logic of sexual dimorphism. This is not to claim that trans* is always, or must be, about resisting or transgressing the naturalized triad of sex-gender-body. Rather trans* is meant to be respectful of how bodies emerge contingently from interactions among biological capacities, social processes, cultural norms, economic constraints as well as well as the resignifying of gender, sex, and nation. In short, I employ the term trans*, as I have learned from Stryker who describes trans* as “the movement across a socially imposed boundary away from an unchosen starting point – rather than any particular destination or mode of transition ...” (Stryker, 2008:1). Rather than being anchored to origins or destinations, trans* names movements across and between boundaries. In the ethnography that follows, trans* is meant to reference movements across a variety of categories that have been in Stryker’s words “socially imposed,” such as travel across nation-state boundaries and movement between binarized gendered identifications and dimorphic bodily being . In this way I think trans* offers another set of provocations. It suggests that conversations about justice at both local and global scales ought to begin differently than they do today, diverging, if not resisting, the requirements that subjects of justice must be identifiable by an authorized nation-state and a categorized gender/sex.

Girls are the name that trans women and their familiars around whom my ethnography revolves, call one another, and I have been asked to do the same. As it is used by the Girls, the term is not meant to be diminutive, derisive, or derogatory but rather to express endearment, familiarity and affection. It is the term I will use, for the most part, in what follows. Important to note is that interlocutor-informants represented a diverse range of ethnicities and cultures, and used a variety of categories to self-identify, including, but not limited to, “transgender,” “trans,” “transsexual,” “girl,” “queen,” “T-girl,” “two-spirit,” “kathoey (lady-boy),” “mahu,” “gender-queer,” “woman,” and of course as T-LISH reminds us, “ladies.”

Chapters

The ethnography that follows can be read in two ways. First, in keeping with anthropological conventions, each chapter engages ethnographic findings with anthropological theories as well as insights gained from feminist theory, queer theory, the emerging field of transgender studies, and concepts of power and subjection, particularly as formulated in the writings of Foucault and Butler. As well, I offer a second way to read. Threaded throughout are vignettes that engage conversations I had over the course of my fieldwork with a key interlocutor-informant, I have named “Maria.” I have left these conversations – what I have termed *Maria’s Interludes* – as is with very little, if any, commentary. These vignettes can be read together as an unfolding story of our time together, or read separately as complimenting some of the themes I address in the chapter following a particular vignette.

First, this introduction borrows its name, Symbiogenesis, from the maverick theory of evolution as formulated in the writings of Margulis and Sagan (1986, 2002, 2002). Briefly, the theory of symbiogenesis argues that new forms of life emerge from intimate association (symbiosis) between organisms. In other words, sociality in the form of incorporations of, and entanglements with, non-selves generate novelty and diversity of lifeforms. I loosely borrow the concept and apply it to the biological-social worlds of *anthropos* in order to suggest that humans are always in a process of “becoming with” or what Haraway (2008) terms, a “becoming

worldly” with both human and non-human actants, such as viruses and microbes as well as biological-social forces, including technologies of power, political institutions, and asymmetric social relations which organize historically contingent and socially constituted forms of identity, bodily being, and modes of belonging and sociality.

In a related fashion, I named the opening vignette and accounts given by Cecilia Chung and Tita Aida, “In Medias Res,” because I want to suggest that human life emerges always in the middle of things. There is no *tabula rasa*; sorry Locke. Humans come into being amid already on-going worlds in which semiotic structures, social processes, cultural norms, and biological relations proceed and co-constitute recognizable forms that a life comes to inhabit. In short the term *symbiogenesis* is meant as a provocation to explore how an individual is never alone in the creation of a life nor are humans ever alone in the creation of lifeworlds, particularly amid what Singer terms the “age of epidemic” (Singer, 1993).²¹

Chapter two, *Genealogies*, engages anthropological history and the ethnographic record in order to argue that Anthropology since its reception can be read as being concerned with questions of gender and sexual variance, and how historically situated and culturally contextual norms of gender, sex, and the body shape possible forms of identity and embodiment. Introducing the metaphor of encounters across difference, I critically explore how anthropologists have written about and engaged gender and sexual diversity of their “informants.”

Chapter three, *Ecologies*, is informed by Hayward’s concepts of “enmeshment” (2008) and “milieu”²² (2010) which draws our attention how forms of (trans*) life and modes of survival emerge out of molecular and ecological relations and interdependencies among living and non-living actors, including social processes, affective relationships, the built-lived environment, and microbes. The research that underlies the chapter is based in urban ethnographic fieldwork in San Francisco’s Tenderloin, which has been designated by the U.S. Department of Health and Human Services as “medically underserved area” with a “medically underserved population.” The chapter tells a recent history of the neighborhood following the appearance of AIDS. I begin sharing some interlocutors’ reflections on past and present experiences in San Francisco’s Tenderloin, in order to address the question: what is at stake and for whom in how the Tenderloin and its trans* and queer inhabitants are remembered? The chapter also introduces another paradox. Although the Tenderloin houses most of the City’s social service institutions and programs, residents described that they are ignored and feel as if they are disposable. Some explain that they are often left to die in what was referred to as the “wasteland” or “dark hole” of the Tenderloin, or what Biehl (2005, 2007) might call a “zone of social abandonment”. It concludes by opening up this question of urban enmeshments and memory by asking what force do present interpretations of the past have on futurity, indeed the

²¹ However, a serious caution must be made about employing the work of Margulis when discussing HIV affected worlds. Margulis, a distinguished Professor at the University of Massachusetts and a member of the National Academy of Sciences, has made provocative, though unsubstantiated, claims about HIV and AIDS. She has questioned the existence of HIV and argues instead that AIDS is actually a form of tertiary stage syphilis. Although, I disagree with her claims about HIV and AIDS, I find her theory of *symbiogenesis* generative to think with when considering how bodies and lives are assembled out of interrelations and interdependencies at molecular and ecological scales and at the levels of the individual and the population. For Margulis’ views on HIV see: Margulis, Lynn and Sagan, Dorion (2007) and Teresui (2011).

²² For related ideas of milieu as a biological-social environment of molecular and ecological interactions which shape forms of life, see: Canguilhem (2000) and Cohen (2009).

future of the city, or what Lefebvre (1996) and Harvey (2008) pose as the question of who has a “right to the city.” In many ways, the chapters to follow might be understood as an attempt engage questions of trans futurities and the conditions of survivability amid an urbanity undergoing swift transformation and restructuring.

Chapter four, *Kinships*, considers questions of relationality, belonging, and affective relations of care. Many of the interlocutor-informants whose stories drive this ethnography have complicated, conflictual and often strained relationships with their family of birth. Often as a consequence of their transgender status, many women have been disowned from their families, have lost all kinship ties, and/or have become homeless as a result. This chapter begins by describing the ways in which transgender bars and other social spaces are transformed into “home” and the specific ways in which relationships among the women are articulated in the language of kinship: “mothers” and “sisters.” Building upon the long history of kinship theory within anthropology, I invoke feminist critiques of the gendered and heterosexual bias of many studies, to argue that transgender mothers and sisters not only constitute material, livable categories of kin, but these familial categories instantiate a series of responsibilities, obligations, and reciprocal practices of care that sustain the women in a web of social relations. Moreover, these kinship arrangements are not created by blood or law, but are the product of on-going work and negotiation. Finally, these kinship relations, familial categories, and affective practices highlight the ways in which kinship categories and subsequent practices establish gender identity and codes of ethical conduct. In conclusion, this chapter argues that kinship is a powerful motivating force in human life, constituting humans as particular kinds of persons and encouraging certain kinds of social practice. Yet kinship cannot, and ought not, be reducible to the couple form or marital bond.

Chapter five, *Regenerations*, maps the history and present conditions of the nation’s first public health transgender program. Established almost 20-years ago “The Clinic,” as I will refer to it, is a key site for the creation of transgender identities and public cultures as well as new forms of embodiment and bodily possibilities. The ethnographic vignettes offered by the patients, medical providers, and community activists, describe how the establishment of the clinic in response to the AIDS crisis is a direct effect of an emergent form of politics, in which access to health and gender-competent care is articulated as a basic civil and human right. I argue that this is an example of how “biopolitics”²³ – governing practices made in the name of biological life – and “biological citizenship”²⁴ – claims to rights of health and life – shape the contours of human existence, and has allowed the possibility for particular forms of embodied gendered life to emerge. Moreover, the clinic’s history accompanied by my clinical field observations, interviews, and experience in healthcare, reveals a very recent and radical reshaping of gender-related medical care outside the traditional framework of pathology. These innovations radically reconfigure relations among the body, gender identity, and medical procedures/pharmaceuticals. New kinds of relationships take shape between patients and providers and a new domain of bioethics opens up in which both patients and providers work out the risks and benefits of hormonal therapy. Finally, the clinic is often the first encounter that many low-income transgender individuals – especially undocumented immigrants – have with

²³ I am drawing my concept of biopolitics from Foucault (1978, 2003) and Haraway (1991).

²⁴ My ideas on “biological citizenship” have been influenced by the work of Petryna (2002, 2009) and Rose & Novas (2005). For a related concept of citizenship based in biological and/or health status, but one that is routed through transnational apparatuses of humanitarianism, rather than the nation-state, see: Nguyen (2005).

state authorities and bureaucratic institutions. Thus, the clinical space becomes the site where individuals enter into a variety of power infused relationships with physicians, psychologists, social workers, public health officials, law enforcement officers and immigrant agents who often control access to vital resources -- including health care, housing, employment, and immigration documents. This is particularly salient for those who may make claims for asylum in the United States based on traumatic experiences associated with being transgender or gender variant in their country of origin. Here a clinician's testimony is often enlisted as evidence to legitimate the patient's experiences. Examining the affidavits made by clinicians on behalf of their patients, I describe a newly emergent instance in which the authority of medicine is required to decide matters of citizenship, governing, and legal rights. The chapter closes with a theoretical discussion based in ethnographic research and a review of science and technology studies to argue that the clinic is a kind of threshold where individuals become shaped and governed as particular kinds of gendered and medicalized persons.

Chapter six, *Somatechniques*, I explore self-making and world-making practices of trans women. It can be read as a conclusion of sorts or could be read first as I describe the title of this ethnography, "Workin' It." In the chapter I place into conversation De Certeau's (1984) concept of "everyday practice of life" and Stryker and Sullivan's (2009) concept of somatechnics, which posits that bodies are both agents and objects of power, positioning and being positioned at once within networks of power and modes of subjection. Through ethnographic accounts I explore "workin' it," a term that interlocutors used time and again to describe their everyday practices, as a constellation of practices by which individual identity, shared public cultures, and distinct corporeal possibilities are created and enacted. "Workin' it" describes an array of practices ranging from cultivating forms of embodiment and gendered affect to the forging of transgender public cultures and social relations. I detail how these practices together constitute the very labor necessary for sustaining and fostering trans* identification as the name for a beautiful and fantastic life in the face of stigma, marginalization, and violence. I conclude that "workin' it" is a name for practices through which ethical and aesthetic lives are created: embodied, enacted, and lived.

Chapter seven, *Coda*, offers neither a conclusion nor a summing up but is meant to provide an opening of sorts. It tells the story of "Nina" and I, as we walked home through the Tenderloin after a late night at "Rani's." Along the way we were harassed by a group of guys who referred to us in derogatory terms and threatened us. After telling me to forget about "their ignorant bullshit" as she put it, Nina explained to me her philosophy for dealing with such instance of harassment, abuse, and violence. In her explanation, I came to hear a radical philosophy for encountering and engaging difference. She posed that it is not sameness or equality or tolerance that should be aspired to in a world traversed by gender, sexual and cultural difference, but rather justice might be arrived at through the shared understanding that humans have the ability to undo each other at the level of subjectivity and bodily-being -- violence is but one form that this undoing can take. It is precisely because of this vulnerability at the hands of each other that justice might paradoxically be arrived at. According to Nina, it is through recognizing our unequally shared vulnerability to each other that forms of ethical conduct might arise. Closing with this vignette, I propose an ethics of being in the world that might loosen-up the quagmires of sameness/difference debates, and thus offer a path to livable presents and possible futures in a world of radically embodied difference.

Rounding out this study are two Appendices that were written primarily for public health audiences. The first, "Social-Cultural Drivers of HIV/AIDS Vulnerability among Trans Women

in San Francisco” is a final grant report submitted to the California HIV/AIDS Research Program. I argue that a convergence of material, social, and symbolic processes place trans women in "high risk situations" where exposure to HIV is elevated and the agency to engage in risk reduction is reduced; thus, the possibility of transmission is increased. The second, “How to Start a Transgender Health Clinic,” is a guide for providers and advocates. It was written in collaboration with the Transgender Law Center and they have used it in their statewide organizing activities on behalf of health care access.²⁵ Hopefully both appendices evidence my aspiration to dwell within and speak from the interstices of anthropology, public health, and critical theory. In other words, it is my attempt to answer Treichler’s (1999) provocation of “how to have theory in an epidemic.”

The opening epigraph by Virchow (1848) calls upon us to both re-think and re-order the relationship between the social and biological amid conditions of epidemic. What I have learned from Virchow as well as from my research is that social disturbances and inequalities of power, or what Farmer terms “pathologies of power” (2005) produce conditions ripe for epidemics to take hold and thrive. The epidemic of HIV/AIDS among trans women, as it has been called time and again, forces us to attend to social disorders which are the effects of a particular regime of gender normativity, which defines what kinds of lives come to matter, and what kinds of lives are deemed unworthy, if not unlivable, in contemporary U.S. society. We might say that AIDS is but one symptom of this much larger social disorder of abjecting and marginalizing gender variance, whose detrimental effects become materialized and embodied in the suffering and sickness of bodies and communities. Following Haraway’s (1989) provocation, I share some lessons I have gleaned from exploring a particular biological-social “vulnerability” known as HIV/AIDS risk and how trans* communities and their allies have responded to the crisis and the sorts of resiliencies and vibrancies that have been cultivated in its wake. I hope it will open up some possibilities for imagining, surviving, and flourishing otherwise.

²⁵ See Transgender Law Center’s Health Access Program at <http://transgenderlawcenter.org/cms/node/119>

She laughs. She laughs again.

"Hmmm, a researcher? So that's what you're calling yourselves now." Though she winks, her tone is thick, thick with sarcasm.

"Yea," I begin, then pause and start again. "I'm interviewing people – the Girls really – about life here in the Tenderloin, about transgender life, about HIV and AIDS, and—"

"Oh I see. Well, isn't that cute and new," she muses derisively. "But you're by yourself. Where's all the clipboards and surveys?" She laughs, while dramatically looking around and behind me.

"Well... I'm an anthropologist. It's a little different than public health surveys. I do this – I conduct my research alone; hang-out and talk and interview people and—"

"Oh an anthropologist, how cute. But you don't have to educate me. I know that book, Travesti²⁷. So that's what you're doing. But why are you here?" She pauses and then inquisitively begins again. "Shouldn't you be in Brazil or something?" She sweeps her hand in a wide arc.

"No. No. Not really, I mean anthropologists don't always go somewhere far. Sometimes things which seem far are just around the corner." I pause. "Well that's what I've come to learn.

"But, what are you really doing here. Just research, really?" She laughs with a tone of disbelief, all the while smirking.

²⁶ This is the first of a series of seven vignettes that live between the chapters. They consist of some conversations, interviews, and recollections of "Maria." In one kind of reading they can be read as introductory comments on some of themes in the coming chapter. Or in another way, they can they be read together – separate from the chapters – as an always incomplete story of an anthropologist engaging another in giving in account of the self. And of course, there is much more to tell, after many years of knowing her; there always is. There are myriad things left hanging, or unexplored, or contradictory, or ultimately unknown in these accounts, indeed these snippets and shards. Our interviews and time together were filled with innuendos, ironies, satires, contradictions, saying without saying, refusals to be pinned to this or that. I have intentionally left these contradictions and spaces (where indeed I have been able to recognize them). This is an attempt to practice ethnography amid the intervals of speech and silence, the known and the unknown. And it is meant as another way to reflect upon what this dissertation has made claims to, namely that personhood is a bricolage; that a life is interstitial. It is hoped that these vignettes present ethnographic practice as dialogic, which indeed is how I have experienced it, but I hope they refuse the utopianism often associated with dialogue (as a mode and practice of "speaking freely" together (for instance within liberal humanist and some Habermasian political thought). Indeed ambivalences, contradictions, and silences evidence that Maria's and my conversations were shoot through with all kinds of shifting asymmetries of power and strategies for speaking, when telling too much or speaking of this or that could bring about trouble. One thing I hoped to do in these vignettes is to approximate what Toni Morrison (1993b) describes as "limning the actual and the possible" (1993b: 20), or, in other words, telling stories and living narratively. I hope to have refused the hermeneutic imperative to give what Morrison interrogates as the pretense of the "final world," or what Trinh T. Minh-ha (1991) critiques as a "totalizing quest of meaning." Instead, I have tried to tread amid ambivalences and contradictions, mysteries and unknowns as I recorded only some of stories Maria told me, what we talked about, things I remembered, and what I have learned from and about her. I have learned how it is often against the demands of coherency that accounts of the self are given, and witness can be borne.

²⁷ *Travesti: Sex, Gender, and Culture among Brazilian Transgendered Prostitutes* (Kulick: 1998) is an ethnographic text which explores gender, sex, power, public cultures, and love among Brazilian (male to female) Travestis in Salvador, Brazil.

I begin to explain again, striving to speak with more clarity. “I’ve worked in the neighborhood, around the city,, doing HIV outreach, and you know, I’ve been made aware that Girls in the neighborhood have been deeply affected by the epidemic in the City, and I’m asking why and what can be done. I thought I’d begin by asking Girls what they think about their HIV risk, and living in a world with HIV and AIDS. I’d like to learn about what Girls say are their HIV risks and find out what they want to see be done, like in programs, services and —”

“Oh, I know exactly what you’re up to, Mr. Researcher.” She laughs and winks. “But seriously, is that why you’re here?”

Just then Anna, the bartender, returns with the Calistoga I ordered and says to her, “Chica, you know Chris?” With a wink she adds, “Kristeta” (translation feminine, diminutive: “little Chrissy”).

“Oh, don’t you mean the ‘researcher’?” No, not until just now. I’ve never seen his ass before.” she laughs.

“Ah come on, he brings by the condoms,” Anna responds, nodding over to the wicker basket on the bar counter, holding condoms and packets of lubricant.

“Hum, the condom boy – now that’s cute.” She laughs.

“Yea, he works at the University and is doing research on the Girls – for what, your thesis or dissertation, a book or something, right?”

“Yea, my dissertation, but I’m just beginning my research now.”

“Hmmm, research how original. I thought I had heard it all.” She responds with sarcasm cut by a smile and a wink

“Hermana, por favor, don’t be bitchy.” Anna retorts. “Don’t worry about her, my sister, Maria,” Ann advises me under her breath. “She’s got a sharp tongue, but she doesn’t bite.” She chuckles.

“Sometimes, I do!” Maria exclaims. “But tell me schoolboy, what are you really doing here? I mean really!”

“Well, like Anna said, like what I was trying to explain. I’m writing about the Girls here, in the Tenderloin, in San Francisco; you know about their life experiences, health needs and concerns – those kinds of things. Here’s a description of what my research and a consent form if you’re at all interested.”

She quickly looks over the papers, I have given her and asks, “So you want to know about the Girls?”

“Yes, that’s why I’m here.”

“Oh child, how much time do you have?” She smirks. “Well pull up a stool and buckle up. You’re in for a bumpy ride.” She laughs with a heart-felt chuckle that soon I would find infectious.

I sit down beside her and she smiles. “Now be a gentleman, like I know your Mama taught you, and order me a drink.” Before I can even ask, Anna returns with what I would come to find out is Maria’s signature cocktail – pineapple juice on the rocks with two Marciano cherries. As she sets the drink down, Anna whispers, “See, it’s all good.”

“But,” Maria interjects “Whatever you do, schoolboy, don’t be pulling a Jerry Springer on us. Don’t even try to. OK?”

“I hear you.”

And so it is here with Maria at “Rani’s,”²⁸ the name I give to the bar and club where I will soon become a regular, that I officially enter into, what is called in the language of

²⁸ In Hindi, Rani means queen.

anthropology, ethnographic fieldwork. Though what has lead to this moment and this place is always, already prior and beyond the research. It is many years and even many lives in the making.

Three ethnographic interludes

“Have you been to Bangkok?” Nina asked. She had just introduced me to two of her sisters, Donatella and Michelle. We were hanging at Rani’s, a bar and night club that was one of my fieldsites where I engaged in informal conversations, conducted interviews, and engaged in participant-observations – those things known as doing fieldwork, as doing anthropology.

“No, not yet,” I responded.

“Oh, boy, you should. There’s so many Girls, lady-boys to meet and interview. You really need to take a trip. We could go together – all of us. I’ll be tour guide and translator,” she laughed.

“Nice! Definitely, I was thinking I should.”

“Oh yea! So many lady boys in Bankok, kathoeyes like me. Right?” she looks to her sisters, translating a little Michelle, and both nod their head in agreement. “See, let’s go sometime. It’s fun. Great clubs, and nice people, and great food. Go do your research. You’ll love it. Do you know that some girls, lady-boys, who live there, come to San Francisco to visit and work? A lot of people know this place.” She glanced around Rani’s. “And it’s so much easier in Bangkok, people are nice to lady-boys, more than how the Girls are treated here. Kathoeyes are known by everybody, and are accepted and have jobs and do hair and fashion. I never had problems. My family was fine about everything. Well, I was making good money,” she chuckled. “Which I do with my jobs – designing and throwing parties.” She paused and looked across the bar. “I’ll be back.” Then she and Mitchell went over to talk to a group of guys who had just entered.

Donatella remained, and leaned in closer to me. “It’s true that there are a lot of Kathoeyes in Bangkok, like –” she pointed to herself and Nina. “But it’s not true that everyone is accepting and that it’s better there. Not all. Maybe in Bangkok, but only sometimes. But not everywhere in the city, and not outside of the City. I know that for a fact. On TV, on the stories, the soap operas, Kathoeyes are jokes. When one comes on, everyone knows to laugh. And for me where I

²⁹ I use the term gender/sex, a reversal of Gayle Rubin’s classic formulation of sex/gender system (1975). For Rubin kinship – in the form of the incest taboo and marriage laws – “transforms males and females into “men” and “women.”(179). For Rubin, social processes transform sex into gender, understood in the terms of gendered roles, statuses, and conduct. However, my use of gender/sex is meant to reverse the operation of sex and gender and reorder their relationship. Drawing upon Butler’s formulations in *Gender Trouble*, I employ gender/sex to reference that sex is the effect of a historically specific regime of gender. She writes, “sex, by definition, will be shown to have been gender all along” (14). Butler argues that sex does not exist as a pre-discursive materiality, outside culture, outside society, awaiting signification. Rather, a specific regime what Butler calls a “heterosexual matrix” (194) installs sex as a foundational, naturalized truth. In reversing the terms of Rubin’s ground-breaking contribution to critical studies of gender and sex, I argue that sex, as in the sexed body, is a discursive effect of a regime of gender. In Butler’s formation it is the binary gender system of men and women that produces males and females, assumed to exist prior to their signification in discourse, but in fact, males and females are effects of a discourse of reproductive heterosexuality that requires dimorphically sexed bodies that come to be expressed through binary and stable genders. (Later I will argue that my ethnographic fieldwork has taught me to consider gender as the name for the affective and embodied relationship that one takes up in the world in terms that are not one of one’s making.)

am from in the North, it's not acceptable to be feminine and a lady-boy. I grew up in a small town, and it was not ok. It was embarrassing for my family, for my Dad. They threw me out when I was a teenager for being too feminine and not changing it. I had to go work in the city to make a living, to take care of myself and live. It was hard and I wasn't safe. Finally, I saved up money and came here. I knew all about San Francisco. More accepting and nicer and easier, cleaner," she laughed. I like it better here. I hardly ever go back, and I never go home. Here in San Francisco, I have a little place, friends, and –," she smirks.

"What?" I ask

"Well, by day I look like you. I do gay boy drag at my work," she laughs. "And at night I am me, exactly who you see: Donna, Donatella. You'd never recognize me by day if you saw me. But I do dress like you. Yes, I work my gay boy drag," She laughed and I smile. Just then Nina looked over and waves for Donatella, "Come over and meet the cute boys. They're visiting and need some some party guides!"

As she walked away to join her sisters, she said, "We'll talk more later if you want."

"Sure, sure, I'll be around a lot. You know I will be." We both smile.

Some months before this exchange, I was at Rani's during the day dropping off flyers for my study. Angelina was bartending, and she asked me to stay and have a beer. She explained that it was a slow happy-hour, and she was bored, and that maybe we could play Yahtzee, the bar's ubiquitous dice game. Though I let her down when I told her, I did really know how to play. She sighed. I had come to know Angelina pretty well over the course of my early research, particularly when I was distributing condoms to neighborhood businesses. Condom distribution was a program of a community-based AIDS organization where I was volunteering, and the program was part of a city-wide effort by the San Francisco's Department of Public Health to make condoms available at bars and clubs frequented by gay men, men who have sex with men, and trans women – all of whom were defined as "behavioral risk populations (BRP)" I believe it was Angelina who first took to calling me the "condom guy," when I would come to off condoms or to check on the supply. Over time, I came to learn that Angelina had received her certificate in HIV/AIDS education was interested in going to school for health education. We would often talk "public health" as we called it, swapping stories about our programs and the things we were enjoyed. We would go back and forth about Paulo Freire and how we were inspired by this work *Pedagogy of the Oppressed*. Other times we would discuss that doing public health is based in community organizing for health and wellbeing. I always learned a lot from our conversation, and on this day, we started up by talking about where we were both from.

"So you've never told me. What brought you to the city?" she inquired. "I doubt you're from here. No one is." I told her I grew up in Maryland outside Washington, DC, and lived from DC before moving to San Francisco. She told me she grew up in Northern Mexico but then moved to live with her grandmother just over the US border when she was a teenager.

"See, we're Chicano – part native, part Hispanic, part everything," she chuckled. My grandmother is native and is a strong spiritual force. I loved my time with her. She was the one who taught me who I was and to be proud. In Mexico, I was just thought of as a sissy, like a girl. Well, I was always girl!" She exclaimed with a bright smile. "But it was my grandmother who showed me how to learn that I shouldn't be ashamed of who I am, and to proud. There's a long history of Two Spirit people – who I am – being powerful spiritual leaders in Native cultures and First Nations. My grandmother taught me. Do you know about Two Spirit people?"

"Yes, a little," I responded. I told her that I had read about gender and sexuality in Native Cultures.

“So read about berdache, I bet,” she asked cautiously.

“Yea, that f-letter word, right?”

“Right. The term most people use now is Two Spirit. Someday, I’ll tell you the term in my grandmother’s language. But most people get Two Spirit. That’s me living between two worlds. And that’s something to be proud of, not ashamed. It’s a powerful position.” She pauses and nods to the well dressed man who had just entered the bar “Yea, we should talk about it sometime, but it looks like time to go back to work,” she winked. As she walked over to him, she turned back and asked, “Hey go put some Monica Naranjo³⁰ on the jute box! I swear she’s TG. She never answers the question when she’s asked. She’s rude! I love her!”

Sometime later, while conducting field research at the Clinic, I came to know Patricia, who identified as transgender at the Clinic, but who over the course time, would explain her identification as being spiritually and psychologically androgynous. Later into our acquaintance, she became fond of telling me about the various gender and sexual rights struggles with which she was involved, particularly around trans issues, and told me she was part of a group of trans activists who helped to establish this Clinic, the nation’s first publically funded medical clinic for trans and gender non-conforming individuals. Early one evening we were in the waiting room together. She was there for an appointment, and I was there talking with clients about their experiences at the clinic. I asked her to tell me a little more about the “early days,” as we would sometimes call the time before the clinic was opened.

She began seriously, “Let me clear about one thing, Chris, and make sure you get this down.” Patricia pointed at the pocket-size flip notebook, which seemed to be attached to my pal at all times. She continued, “This was the first place we could come tell the truth about ourselves, who we are, and what we needed. . The only place I could come and tell the truth about who I am without getting thrown out or locked up in an insane asylum. Make sure you get that down. This was the first place we could come tell the truth about ourselves, and be respected and get care. I mean it, the first place.”

“The truth... what do you mean? What could you say here? I glanced around the waiting room. “What was different about this place? What is it you could say –”

She cut me off. “Oh, come on Chris. You’re the anthropologist.” She laughed less with her usual sarcasm than incredulity. “You should be telling me. I took anthropology in college. I read Margret Mead.” She winked. We both laughed. “There are more than two genders – far more – in the world. In other cultures and throughout history, there was more than just males and females. Gender is different; diverse. . It’s the stereotypes of man and woman that are deranged and sick not us, trannies. I mean transgenders. Trans people. Write that down!”

“But,” she began again. “The truth was that there for many of us, maybe most of us, it wasn’t about feeling more like another gender or just “trapped in the wrong body” She stated while making air quotes. “It wasn’t about male or female. It was about being both masculine and femininity, or none of them. Male or female was not me, or most of us. We were both masculine and femininity, had traits of M and F. Look, (at the Clinic) we didn’t have to regurgitate all the shit the doctors wanted to hear about us being trapped in the wrong body, or hating who you were, or wishing you were somebody else. We could be who we are, and not

³⁰ Monica Naranajo is a well known singer of international Spanish Pop. She is well respected for her operatic-like voice – she has sung with Pavarotti – and her performances where she is often outrageous in costume and in behavior. Because of this and her public support of LGBTQ rights, she has often been asked about her own gender and sexual identity to which she usually response with a F-letter word and profane gesture. She’s an idol for many of the Girls.

have to fit anyone's preconceived notions of who trans people are. We're not all trying to become cookie-cutter heterosexuals." Hell I never wanted that life!" she exclaimed. We laughed,. "But that is what the clinics at Stanford and Hopkins, everywhere, made us say and don't think we didn't tell each other the stories we had to tell to get our operations, and rehearse them. But that's all they were for many of us. Just lies to get what we wanted – hormones, surgeries, but many of us got tired of lying – I know I did – just to fit the doctors' idea of what being a transsexual or a transgender is. And then being told no, if you didn't tell the right story. I mean look around, you know, we all have different aspirations and different reasons for being here. This clinic allowed us to be ourselves and not fit into someone else's idea of what a good trans person was – you know, passing, straight."

Though I will talk more about this encounter with Patricia in Chapter 6 and the sorts of questions she raises about the relationship between the body, biomedical technique, and the ethical concern with the truth of the self. For now, I want to underscore that it appears as if anthropology plays a role in how forms of gender and indeed transgender identifications have circulated in the world and the sorts of citational practices that are available when one gives an account of the self. Like Valentine I have found that "anthropological knowledge is frequently cited (or contested) by transgender-identified people as a source of knowledge about themselves" (2007: 144) Early we saw that Maria calls upon anthropology to make sense of my research endeavors when she asks about Kulick's *Travesti* (1998) and how my work might be related to his. In the encounter with Patricia in the clinic waiting room, she turns to anthropology, as a way to legitimate her gender identity and give her gender an historical precedence. In many ways, she claims similar, to Lyons and Lyons (2004) and Ellis ([1929] 1987) before them, that anthropology has not only been a science of human diversity but of gender and sexual variance.

I open this chapter with these three vignettes because they gather together some of the questions that an anthropology of gender might take up. For instance, through what terms does one give an account of the gendered self? What sorts of relationship does one take up to the categories and figures one cites in their narration of a self? We can see that each vignettes presents different figures through which one can cite when speaking of gender and we see that there are a variety of relations one can take towards the very figure one cites to render their account intelligible to another, in this case, to the anthropologist. For instance both Nina and Donna invoke the figure of the *kathoey* in order to help describe the self. But in these two innovations, spoken but a few seconds apart, the figure of *kathoey* and what it means becomes troubled by the different relationship each takes up to the figure. Nina explains the experiences of *kathoey* as being liberated and even honored, while Donatella describes *kathoey* as one who faces ridicule and hostility. In many ways, both accounts characterize two distinct poles of *kathoey* representation within Thailand. According to Jackson, most represents present "idyllic accounts of Thailand as a 'gay paradise'" but these are "at odds with anti-homosexual views that have long been expressed in both popular and official discourses, which are often stridently critical and intolerant of nonnormative sex/gender behaviors"(227). Not only were Nina and Donatella signifying a different pole in the account they gave of their lives in Thailand as *kathoey* or lady-boys, but they also took up different relationships to the figure in their citational practices. In the second vignette, Angelina employs the term of Two Spirit to describe herself and in so doing she locates herself within a spiritual domain that stands in stark contrast to the ridicule and hostility she has experienced in the social domain among her peers. In the account that Angelina gives of her grandmother's account of her, it appears as if Angelina gender is an effect of a higher calling. Her gender arrives as a spiritual vocation. As well in Angelina's

description we come to see that the term, Two Spirit, has a complicated history and as we will see its meanings and significances are social and politically conditioned within the knowledge-making practices of anthropological research and the violence of the North American colonial encounter. In Angelina's account Two Spirit is a relatively recent identification that has been taken up to replace a term that been used derisively and derogatorily, and yet Two Spirit it is self a creation of particular historical moment and encounter since it is not the name that her grandmother speaks.

The differences across these stories call upon the anthropologist to think about how gender and self identity become narrated. They compel the anthropologist to ask through what sorts of languages, with what types of terms, and citing what kinds of figures does intelligibility emerge for the speaker when giving an account of the self. These accounts offer us two figures to think more closely with: *kathoey* and Two Spirit. Each figure invites the anthropologist to attend to the forms of lived experience with which each terms references, and to ask what is at stake for modes of self-making in how these terms cite, or potentially re-signify the ideal: *kathoey* and Two Spirit. But there is also an earlier set of questions to be asked by the anthropologist; questions that both Maria and Patricia point to. This is the question of anthropology's role in making these figures intelligible, and anthropology's hand in how these figures circulate in the world, particularly one in which such figures take on global significance for emergent forms of gender and sexuality. In this chapter, I take up questions of citationality, indeed what and who is cited, when one reference *kathoey* or Two Spirit in the telling of the self, and what might be at stake for lived experience in these particular citational practices. My goal in this chapter is to map how the figures of the *kathoey* and Two Spirit, which in early social scientific literature was termed, *berdache*, have been represented, and indeed constituted within anthropological discourse, a discourse long said to the science of cultural diversity, which has at its heart we have been told is a story of gender and sexual diversity across time and place (Lyons and Lyons, 2004). Both *kathoey* and Two Spirit, and *berdache* before them, have a long history in anthropological research on the "third gender" and "third sex" understood to be indigenous to many non-western cultures (Herdt 1993).

In this chapter my objects of study are those encounters which typically strike anthropologists as particularly queer. This is the meeting between anthropologists and humans who appear to the anthropologist to deviate from normative gender assignments. This chapter is also about translating; that is, the ways in which anthropologists write about the lives of those who stray from the normative sequence that "first there is a sex that is expressed through a gender and then through a sexuality" (Butler 1991: 28-29). I understand the meeting between an anthropologist and gendered Others and the rendering of this encounter into anthropological narration to foreground a series of questions about the relationship between the body and the self, the individual and the social, nature and culture; as well as the truth of the relationship between sex and gender, and what this relationship is made to signify in the construction of cultural difference. In a word, what is the truth of gender? What then are the terms, vocabularies, and grammars we have available to speak towards lives where sex-gender-sexuality are not linked in a progressive chain nor a direct one-to-one correspondence? What might we learn from the ethnographic encounters and translations of the gender that is Other to the binary of Man and Woman, that becomes scored in the anthropological literature as the "third gender"?

I am interested in the names that anthropologists give to gender variance and the kinds of descriptions they wrote. I am interested in the languages and logics the anthropologists rely upon to make sense of gender variance, and how this uncovers the multiple intertextual

relationships through which ethnographic accounts come to make sense. I am interested in what the anthropologist may wish the gender variant to signify: sometimes ignoble savagery, social denigration, cultural decadence; or on other occasion noble savagery, enlightened social tolerance of gender diversity, a culture to aspire. I ask, if ethnography is allegoric as Clifford (1986) contends, what do these narratives of gender difference strive to tell us about ourselves and others with whom we share the world? What kinds of work is the gender variant made to do in ethnographic accounts? What dreams or horrors do these lives come to embody? But if ethnography is only understood to be allegorical what is lost? What happens to the very lives, to which ethnography bears witness, that these stories cite, which are not ever simply metaphorical?

I also understand that these encounters with gender and cultural difference have undoubtedly been made possible by knowledge-making practices intimately wedded to projects of colonialism, religious crusades, nation-building, and the expansion of capital. Thus these meetings between anthropologists and informants are never innocent rendezvous among equals, but are collusions shot through with the asymmetries of power and dominance, “rooted,” in what Asad tells us, is often “an unequal power encounter between the West and Third World” (Asad 1973: 16). Stoler (1995) too reminds us anthropological discourse has been a central player in elaborating an authorized knowledge about the colonized other wherein the imperial bourgeoisie self has been able to define itself against forms of sexual and gender deviance said to characterize the Other of Europe. Thus I want to foreground the figure of the “third gender” as a means to query how the “cultivation of the bourgeois self depended on the catalogue of sexual dispositions of different human kinds” (Stoler 1995:43). Thus this chapter might be said to track the intimate cultural politics of truth through the construction of the gendered Other.

This chapter begins a little before the turn of the twentieth century, around the point at which Bleys (1995) concludes his important investigation of the ways in which imperial anthropology and theories of sexuality, were mutually intertwined in producing colonial subjects. These are the subjects Bhabha understands as articulated through “racial and sexual...forms of difference” that in no small part require anthropology for producing the very evidence of difference, the facts of otherness (1990: 72). However, I want to take a different course than Bleys who is interested in speaking at the level of metanarratives. Instead I want to get intimate with lives of the anthropologists who directly participated in these encounters and I want stick close to the anthropological texts. In so doing, I think a much messier and contradictory discourse on the Other than Bleys is willing to accept becomes evident.

Yet the construction of cultural difference does not only work to fabricate a story of the Other, but also to narrate a story where the teller can find itself. In his introduction to the Malinowski’s treatise on the *Sexual Life of Savages* ([1929]1987), the prolific sexologist Havelock Ellis argues that the comparisons made possible by comparative studies of sexuality can provide “critical study of our own social life” ([1929] 1987: lvi). If Ellis is correct, then what does the construction of the gendered Other reflect back to the anthropologist not only about the “third gender,” but gender in general, and in particular, the anthropologist’s and his/her readers’ gender?

Since this chapter seeks to trouble the mythological status of “third gender,” it maps a historical trajectory that strives to be attentive to the changes and conflicts in the construction and attribution of meaning to the “third gender.” The earliest part of this chapter coincides with the codification of anthropology as a scientific discipline, the training of the first anthropologists in the U.S., the centrality of the Bosnian school and its cultural relativist approach (Stocking, 1968), the development of fieldwork as methodological speciality of anthropology a la

Malinowski ([1922]1961), the dominance of theories of sexology and psychology for understanding sexual and gender life, the almost complete devastation of Native North American life by the civilizing process of United States, and anthropologists' complicated role in the genocide, ranging from facilitators of the colonial programme to salvage anthropologists to critics of manifest destiny. This chapter ends at the beginning of the twenty-first century where anthropologists have become interested in how globalized discourses of gender and sexuality and transnational flows of people, goods, are subjectively mediated by modes of gender and sexual personhood. (Povinelli and Chauncey 1999). This is a moment where Cruz-Malave and Manalansan (2002) tell us "a premodern, prepolitical, non-Euro-American queerness" is enlisted to give meaning to what is new and emergent about contemporary gender and sexual subjectivity within 'global modernity'" (2002:6). And this is a time where 'third gender' has been enlisted in transgender political struggles as way to reveal a westernized binary gender/sexual system as a historical construct that can be transformed to increase justice and equality for trans and gender non-conforming individuals (Feinberg 1996, Juang 2006, Valentine 2007). For instance Leslie Feinberg, in *Transgender Warriors* (1996) draws upon ethnographic material to make a case for gender variance as being present across time and place. Reading ethnographic materials from anthropologists and testimonials from Native Americas, Feinberg argues that "ancient and diverse cultures allowed people to choose more sex/gender paths, and that this diversity was honored as sacred." (23). For Feinberg this provides evidence that equality for trans people has existed and that transgender liberation is possible today. Richard Juang argues that "the representation of cultures in which apparently 'third sexes or genders' have a positive role" are central pieces of evidence for political struggles for recognition and legitimation of trans individuals (255). For both Feinberg and Juang, cross-cultural comparisons reveal that entrenched western binary gender/sex system is not universal and transhistoric, and are thus open for change and transformation as means to further justice. Here it becomes important to pause and consider the ways contemporary meanings of sex, gender, and sexuality and their politics enlist the "third gender." It should become evident both historically and contemporarily that the phenomena of the "third gender" and the problematics that such a life is said to pose is both a product of anthropology and a troubling of anthropology itself.

To map production of the "third gender" and the cultural, social, and political work that this figure does across requires some guides to help tread through multiple discursive worlds. I choose two, the Native American *berdache* and Thai *kathoey*. The *berdache* has been loquaciously spoken about in the ethnographic record, in ways remarkably similar to Foucault's formulation of the "incitement to discourse" ([1978]1990). Here the identification of the "third gender" can be understood as an effect of anthropologist's predilection for classifying forms of gendered life, which are then enlisted to both reveal the truth of individual life and access the truth of the social and cultural world in which this life exists. The second figure is the *kathoey* of Thailand of whom the ethnographic record has a lot less to say but who like the *berdache* are similarly overdetermined. Morris writes that when the question of global gender variance is raised, "Thailand has become the exemplary other" (Morris1994: 24). Since I will be detailing the traffic in these gender categories in more detail later, let it suffice to say for now, at the risk of being analytically crude that within the anthropological literature both the *berdache* and the *kathoey* represent the figure of the third gender: a human that is either both man and woman or neither man nor women; thus troubling the direct correspondence between sex and gender.

The discussion of the *berdache* will consider the ways in which a few anthropologists many of whom are central to the formation of the discipline in the U.S., have told the story of the

Native North American “third gender.” In particular, I ask how did these anthropologists understand the *berdache*, within what kinds of logics, and for what kinds of purpose? I try to focus on the ways in which anthropologists, especially those who actually came to know the *berdache* of whom they wrote, narrated their complicated relationships in the “field” and what kinds of tropes they had available to render lives textually intelligible. These oftentimes intimate and personal relationships between anthropologist and *berdache* that were not at all peripheral to early anthropology of North America – indeed they were central – will then give way in the mid-part of the twentieth century to more macro level analysis of the ways in which the *berdache* was understood to function in the maintenance of social and cultural order. Likewise this move towards more structural and symbolic analysis is reflected in the literature on the *kathoey*. Here the discourse on the *kathoey* is less ethnographically based, and is more interested in the ways in which the *kathoey* are said to configure a cultural clash between what can crudely be termed “indigenous” sex and gender systems and “western modern” systems of sex and gender, brought into conflict by processes of globalization. Thus this chapter maps anthropological encounters with gender variance that are staged at a variety of levels personal, local, national, and transnational.

There is however one last encounter that motivates this chapter: my own ethnographic work to which the vignettes opening the chapter allude. As the vignettes reveal, while conducting fieldwork I have met many transgender women who in recounting their lifetimes and itineraries of travel have linked their gender identity to “third gender” icons. Some women have identified themselves “as a woman trapped in a man’s body,” a description remarkably similar to the psychological hermaphroditism of the late nineteenth-century sexologists, Ulrich and Kraft-Ebbing (Kennedy 1997, Osterhuis, 1997). Other women have referred to themselves as “*berdache*” or “Two Spirit.” Still others have called themselves “*kathoey*.” None though think of themselves as female impersonators like the men in Newton’s (1972) classic ethnography, *Mother Camp*, whose primary identification is gay. Nor do they seem to recognize themselves in the terms suggested by Stone (1991) as “posttranssexual.” In this salient “manifesto,” Stone calls upon transsexuals and transgenders to “forgo passing” as women and to announce themselves as trans as a means to acquire agency in order to “write oneself into the discourses by which one has been written” (1991: 299). Of course though it is not only in identifying as posttranssexual that one may be able to authorize a transgender life and change the terms upon which such a life made possible. Rather to identify as a “woman-trapped-in-a-man’s-body” and/or a *berdache* and/or a *kathoey* can be understood other ways through which one can create forms of life within the very discourses that has preceded these lives, even has relied upon these lives for their deployment, and has surely interpellated these lives. Thus, one way to understand the deployment of these figures from late nineteenth century medical and psychological discourses, Native North America conventions and Thai gender-sex fields, which that take place in the present, is as a practice of citation. Here I borrow from what I understand to be Butler’s concept of citationality (1993), where to cite means not to purely imitate, but to signify an *a priori* constituted ideal, and then through reiteration introduce a critical difference with that ideal so that a space within discourse is opened where one might come to, in Stone’s terms, write oneself into the discourses to which one is simultaneously being written. Citing these figures – symbolic ideals – does not mean that one has become that ideal – surely an impossibility – but rather allows one to become rendered intelligible within the multiple discourses in which they are interpellated, as a subject who is both acted-upon and acting within modes of subjectification.

As these categories that trans women use to ontologically ground their lives and attribute a historical precedence to themselves are not unfamiliar to anthropology, and in many senses are artifacts of anthropology itself, it seems appropriate to think about these encounters I have in the field vis-à-vis the anthropological narratives of the *berdache* and *kathoey*. For these reasons, I will confine my discussion of the anthropological literature on the “third gender” to guides of Two Spirit (*berdache*) and *kathoey*. But the questions I want to pursue here are different than the ones that Callendar and Kochem (1983) in their classic review of the anthropological literature on the *berdache* contend to preoccupy anthropology, wherein the ontological status of the *berdache* is said to produce number of problems. They ask: “why do persons became *berdache* and why does North American cultures gave this mixed gender status formal recognition” (Callendar and Kochems, 1983: 454). These questions which only make sense within a heteronormative logic that requires the asymmetric division of two gender-sexes to be a fact of natural and reproductive heterosexuality to be inevitable end-point of sex are precisely the kinds of questions I struggle to get away from and out from under. Rather what intrigues me are the kinds of things anthropologists say about the *berdache* and *kathoey*, and what work these two figures are made to do.

I also want to do something different than Towle and Morgan who have critically explored the “third gender” figures and their use by anthropologists and trans activists in ways that produce the figure of the “transgender native” as being indigenous to cultures that are not of the West (2006). In their review of ethnographic literature on gender and sexual variance they note “flaws” in how “third gender concepts” are employed and utilized. They argue that in most accounts, societies with a defined “third gender” role appear to exist in “primordial” and almost idyllic states outside history and without social conflict. They argue that the “third gender” concept suffers from “reductionism and exclusionism.” Diverse modes of gendered behavior, conduct, and expression are “gather(ed) together into one category, which restricts understanding of the diverse meanings, practices, and lived experience. Finally the “third gender” concept produces a “west and the rest” analytic, which reinforces “ethnocentric assumptions” and lead to an erasure of diversity and social change within cultures (672). Often the “third gender” concept rather than explaining the intricacies of gender meanings and practices as they are lived winds up “diminishing the richness and complicity of other people’s lives.” (679) For these reasons, and the ubiquitous “tendency to romanticize” (679), Towle and Morgan remain critique of the term’s analytical force in anthropological knowledge, and instead advocate that anthropological research play close, grounded “attention to the historical and social contexts in which gendered and sexuality bodies and relationships are produced, reproduced, and transformed.” (682).

Although I too share their concerns about the limitations of the “third gender” concept which has been transformed into the “transgender native” within contemporary research and trans community politics, my questions take difference, indeed an irreducible and irreconcilable difference, much more seriously. I look at how anthropologists have written about how they have experienced as gender otherwise and I place their writings the relationship between anthropologist and informant within their social and political context. My objects of study are not so much “third genders” but the intersubjective space between anthropologists and informants, the intimate exchanges that take place both in the “field” as well as in the textual practices of writing the gender and sexual life of the other; and how these two practices – encounters and writings – reveal the interconnections of sex, gender, and cultural difference in the discursive production of the “third gender.”

Although anthropologists, especially in the years following the academic establishment of anthropology as a scientific discipline, presented themselves as far more objective, neutral, and relative vis-à-vis the biased and moral pronouncements of explorers and missionaries (Clifford 1988), anthropologists – like all of us – are products of certain logics and rationalities, which circumscribe what might become possible to think, to know, to say, to publish, to read. Even anthropologists who portray themselves as political mavericks are nevertheless constituted within the very logics they seek to write against. This is perhaps why critique is a much more risky project than having the right politics. Critique entails coming to the limit of intelligibility, and risking the unintelligible in both writing and experience (Butler 2001, Foucault 1997).

A quick review

A quick glance at the ethnographic record reveals that the *berdache* and *kathoey* are but only two members of a crowd hailed under the sign of *third gender*. Essays in a key text edited by Herdt (1993), locate a range of examples of gender and sexual variance across culture and history, including figures of “sexual inversion” in the theories of the late nineteenth century sexology (Hemi, 1993), to “intermediate gender categories” understood to structure Polynesian sex and gender systems (Bezier, 1993), to “intersex” or “eunuch” *hiras* of India (Nunda, 1993), to the diversity of gendered and embodied positions under the sign of transgender in the U.S. (Bolin, 1993). Herd’s text is an example par excellence for what Weston (1993) has called an “ethnocartography” and what Vance (1991) has described as an anthropology of homosexuality where scholars search for homosexual and gender variant forms of life that have been hitherto “hidden from history” (Duberman et al 1989). The “discovery” of *third gender* individuals are said to evidence the universally, naturalness, and perhaps ever normalcy, of contemporary gay and lesbian and transgender life. Herdt writes, “for centuries the existence of people who did not fit the sex gender categories male and female have been known but typically dismissed from reports of certain non-Western societies (11). However a number of scholars have argued differently, contending that within colonial discourse especially there is an over-production of gender and sexual deviants, of which the *third gender* is but one common one. This elaboration of sex-gender deviancy further constitutes the radical alterity of the other, who is said to depart from nature itself: sexual dimorphism. Of course, what is assumed in Herdt’s theory of erasure is that sex and gender exist prior to social relations, cultural practices, and attributions of meaning. Moreover Herdt’s formulation assumes that sexual and gender life of the humans – now objects – are transparent to the anthropologist, just in hiding in need of a little outing from the subject who seeks to secure itself repeatedly as the protagonist within the mythology of the Same; the master narrative asserting *I-have-always-been-and-will-always-be*.

There are a number of other endeavors to collect material on *third gender* lives within the anthropological literature, including the *mahu* of Tahiti (Vevy 1973) *xanith* of Oman (Wikan 1991), *bantut* of the Philippines (Johnson 1998), the *hiras* of India (Nanda, 1989) of whom Cohen (1995) reminds us have often become like “*sati*, sacred cows, and the ‘caste system’...essentialized icons” of India (1995:277). In terms of writing gender variance that are critical of the “third gender” concept, both Kulick (1998) and Bolin (1988) have written full-length ethnographies, which in very different ways have examined how a variety of bodily techniques are used to cultivate new forms of gender status, sometimes as a means to transition fully into another gender, other times as way to remain between two diametrically opposed genders. Kulick’s ethnography focuses on the lives of *travestis* in the Brazilian city Salvador who although adopt a variety of traditionally feminine characteristics but do not seek to be

identified as women. Rather they are gay and utilize a variety of biomedical technologies – hormonal supplementation and silicone injection – in order to cultivate a body that approximates a feminine ideal thought to be attractive to men. Bolin follows the lives of sixteen male-to-females through what she terms “rite of passages,” including sex re-assignment. More recent shorter ethnographies have explored transgender street life in urban U.S settings, and the types of income strategies, forms of community, and violence that characterizes transgender life in Oakland (Eyre et al 2004) and New York (Valentine 2003). Clements-Nolle et al (2001) conducted the first large-scale epidemiological study of transgender and transsexual women. This study based in San Francisco examined health-related risk factors and risk behaviors associated with transgender life.

Finally, the important work associated with ethnomethodology have documented the everyday logics through which humans come to socially manage stigmatize identities, such as the self-presentation of gender identity among transsexuals and transgenders (Goffman [1959]1973). Garfinkle’s (1967) has elaborated a theory of gender passing drawing upon the case study of the intersex/transsexual “Agnes,” and Kessler and McKenna (1985) have explored how the anatomical basis for gender is not universal or inevitable, arguing that cross-gender activities expose gender as a product of work that one enacts everyday in social life.

I think it is not going too far to propose that gender variance far from being erased has been routinely discovered, classified, written about, theorized, analyzed, and has been employed to evidence a number of central social and cultural theories. What might be effaced however is how an heterogeneity of individual practices and identities become hailed under one sign of *third gender*; and then how this sign comes to stand for the collective of under the name of culture.

The politics of a word: a short genealogy of berdache

The term *berdache* does not come from any language spoken by Native North Americas. Instead it was a product of the colonial encounter; a label first used by *conquistadores*, explorers, traders, and missionaries when referring to what they recognized as cross-gender behavior, usually in the more visible practices of cross-dressing as well as those practices too horrible to be spoken: sodomy. The term is originally traced to the Persian, *bardaj*. During the seventeenth and eighteenth centuries the word traveled from Spanish then to French, becoming in the process, *bardache*. In its original meaning, *berdache* referred to a homosexual, prostitute, a “passive homosexual” or one kept for that purpose (Katz 1976). Attesting to the “epistemic murk” that Taussig (1987) describes as characteristic of the colonial encounter, cross-dressing, sodomy, and cannibalism were intertwined as one and the same, and discursively deployed as evidence for the horrors that plague the “new world” and its heathen inhabitants. (Williams 1986).

Towards the end of the nineteenth century the French *bardache* becomes *berdache* in the hands of anthropologists who used it to refer to those thought to take-on a gender role other than the one corresponding to the sex they were assigned at birth. Within anthropological discourse, *berdache* referred to a male who adopted women’s dress, work practices, and social and ceremonial status, as well as took on the kinship positions usually occupied by women. This often included marrying men, sometimes women, but never other *berdache*. Frequently the role carried special economic or ceremonial significance, and in many places the *berdache* were associated with spiritual or supernatural power, such as the power to heal sickness or to mediate romantic conflicts between men and women. Where recorded, Native American languages

referred to the *berdache* as “man-woman” or “part man, part woman” or “not man, not woman” (Whitehead 1981).

Although ethnographic accounts rarely record female *berdache*, this fact perhaps sheds more light on the politics of gender within anthropology – whose lives are worthily of being written – than in the actual frequency of cross-gender practices and *third gender* status of humans assigned female at birth (Allen 1986). There are however two notable exceptions, including the rare “manly-hearted women” among the “docile women of the Plains Indians” whom Lewis (1941: 173) researched in 1939, under the direction of Ruth Benedict. Another account of almost mythic proportions relates the story of the Kutenai *berdache* who took a number of wives, lived as trader, warrior, shaman, and peace mediator during the early nineteenth century, both befriending and battling the imperial explorers, colonial agents, and Christian missionaries (Schaeffer 1965).

Over the course of the ethnographic record the term was used interchangeably with “hermaphrodite” until about 1920, signifying the early conception of cross-dressing as having a direct correspondence to anatomy. Later the term was used alongside the psychoanalytic identification of transvestite, evidenced in Kroeber (1940) and Lowie (1924), where *berdache* came to represent a psychic desire, a fetish, to cross-dress. By the 1930s and 1940s *berdache* began to refer less often to cross-dressing behavior than to homosexual orientation, being used interchangeably with “inversion” and termed “institutionalized homosexuality,” by Devereux in his fieldwork during the 1930s and Kroeber’s more theoretical musings in 1940. This turn signifies a belief in sexual orientation as being the primary force in the constitution of social identity.

For over the next forty years, contra Kroeber’s call for “synthetic work on the subject” (1940: 209), the anthropological literature would have little to say about the *berdache*; the one exception being Jacob’s 1968 review of the literature. A number of reasons for this disappearance have proposed. Perhaps the role was never really as common in Native life as anthropologists had contended. Gutierrez (1989) argues – not without a little bit of misogyny – that the cross-dressing practices associated with the *berdache* were forced upon captured warriors as means to humiliate them. Maybe anthropologists misinterpreted the *berdache* as being respected and tolerated, when in fact they were ridiculed and a source of embarrassment (Greenberg 1988). Perhaps they were the targets of a civilizing process/holy crusade especially “at the hands of white settlers and missionaries” (Herdt 1991: 488) that necessarily culminated in a reproductive heterosexual matrix requiring a sexual dimorphism that was societally reflected in two discreet genders. Perhaps the negative attitude towards the *berdache* among white settlers and colonial agents “quickly became communicated to the Indians” making future *berdache* lead “repressed or disguised lives” (Kroeber 1940). Or maybe they all gone “underground” (Jacobs 1983:460)

Perhaps the explanation for the disappearance of the *berdache* from the ethnographic record lies in one or all or none of the reasons given above. What is clear however is that the anthropological literature would have little to say about the *berdache*, and there would be no ethnographic recording of their existence after the 1930s until questions began to be raised about the universality of two sexes, with their two corresponding genders, and whether or not the privilege accorded reproductive heterosexuality, over and against over forms of sexual and gender life, was everywhere the same. It was here that scholars turned once again towards the *berdache* to help ground their competing claims of sex, gender, and the truth of the body, leading to multiple clashes over the interpretation of the ontological status of the *berdache*. This was

especially evident during the 1980s, *berdache* became the figure of debate among scholars of gender and sexuality. Some argued that the *berdache* should be understood as a form of masculine penetration into the domain of women and the usurping of feminine power that ultimately had little to do with sexual orientation and sexual desire (Whitehead 1981). Others rebutted, arguing that the *berdache* were an integral member of a genealogy of gayness. It was a socially sanctioned means to engage in homoerotic practices, and little to do with gender (Katz 1976, Williams 1986).

In the 1990s, the politics surrounding the *berdache* changed to concerns over the use of the term itself. In 1994, in response concerns raised by the group, Gay American Indians, scholars writing in the *Anthropology Newsletter* requested that term *berdache* be dropped from future studies of Native North American gender and sexual life as it had no referent in Native life being as it was a product of “western thought and languages,” (Jacobs & Thomas 1994: 7). Moreover, as the original meaning was derogatory, the term to this day remains demeaning and insulting. Instead the authors suggested using the term “Two Spirit,” as a means to respectfully recognize Native North American gender and sexual life by linking together both “traditional multiple gender and sexual categories” and more contemporary identifications of gay, lesbian, bisexual and transgender/transsexual/transvestite (Jacobs, S E et al 1997: 3). However, “Two Spirit” comes with its own complicated and dangerous baggage. In some Native contexts, Jacobs et al (1997) tell us a direct translation of “Two Spirit” would wind-up meaning “ghost person,” or a person possessing both a “living and dead soul,” identities which would produce horror and dread in a number of contexts. Clearly, the politics of reclaiming and resignifying are never smooth or innocent.

[*The Caveat:* After much belabored thought, I have decided to employ the term, *berdache*, where it is used in the anthropological literature. In so doing, I try to reflect the historically specific scientific, political and moral milieu in which the discursive production occurs.]

This gloss of the term *berdache* has shown the category to refer to, and indeed assemble together, a variety of forms of gender and sexual variance. As well I have pointed to the uses this *third gender* figure has been put. In this rendering it may seem as if a variety of heterogeneous and discordant forms of gender, sexual, bodily, and erotic variance are reduced into one. If so, this homogenizing act seeks to reiteratively perform one way that the discursive production of the gendered other takes place, similar to what Mohanty has argued occurs in the construction of the “third world woman” (1988). She contends that within feminist (oftentimes anthropological) literature, the “material and historical heterogeneity of the lives of women in the third world” are collapsed into the “composite, singular” figure of the “ ‘third world woman’ ” (1988:53). Differences among and within women are erased – Woman is the same the world over. Here the characteristics of the One doing the representing become those that come to define what is Woman, so that She, the representer, becomes secured as the universal center of the category woman. It is no leap of the imagination to see that a similar totalizing move occurs in the anthropological literature under the figure of the *berdache*, wherein multiple forms of gender variance are reduced one *third gender*; thus allowing the generator of meaning, the binary Man/woman to go unchallenged.

First encounters

In 1879 Matilda Coxe Stevenson was a member of first expedition commissioned by recently established the Bureau of American Ethnology. Led by her husband, the expedition’s

charge was to survey the Southwestern U.S. and gather information on “Indian culture.” We might assume as means for more effective governance of the Native population and/or an early exploration in salvage anthropology. Stevenson, who was not considered an ethnologist at the time, accompanied the expedition for it was assumed that she as the only woman would have access to Native North American women thought to exist in a separate domain. However not only would this mission inaugurate Stevenson’s more than fifteen years of fieldwork among the Zuni but she would become the most prolific ethnologist of the expedition. Contracted by the Bureau to complete the ethnological report, “The Zuni Indians” (1904) she became the first woman on record to carry out scientific work under the aegis of the United States government.

In her ethnographic reports of the Zuni, Stevenson frequently makes note of the *lhamana* whom she described as men who have a penchant for cross-dressing, doing women’s work and “hanging about the house” (1904: 37) She reports that the decision to become a *lhamana* was voluntarily made by a young boy whom the women in the matrilineal family would look upon “with favor, since it means that he will remain a member of the household and do almost double the work of a woman” (1904:38) Stevenson admires *lhamana* for being the “finest potters and weavers in the tribe” (1904:37) In her reports she shies away from referring to the *lhamana* as pathological or abnormal, suggesting that for the Zuni this gender role is uncommon but not unnatural owing to the fact that gender among the Zuni, as understood by Stevenson, is acquired rather than a direct extension of anatomy. Given that she frequently ponders the possibility of *lhamana* actually being hermaphrodites Stevenson does not appear wedded to the notion of sexual dimorphism, and might be said to figure a moment where, in Foucault’s terms, “sexual irregularity” was granted an ontological status within the sciences of Man (1980).

When Stevenson references sexual desire in the lives of the *lhamana*, she does so with a mixture of fascination and dismay, coquettishly writing, “there is a side to the lives of these men which must remain untold. They never marry women, and it is understood that they seldom have relations with them” (1904:38). Of course Stevenson is really hiding nothing here, as it would be obvious to any reader in the *Annual Report of the Bureau of American Ethnology* to what unspeakable acts she refers. Thus even when refusing to speak of sex directly, Stevenson evades nothing and instead reifies the mysteries of perverse sex as the truth of the *lhamana*.

Over the course of Stevenson’s work she meets and begins a fifteen year relationship with We’wha, whom Stevenson describes as “one of the most remarkable members of the tribe” (1904:20). Coming to Washington, DC in 1885 as a cultural emissary for six months, We’wha stays at the Stevenson’s home. Here we are afforded a momentarily glimpse into the inner and often contradictory workings of colonization, the construction of cultural difference, and practices of colonial governance that pose a number of answerable questions. What was We’wha meant to signify for the government elite: perhaps non-threatening culture difference, maybe a less dramatic Native North American or Zuni’s “high achievement” of civilization (Roscoe 1991)? In what ways was We’wha herself engaged in a last ditch attempt to stay off the genocide of the Zuni and the almost complete eradication of Native North American Life? What kind of relationship was possible between We’wha, as ethnographic informant, and Stevenson, as ethnographer? Was this a “friendship” as Stevenson contends, and if so what kind? What kind of ethical dilemmas does this relationship figure as instantiated in the ethnographic encounter? Stevenson never reveals her thoughts on these matters, and We’wha’s are erased from the ethnographic record. Here it seems that ethnography gives rise to mysteries of culture difference rather than deciphering them.

When We'wha dies in 1896, Stevenson remained beside her, and writes later that her "death caused universal regret and distress" among the Zuni (1904:311). But upon the death of We'wha, Stevenson encounters a surprise. She announces:

This person was a man wearing a woman's dress and so carefully was his sex concealed that for years the writer believed him to be a woman. Some declared him to be a hermaphrodite, but the writer gave no credence to the story, and continued to regard We'wha as a woman; as he was always referred to by the tribe as "she" – it being their custom to speak of men who don women's dress as if they were women – and as the writer could never think of her faithful and devoted friend in any other light, she will continue to use the feminine pronoun when referring to We'wha" (1904:311-12)

What might we make of Stevenson's revelation? Is Roscoe (1991) right in finding that it prosperous that Stevenson could have ever mistaken, what is so clear to Roscoe almost a hundred years later, that We'wha was a homosexual male? Was Stevenson duped or was she duping the readership of the *Twenty-Third Annual Report of the Bureau of American Ethnology*? As with most questions of true and false, there are perhaps a number of different ways to think about Stevenson's surprise, which I think much like We'wha's life must be left open. Perhaps Stevenson could not imagine her close friend as being anything but a woman, and certainly not one who would engage in what Stevenson had referenced as unspeakable acts. Maybe for Stevenson it would be impossible to understand this relationship as anything but friendship among women. Or maybe, Stevenson was engaging in what anthropology would come to later call a mode of cultural relativism that is central to the anthropological enterprise. If the Zuni referred to We'wha as a "she" as Stevenson attests, and if We'wha allowed herself to be read as a she (although, as we will bear witness to, this is common phenomena, we will never hear her side of things), then perhaps Stevenson far from duped is instead allowing herself to be caught within a difference logics of the body, sex, gender, and the truth. Maybe even Stevenson can be said to figure both herself and We'wha as products of a colonial encounter where there remains an incommensurability between different orders of gender and sexuality, and truth of the body. Perhaps here total knowledge is always revealed to be an impossibility, but where situated knowledge (Haraway 1991) is required and partial perspective opens up the field of human life. Though Stevenson, I think, is the far better anthropologist, for refusing the final word.

A decade after Stevenson's pioneering ethnographic work, Ellie Parsons, begins conducting fieldwork among the Zuni under the direction of Boas. During her life, Parsons was known to be a somewhat of maverick, advocating for women's rights, arguing against World War II, and shamelessly promoting trial marriage. Being an heiress to a sizable fortune, she would later fund much of the ethnographic work conducted in the Southwestern United States during 1920s. She even funds many of Boas' assistants at Columbia University, when his work on behalf of anti-racist social science led to his funding being withdrawn.

Parson's published two accounts of the *lhamana*, what she labeled "transvestism" among the Zuni. She writes that *lhamana* were accepted into the community without "reticence" and "shame" (1916:523). Although Zuni explain the existence of *lhamana* through mythological terms, as being part of creation, Parsons understands these stories better as "a posteriori explanations" (1916:525). Parsons argues that these mythological stories functioned to "sanction" the role but not to "originate it" (1916:525). Removing the ontology of the *berdache* from the supernatural, allows her to argue that the role is primarily of social origin, allowing a boy whose desire is to cross-dress to find an acceptable and productive role in society. Here she clearly understands the *berdache* within the psychoanalytic vocabulary of "transvestitism," as

underlying drive to cross-dress, whose deviancy society channels into a functional role. To buttress her claims, she tells the story of “feminized” boy who had been originally accepted as *lhamana* but was later taken to an Indian boarding school, after which, Parson’s ironically writes, he becomes “a cook to an American road making labor gang – another way of doing women’s work! (1938:338). Although Parson in this account is providing evidence to support her theory that the Zuni *berdache* follows from a desire to cross-dress, on a different level she also reveals something else about Native North American life and the colonial encounter. First is the removal of native children in order that they may become re-educated into the ways of white folks. Second Parson links up to a number of accounts (Lowie 1924, Kroeber 1940, Williams 1986) that the colonial project took as one of its targets of elimination the role of the *berdache* and the creation of discrete gender roles naturalized in a sex/gender dichotomy.

Although Parson understands the *lhamana* role as originating from “transvestitism,” she also believes the role is the result of another powerful but mysterious libidinal force at work. Parson criticizes Stevenson, writing that it is “a pity that she felt called upon to be so reticent” (1916: 524) when discussing the sexual life of *lhamana*. But she herself runs up against a number of problems when trying to ascertain facts about the intimate life of the *lhamana*, and have this confession reveal the truth of the *lhamana*. When she asks her usually loquacious informant to tell her about the married life of *lhamana* and their husbands, he “checks further discussions for reasons I do not know” (1916:525). Here we might say that Parson’s will to knowledge is thwarted by the refusal to confess, or what Paula Gunn Allen has explained as the feeling among “ethnographers’ tribal informants – that it is wise to let sleeping dogs lie” (1981:84) Yet here again, the reported opacity of sexual life works to ground it as a mysterious truth in need of penetration.

Later Parson encounters yet another puzzling event that defies her interpretation. She describes that after death a *lhamana* is dressed in women’s clothes with men’s pants placed underneath (1916:528). Confused by this fact, of which she expects her readership to be also, she asks her informant to clarify by telling her which side of the cemetery the *lhamana* is buried, as this is the ultimate “test of the sex status.” (1916:528). He responds “the men’s side of course. Is this man not?” (1916:528). Parson writes that her informant then smiled at her in the way usually “reserved for (her) particularly unintelligent questions” (1916: 528). In revealing her confusion about the ontological status of the *lhamana* in life and in death, as well the response of her informant, Parson, I think, does a number of things within her text well as with its interpretation. First, she is in no small part calling into question her own ethnographic authority, exposing the interpretative practice of ethnography to be far from transparent and a product of shifting asymmetrical relationships of power between ethnographer and informant. She is also though making the figure of the *lhamana* stand as a sign of a radical difference that separates her (and her expected reader) from the Zuni. She assumes that the reader will share with her a similar confusion regarding the ontological truth of the *lhamana*. Thus this confession of bewilderment and uncertainty creates a picture of the *lhamana* as extraordinary strange and foreign, and whose truth is ultimately inaccessible. Thus the *lhamana* signifies not only cultural difference but a radical incommensurability between Parson-her reader and the Zuni. Parson’s story also reveals how difference becomes produced in a process wherein otherness is posed as indecipherable with a field of similarity, where the anthropologist and *lhamana* are made to meet within in a singular epistemological domain and grid of intelligibility. Difference thus requires a prior construction of similarity.

But Parson's also forecloses the possibility of complete knowledge of the other by simultaneously allowing the burial practice and the truth of the *berdache's* sexed and gendered status to remain unanswered. In allowing this ambiguity to remain unexplainable in her text, she can be said to open up the possibility for understanding sex and gender as well as the individual body and the social body to exist in dynamic relationship that changes over time, over the course of life. What is clear though for both Parson's and Stevenson is that death becomes the occasion for troubling what the anthropologist had assumed to be the truth of sex and gender. If the truth of the *berdache* is not inevitably found in the way in which gender is practiced over the course of a life or what is made to be its ontological grounding: the body exposed at death, then where might truth be said to arise? Perhaps it is the relationship instantiated between body and practice; that is the body as practice within the interval between birth and death.

Laundry lists

A. L. Kroeber, Berkeley's Anthropology's department namesake, wrote often of the *berdache* and some say he was actually responsible for "standardizing the term." (Lyons & Lyons, 2004). The figure of the *berdache* populates his mammoth *Handbook of the Indians of California* prepared for the Bureau of American Ethnology in 1925. Writing in the language of medical diagnosis, he authoritatively announces, "transvestite sexual perverts were recognized by all North American tribes" (1925: 497). It is hard to discern if "pervert" carried the same moral valence as it does today, or was it rather within the logics of Freudian psychoanalysis not a moral judgment but defined as an act that deviates from the norm, understood as the statistical mean. It does seem that Kroeber's insistence that the *berdache* were not atypical but acknowledged and given a socially legitimate position within Native North American life, seems to move him away from being read as condemning or celebrating the role. Though classifying the *berdache* within the language of psychology and medicine does signify it as a pathology.

Each nation described in his encyclopedia of Native North American Life is classified by a series of qualities, usually including types of food, naming practices, religious beliefs and practices, hunting activities, and so on. Between the categories "marriage and sex" and "death" or "war," Kroeber identifies "homosexualists of feminine inclination" (1925: 180), including the descriptions of dress, labor practices, ceremonial roles, and societal treatment of the *berdache*. Although the *berdache* is not as normal as heterosexual non-perverts, for their occurrence in Native North American Life seems to Kroeber to be as commonplace as "maize, beans, squashes, pottery, clubs, dress, coiffeur, transvestites, cremation..." (1925: 803). The *berdache* was only one of many noteworthy facts that described a people; one item in laundry list of collective human life. Rather than being the way to access the truth of a people, gender and sexual life was but one of many significant indexes. Kroeber was less clear though regarding what he considered to be the ontological origin of the *berdache*: was the role a product of sexual desire – "homosexualists" – or another kind of desire, a fetish to cross-dress – transvestites?

Fifteen years later, Kroeber (1940) gazes more theoretically upon the ethnographic record and formulates a theory regarding the ontological status of the *berdache*. For Kroeber the *berdache* was a way in which a society resolved a problem that is universality common, how to deal with the "invert" and the "irresistible call of their natures" (1925:497). For Kroeber role of the *berdache* allows for the ordering of deviance into an socially acceptable role. Within the logics of structural-functionalism, Kroeber understands the role to ameliorate – or even preclude the possibility of – societal conflicts over gender and sexual deviance. Further Kroeber argues that the *berdache* as an example of institutionalized deviance, allows an anthropologists to

understand how abnormality in general is dealt with in a particular society: is it repressed, restricted, pathologized, stigmatized, channeled?

Illuminating his indebtedness to Freud, Kroeber writes that the institutionalized role allows for “partial sublimation of specific erotic desires into feminine occupation, dress, and association” (209). The role enables an “invert” to become “socially accepted as a woman” (209) and fulfill his sexual desire. For Kroeber then sexual desire is the engine driving the human, but a desire that must be channeled into a form that imitates reproductive heterosexuality. Here homosexuality can only be realized in a form that replicates gender binarism. Heterosexuality is the ideal through which all desire must circulate, all sexual practices must replicate, and all gender and sexual identities must cite.

Kroeber though was only one of a number of important anthropologists who considered the role of the *berdache* within psychoanalytic and functionalist terms. Both Mead and Benedict in very different ways understood the *berdache* to eliminate the conflict between a deviant individual and society. Mead ([1935]1963, 1960), like Kroeber, understands the “transvestite” role as means to reduce the inevitable mismatch between individual dispositions and the demands of society and culture. For Mead the institutionalized role of the *berdache* allows the human, more often a man, who for some reason could not fulfill the expectations associated with the being a man, to remain a productive member of society. In other words, Mead argues that a man may not want to go to war, so he should instead weave a basket. The channeling of deviance in the institutionalized role allows societal conflicts that would inevitably arise from this mismatch to be resolved. Mead though diverges from Kroeber in assigning agency in the assumption of the role. For Kroeber, a human chooses the role in order to make possible his libidinal desire. For Mead society assigns the role to a human, whom it recognizes as deviating from its prescribed gender. Thus for Mead the institutionalization of the role reflects the ways in which society shapes its members through norms of gender.

Benedict like Kroeber and Mead holds the role of the *berdache* is society’s way of creating a social role for the “invert” and thus allowing a homosexual “to function” in society ([1934]1989: 262). She is though much more a cultural relativist than either Kroeber or Mead, arguing that there exists a variety of characteristics associated with the *berdache* across cultures, ranging from “supernatural power,” to leadership in women’s occupations, to effective healing practices, and to “organizers of social affairs” ([1934]1989: 263). The meanings and the forms that *third gender* take though are culturally specific. Sometimes the status is regarded with “acclaim,” other times with “embarrassment” (263). Benedict thus forecloses the possibility of any grand narrative about the *berdache* which would in turn reveal the truth of Native North American Life. For Benedict the role of the *berdache* does not reflect anything about essential Native North American life in general, but reflects how individual cultures create a variety of possibilities for gendered and sexual life.

Since the act of writing culture for Mead and Benedict was a pedagogical practice, aimed at teaching the reader something about themselves and U.S. society, both had specific ideas about what the *berdache* could signify. For Mead the *berdache* reveals the ways in which society and culture work to channel deviancy into a socially legitimate role, ultimately revealing another way in which gender roles are restrictive vis-à-vis the individual temperaments of humans. This allows Mead to call for society to recognize that each individual brings their own “gifts” into the world that are not limited to one’s assigned gender role ([1935] 1960). For Benedict, the possibility that homosexuality could take a socially accepted role without the

“clinical picture of homosexuality” characterized by “neuroses and psychoses” ([1934]1989: 262) reveals that in the U.S., it is “society” turns “inversion” into a pathology.

It is though, Kroeber’s student, Devereux who writes most prolifically on the intimate sexual lives of the *berdache*. Under Kroeber’s direction Devereux received a doctorate from Berkeley in 1935, writing a dissertation on Mohave Sexuality. He seems to follow Kroeber’s lead, setting out to categorize the sexual practices and fantasies of the Mohave within the terms of psychoanalysis, compiling a nosology of sexual irregularities – both imagined and material.

Although Kroeber had referred to the Mohave as “loose” and “far franker about sexual relations” than other Native North Americans (1926:747), Devereux (1950) finds the Mohave to be much more reticent when it comes to discussing their masturbation practices with him and his enquiring mind. While the adults refuse to confess, Devereux finds that teenage children are far more willing to disclose the autoerotic practices of their peers. With their statements he constructs a catalog of Mohave autoerotic life, giving names to masturbatory techniques, classifying the fantasies they had while masturbating, and interpreting both acts and fantasizes through psychoanalysis. He then diagnoses the Mohave as suffering from “infantile, sadistic, and incestuous components of the masturbating fantasies” (1950: 219). Whether or not Devereux prescribes the talking-cure we are left not knowing.

In an another article, Devereux (1937) is interested in the “institutionalized homosexuality” among the Mohave. Like Kroeber before him he collapses “transvestism” and “sexual inversion” in ways that perhaps are not so agreeable with the Freud of the *Three Essays on Sexuality* ([1905] 2000). Devereux theorizes that there are two forms of “transvestitism,” named by the Mohave: *alyah* for the men and *hwame* for the women. As anthropologists before him, Devereux finds that these two forms of “transvestism” are not uncommon among the Mohave, although the males form occurs with more frequency than does the female. But these two forms of life are perplexing enough to Devereux to compel him to query about the ontological origin of the *alyah* and the *hwame*. Devereux tells us that there are two avenues for becoming a *berdache*. First, if a Mohave women while pregnant dreams of a “transvestite,” the fetus she is carrying will transform into a *berdache*. Second, Devereux tells us that Mohave understand that if there is “desire in a child’s heart to become a transvestite, that child will act different” (1937: 503), thus publicly announcing the gendered self. For Devereux then gender variance can be an effect of events that precede the human’s birth in the “maternal womb” (1937: 503) or an effect of an individual instinct. Here society is not the cause of the assumption of a *third gender* as Mead has theorized, but determined by natural and supernatural forces. Society only reflects what has already been decided in realms that precede it.

Moreover, Devereux tells us that the becoming of a *berdache* is a social affair. There is an elaborate initiation ceremony taking place over four days in which the whole community takes a role. Although the Mohave we are told by both Kroeber and Devereux are a jocular people and may poke fun at the *berdache*, there is no individual or familial shame associated with the stats. It is not uncommon for “male transvestites” to get married to men; and females to women. The *alyah* are understood to have menstrual cycles and they participate in its associated rituals. They are known to often give birth to stillborn children and publicly mourn for weeks. Yet Devereux himself finds these practices a little silly and is not caught by them. Instead he writes that the menstrual blood is a result the *alyah* making cuts in the inner thigh, and the stillborn fetus is the consequence of being constipated for a few weeks. Yet he tells us that these actions of the *alyah* go over with no problem among the Mohave. The menstruation and

pregnancy are accepted, and the only sources of amusement for community are the jokes made about the husband.

For Devereux the institutionalized homosexuality that the *berdache* is said to represent has less to do with resolving social contradictions, than in providing ways to satisfy the libido without the repression of “perversity” associated with “shame, disgust, and morality” (Freud [1905] 2000). Devereux understands the Mohave to have “acted wisely perhaps in acknowledging the inevitable” (1937:520); that is the naturalness of homosexuality. Here though Devereux is not satisfied like the anthropologists before him (and even some of those after him) to invoke the presence of homosexuality and then move-on. Rather he attempts to explore homosexuality by ethnographically grounding psychoanalytic notions of active and passive homosexuality through the figure of the *berdache*. Devereux contends that there are two forms of homoerotic practices: passive and active. Following Freudian psychoanalysis here, passive homosexuality is figured as feminine, and active as masculine. The passive partner takes on the feminized social role of *alyah*, whose partners are the “bisexually inclined active male homosexuals” (1937: 520). The institutionalized role of *alyah*, Devereux tells us, provides a “reserved quarters for permanent homosexuals” whom the “contingent inverts (Freud [1905] 2000:3) can come to visit every so often while leaving the door “wide open for a return to normalcy” (1937:520).

For Kroeber and Devereux, acting as psychologists of the social world, the *berdache* is a product of inevitable individual deviations from the norm of “adult reproductive heterosexuality” (Freud [1905] 2003). For both of them all types of variance have been imagined and planned for *a priori*. There is no unknown perversity here, for like Freud’s human all possible forms of perversity are natural to its life. For Kroeber and Devereux homoerotic desires and homosexual acts are already pre-figured and categorized, and become socially realized in the form of the institutionalization of homosexuality. Thus the gender transgression said to follow upon homoerotic desire is safely corralled into a proper place, and any critique of the social order which the deviant might pose is muffled and muted. After Foucault, we might recognize institutionalization as another way through which random acts come to constitute a particular species of person within a deployment of sexuality. Cross dressing, gender variance, and homoerotic desire and practices define a new kind of person emerging within the anthropological literature, given the name *third gender*.

Devereux’s fieldwork among the Mohave raises a number of questions about the intimacies and intricacies of the ethnographic encounter. Devereux never meets a *alyah* as they are said to have disappeared from Mohave life by the time of Devereux’s fieldwork. So what Devereux records are the traces, the figments, the artifacts of the *berdache*: the memories elders have of them, the stories young children tell about them, and perhaps even the tall-tales that are what folklore and mythology are all about. I wonder if it might not be at all possible that the Mohave whom both Kroeber and Devereux portray as fun, bawdy, teasing, and full of jocular sexual innuendos are not pulling one over on Devereux. Maybe the joke is on the anthropologist. Maybe telling stories about the *alyah* to Devereux has been incorporated into the Mohave sexual comedy. Maybe the anthropologist and his interlocutor are messing with each other, and find pleasure in this back and forth. Here I am reminded of Zora Neale Hurston’s reflections of similar intimate ironies of the ethnographic encounter. Speaking at once as anthropologist and informant, folklorist and story-teller, she muses:

The white man is always trying to know into somebody else’s business (so) we smile and tell him or her something that satisfies the white person because, knowing so little about

us, he doesn't know what he is missing...He can read my writing but he sho' can't read my mind...Then I'll say my say and sing my song ([1935] 1990:4)

It may not only be the ethnographic account that is allegorical, but perhaps the stories of the “informant,” who might find ways to trip-up the demand to confess and snub being reified in a story not of his/her/their own making. This may be one way to work within the relations of power and knowledge, becoming a player in what Foucault calls the “game’ of life or death” (2001).

Re-reading the ethnographic record: is berdache about gender or sexuality?

In 1981, Whitehead revisits the literature on the *berdache*, where she centers questions of gender and downplays the sexual. Here she makes a clear break from previous ethnographic accounts, whose authors she criticizes for trying to “muster support for one or another interpretation of “our” homosexuality rather than laying bare “theirs” (80). For Whitehead, true knowledge of the *berdache* has been corrupted by those attempts which seek to claim a homoerotic desire as an ontological cause. Although she claims to displace what she understands as the prioritizing of desire whether in terms of homosexuality or a fetish to cross-dress, she in fact re-introduces desire as the force behind the *berdache* status. This time though the desire to be a woman. Effectively re-erasing the possibility of female *berdache*, she accepts the ethnographic record as accurate – not a product of gender politics itself – and reiterates that the role of the *berdache* was taken up by men who voluntaristically chose to be women. She argues that previous accounts which have assumed sexual desire to be the force underlying the assumption of the role have not paid close attention to ethnographic detail. Whitehead understands the ethnographic record to present homosexuality as only one feature, and a minor one at that, characterizing *berdache* whom Whitehead argues as being much more frequently identified by occupational, clothing, behavioral, and speech practices. Thus, “sexual choice was very much the trailing rather than the leading edge of gender definition” (1981:96). For Whitehead gender identity comes first, followed by sexual practice. This is clearly a reversal of the arguments put forth by prior anthropologists who contend that sexual drives instantiates gender. Yet, in making this argument Whitehead ignores the very politics of the ethnographic record, of which feminism has been too clear to point out: the erasure of lives of women. Moreover, might not the de-emphasizing of the *berdache* sexual life in anthropological literature be an effect of those anthropologists wishing not to make public those behaviors too horrifying to name. Although Whitehead tries to move away from desire as the root of the *berdache* ontology, she is unable to and foregrounds a different drive than the sexual motivating the assumption of the *berdache* role.

Arguing that women experienced a high social and economic status of in Native American societies, Whitehead contends that the social role of a woman would be especially appealing for men to approximate, even those able to fulfill the expectations associated with masculinity. Here though Whitehead seems to be simplifying once again the rather more complicated ethnographic record. In Whitehead's depiction, power-hungry men, would “infiltrate the realm of women in the guise of women” (1981:108). With this reading Whitehead winds-up sounding a lot like Raymond who a year earlier claimed that contemporary transsexuals are “notably obtrusive” and like all men “have inserted themselves into positions of importance” including the domain of natural-born women. (Raymond 1980). Thus like Raymond before here, Whitehead assumes an essential desire that men have for being women, of which the *berdache* is but one example across time and place. Ironically then Whitehead

reproduces the very imperial act she had criticized prior anthropological accounts wherein the figure the *berdache* becomes evidence of a universal homosexuality. For Whitehead the *berdache* figure a universal masculine penetrating power.

In response to Whitehead's criticisms, two gay scholars have argued that the role of the *berdache* had little to do with gender, and was in fact about a homoerotic desire. But this re-interpretation of the homosexuality of the *berdache* is not employed as a means to resolve social conflict as some structural-functionalists have argued or as a means to psychoanalytically interpret cultural configurations. But rather to make the case that there is in indeed a link between the *berdache* status and contemporary homosexual, and that this apparent universality of the homosexuality everywhere is the grounds for making a variety of political claims. For example, Williams, in a whirlwind encyclopedic account of the *berdache* in Native American (1986), portrays the *berdache* to substantiate a link between the homosexuality of today and that of yesterday. For Williams the *berdache* allows the possibility for a homosexual desire, which as the libido is pre-cultural and pre-social, to be fulfilled in a social and cultural form. Thus the homosexuality of the *berdache* becomes evidence for homosexual desire as a natural fact which contemporary gays and lesbians can marshal in their political claims, and that gays and lesbians of Native descent mobilize to confront homophobia in Native North American life.

Roscoe in an award-winning history of We'wha, the Zuni *berdache* about whom Stevenson has written, claims that those "social constructionists" who maintain that homosexuality is a recent phenomena are "Eurocentric" in ignoring the connection between *berdache* and homosexuality (208). As Roscoe contends, to argue that the category of homosexuality is an invention of late nineteenth century medical and discourses, erases lives outside the West who are homoerotically oriented. For Roscoe to claim that homosexuality is a discursive construction that is particular to Europe has the effect of making it impossible to recognize same-sex relations elsewhere in the world. It is unclear to me though why an argument for the historical, cultural, and discursive production of homosexuality would preclude the discussion of multiple other same-sex erotic attachments. It seems that Roscoe himself is positing a "Eurocentric" argument by taking one definition of same-sex or same-gender erotic attachment and then arguing for its universality. In so doing Roscoe erects the West as the standard with which to understand the world once again.

Roscoe's biography of We'wha falls into another trap of "centricism." Throughout his account, he employs male pronouns when referring to We'wha and other *berdache*. He justifies this by quoting Stevenson, whom we remember writes that the Zuni told her upon We'wha's death: "she is a man." Peculiarly Roscoe reverses Stevenson's own understanding of this statement and authoritatively declares, "I use male pronouns in writing of We'wha to convey in English the same understanding a Zuni had: that We'wha was biologically male." (139) But since the Zuni obviously used female, not male, pronouns to refer to We'wha Roscoe is surely not following their lead here nor remains faithful to cultural specificity. As Stevenson's and others have written, the Zuni seem not to solder together birth gender and social gender. Ironically then Roscoe engages in his own form of eurocentricism, of which he has just accused the "social constructionists." Moreover, understanding We'wha's life in his proposed terms – that her truth was her biology, which somehow he 100 years later has access to – only tautologically proves his claim that the *berdache* were in fact homosexual males.

It is obvious then that by the end of the twentieth-century, the *berdache* has resurfaced in anthropology. This time the *berdache* is read within an essentialist search for lost origins whether this be for the existence of certain modern sexual identities or the roots of certain

modern gender dynamics of power. Here the figure of the *berdache* becomes interpellated into a variety of political struggles: as a sign of a hidden but universal homosexual or a much too visible figure of masculinist prerogative. We might wonder, to follow upon Spivak's question now relocated and transformed, how might it be possible to ever speak as a *berdache* within such discursive excess? And yet, in the second vignette, Angelina cites the figure when giving an account of herself to an anthropologist and it seems she might be speaking herself into a discourse which has only spoken about.

Transnational transsexualites: "modern homosexualities" and the Thai kathoey

Moving to the second figure, the *kathoey*, in this discussion of the anthropological production of the *third gender* entails moving from Native North America to Thailand and to the "Orient." Said in his classic exploration of the discursive production of the Orient, makes a few brief comments on how gender and sexuality were enlisted in the construction of Europe's Other. Said writes that Orient was "feminized," that is both man and women were often portrayed as hyper-feminine. Moreover the "Orient" was imagined as a place of "sexual promise, untiring sensuality, (and) unlimited desire" (188). In the fecund sexual landscape of the Orient, the Occidental finds not only its exotic other, and also "sexual experience unobtainable in Europe" (188). Although Said's remarks were often specific to the "Near East," as Manderson and Jolly (1997) have argue they can be extended to the whole of the mythological, monolithic Orient. This is particularly the case with Thailand, of which Morris writes that "few nations have been so thoroughly subjected to Orientalist fantasies as has Thailand" (1994:17). Within the discursive excess that constitutes Orientalism, the figure of the *kathoey*, Thailand's *third gender* represents a gendered alterity.

Charting the symbolic history of *kathoey*, Morris begins with a recently translated Buddhist text, *Pathamamulamuli*, that in its original oral form related the creation of the universe and humanity as told to the Buddha. In this text, Morris tells us there are three forms of sexual embodiment: the "hermaphrodite" alongside the female and the male. For Morris the appearance of the *kathoey* at the dawn of humanist portrays the *kathoey* as being as ontologically real and natural as male and female. Thus she understands this text to instantiated a sex-gender system inhabited by a original trinity of sexed humans, in which there is no separation between sex and gender. Although Morris claims that three forms of life are granted "equal materiality" (22) within Buddhist though, Morris does not describe how this primal threesome might be translated into everyday practices and identifications of sex and gender life. Particularly significant to Morris is how this creation story can be understood to figure an originary "triad in which there can be no single antithesis" (22). This primal world is populated by three sex-genders, which Morris argues precludes he possibility of any dialectical syntheses or the constitution of meaning through binary opposition. Echoing Garber's notion of the "category crisis" (1992) said to be inaugurated by the transvestite, the *kathoey* for Morris similarly signifies a different order of cultural and society where binaries and dualisms are come undone or are epistemologically and ontologically impossible from the get-go.

But this Thai sex-gender system constituted through the trinity, which Morris contends is radically different than the "modern" west's, does not last forever. Morris claims that this authentic Thai sexual and gender configuration comes up against a foreign radically other arrangement of bodies, genders and sexes figured as the clash between the "east" and "west." Here Thailand's three sexes are said to collide with four sexualities that Morris understands following Foucault to be an effect of the "deployment of sexuality" in western Europe (Foucault

[1978] 1990). The original man, women, *kathoey* – the effects of a *triad* of sexual difference – encounter the heterosexual man and women, gay and lesbian – the effects of a *binary* of sexual difference. Here Morris argues that the *kathoey* presents a problem for this “modern” arrangement of bodies, sexes, and sexual desires: how does the *kathoey*, as a third sex, become assimilated within a binary configuration of sexual dimorphism? One way to reconcile this clash, of “east” and “west,” indigenous and modern, is that the figure of the *kathoey* gets “incorporated into masculine homosexuality” (1994:24) as a cross-dressing gay man. Although it is hard to understand how exactly cross-dressing is a practice of masculine homosexuality. Similarly, it is difficult to make sense of what this encounter means in day-to-day-life – or if there is any such thing as a truly authentic Thai sex-gender system – for Morris fails to establish the historical period in which this alleged encounter of untranslatable difference takes place nor what daily life for the *kathoey* or gay male might look like. Thus it seems important to raise a number of ethnographically informed questions: are these systems irreconcilable? How might they asymmetrically transform each other in their encounter, and how might those living within and between two orders emerge as forms of life characterized not by complete incompatibility but by “a consciousness of the Borderlands,” (Anzaldúa 1987), or “hybridity” (Hall 1996), or the “Third Place of enunciations” (Bhabha 1994).

Attesting to the problematic status of the *kathoey*, Morris herself runs up against some of her own interpretive problems. In a follow-up article published three years later, Morris revisits her notion of the *kathoey* as representing a radical thirdness in an authentic Thailand. Morris reformulates that even in “origin myths” the *kathoey* is not represented as a radical thirdness but is itself contained within the binary of man and woman. In a reading we have encountered before in the conceptualizations of the *berdache*, she refers to the *kathoey* as a form of “institutionalize male-to-female crossing” and “mode of feminized maleness” (1997:62) In this new reading, Morris argues that the *kathoey*, is not an ontologically distinct category of sexual difference, but is rather a catch-all category for those humans who are assigned male at birth but can not fulfill the expectations of Thai manhood. In other words, like notions of the *berdache*, *kathoey* offers the possibility for an intelligible social existence for forms of male deviance. Thus Morgan, moving completely away from her prior Gerber influenced reading, argues that far from existing in any inherently critical manner towards the binary – man and woman, the *kathoey* is a way to contain transgressions from those who deviate from Man, and whose every unassimilation would call the stability of Man into question.

In a series of articles and edited volumes, Jackson (1997, 1999a, 1999b) deviates from Morris’ gender analysis of the *kathoey* and employs the figure of the *kathoey* in order to center a series of questions about desire and eroticism in contemporary formations of sexuality in Thailand. Jackson portrays Thailand as increasingly linked to myriad transnational networks and global phenomena, pictured in what he describes as the emergence of “masculine definition of gayness” (1997). Here Jackson is both in agreement with and departs from arguments that Altman has made about modern forms of European and American sexuality. Altman argues that icons and subcultural forms of sexuality that he assumes to originate in exclusively Europe and the US (and by extension Australia) have spread along the networks of global capital. He writes, “the macho gay man of the 1970s, the lipstick lesbian of the 1990s, are a global phenomenon, thanks to the ability of mass media to market particular American lifestyles and appearance.” (Altman 2001) Although Jackson agrees that “western” forms of sexuality are emerging in many places outside the “West,” he argues that seemingly new identities such as “gay” in Thailand are not just replications of some western origin but are the result of articulation with more local and

indigenous constructions of sexuality. For Jackson, one such place to watch this articulation is in the relationship between the *kathoey* and gay.

Although agreeing with Morris that Foucault's understanding of the deployment of sexuality has become central to the ways in which bodies, genders, and sexes are constructed in contemporary Thailand, Jackson (1997) diverges from Morris' proposition that this has included a supplantation of a prior sex-gender system or the presence of "two irreconcilable but coexistent sex/gender systems" (Morris 1994: 34). For Jackson, the historically prior system of three sexes remains vital to the constitution of present-day sexual life. Arguing that far from being incorporated as a form of homosexuality, *kathoey* as a *third gender* remains a critical way for articulating sexual relations and gender identifications. Jackson understands *kathoey* to represent not only a man who engages in homosexual relationships but more revealingly as a "deficient variety of masculine gender" (170). For Jackson, the *kathoey* is the abjected gender against which all Thai men without regard to sexual orientation oppositionally define themselves.

But this configuration of the *kathoey* as a public identity that represents both one who engages in homosexual acts as well as a repudiated failed masculinity, poses grave problems for what Jackson presupposes as a natural category of the manly homosexual. Trapped within the logics of an incitement to discourse or what Massad has termed "a gay international" discourse (2002) that assumes gays and lesbians exist across the global and are in need of little help to come-out, Jackson assumes that Thai men who engage in homoerotic activities wish to make this desire public and become identified with this desire. Yet in the Thailand that Jackson imagines, the only identity available to speak this homosexual desire is the *kathoey*. Thus when naturally compelled to declare homoerotic desire as a truth of oneself and publicly identify as that desire, men in Thailand would be forced to assume the identity *kathoey* and wind-up emasculating themselves. Of course this poses a problem for Jackson: what options are available for a homoerotic desiring man who both yearns to identify as this desire and remain within the category of man? For Jackson the category of gay arrives just in time to rescue men from having to symbolically castrate themselves when rendering public their homoerotic desire.

For Jackson then, as synopsised by Sinnot, there remains the notion that "homosexuality is a behavior that can be identified cross-culturally" (Sinnot 2004: 16). Jackson also conceptualizes that there exists a pre-discursive desire, something comparable to the libido, which compels a masculinist homoerotic identification. There is no question as to this desire being compelled by the discursive production of sexuality. Rather for Jackson masculine subjects of homosexual desire are natural and inevitable. But there is actually something strangely unnatural about the Thai world that Jackson constructs. Thai women drop out of Jackson's completely homosocial world.

But without ethnographic material, this world appears to be a projection of a particular anthropologist, where homoerotic behavior (and all that is masculine for that matter) is constituted through a disavowal of the femininity figured in the abjected status of the *kathoey* as feminized man, and the disappearance of women from any part of Thai social or symbolic worlds. It seems though that such a construction is not that far from a stereotypical modern-European conception of gayness. So perhaps Morris – in a very different way – was right all along. There is an entirely new world order of bodies, genders, and sexes in Thailand; this one devoid of women and instantiated through misogyny, or maybe this is not so new. This is perhaps why the story that Sinnot tells of "*toms* and *dees*" as emergent forms of sexual life available to Thai women is an even more important intervention than the one she lays out for herself to "challenge to the universal homosexual subject." (17) Perhaps she is actually also

mounting a charge against the universal subject, which is said to exist gay or straight, man or *kathoey* in its own homosocial world.

Again as with the figure of the *berdache*, the *kathoey* does a lot of social and cultural theoretical work. For Morris, an analysis of the *kathoey* is said to “reveal much about the history of changing formations in Thailand” (1994: 21) and for Jackson the emergence of a masculine gay identity takes as it foil the abjected *kathoey* (2000). It seems we have not heeded a criticism that Cohen makes about academics and the pleasures of theorizing with the *third gender* as metaphor. These scholarly practices are “often exquisitely insensitive to the bodies with it plays” (277). It seems then that an anthropological practice which seeks to engage with both the discursive production of gendered subjects as well as pay careful attention to the ways in which lives are lived, needs to do so without romanticizing the “real life” or what Scott has termed the “‘experience’ ” (1992). In raising the question, under what conditions does it become possible to experience the world as a particular kind of subject, Scott outlines not only an historical, but also an ethnographic project, which is attentive to both discursive practices and everyday experience; that is the discursive production of everyday life. Scott asks us to consider the “historical processes that, through discourse, positions subjects and produce their experience” (1992: 26). Here we might ask how humans come to understand themselves as particular kinds of gendered persons who have particular kinds of gender experiences; in other words, the question: how does the self that requires gender become established as the basis for social life? Here it seems that experiences of *berdache* and the *kathoey*, and their anthropologists, might be able to speak towards how personhood is a product of a constellation of historically contingent subject-making practices.

For instance, Nina and Donna reveal how different experiences and meanings can be attributed to what appears to be the same figure of the *kathoey*, and they underscore the different relationships that might be taken up with the category in the manner in which one gives an account of the self. Angelina’s invocation of Two Spirit to name herself reveals a complicated and indeed violent history of the term, and its predecessor, *berdache*. In citing this figure, she places herself within this history, and tells us at the same time that gender can be the name for a relationship between the sacred and the profane. Patricia, although not citing a “third gender,” reminds us that anthropology has played an enduring and influential role in what sorts of meanings come to temporarily congeal in “third gender” figures, and how these categories circulate in the world, and sometimes provoke one to ask *am I that name?*³¹

Conclusion: problematizing the incitement to count

When I began, I had originally planned to follow Bleys’ (1995) consideration of sexuality in the ethnographic imagination, with only a few detours. He begins around 1750, and concludes in 1918. I begin about 1880, and end in the present. He is most interested in sexual acts, with gender a second concern. I am more interested in gender. (Although it is probably a little hard to say with any seriousness that one is not interested in sex.) What I planned to do was to unhinge, ever so briefly, gender from sex, in order see what kind of work gender makes sex, the body, and sexuality do. I had expected to find a similar process as Bleys: what I crudely paraphrase as the discursive making of the perverse Other within the ethnographic record. But of course, as with most things anthropological, what is assumed beforehand as that which will be discovered is not what one actually finds when caught within a world that is neither one’s own nor *not* one’s own

³¹ I am borrowing this question from Denise Riley (2003) who asks it of “woman.”

(Favret-Saada 1977). Rather what I found were ethnographic encounters between anthropologists and “others” which resist being interpellated into a coherent master narrative of how anthropology comes to construct its gendered Others. Instead I think I have stumbled across a number of anthropologists who found themselves surprised at what they experienced, and others who could barely believe what they were experiencing. Some who derided what they or others had encountered, and others who were celebratory. Some who pathologized those practices that were not in keeping with their own moral sensibilities, and others who saw nothing out of sorts. Some who looked upon an enlightened world to which their own world could aspire. Others who imagined a world stuck in Freudian infantile stage of sexual development. But none who imagined a savage world from which theirs must be defended. Rather than a clear and continuous discourse on gender variance, I have found anthropologists struggling to find the terms and vocabulary to speak of what they took to be gendered humans who were neither male nor female; or both male and female; in whose existence sex and gender appeared not so welded together.

Yet there are few things that these narratives do share among them. First is the absence of how those who have been written about may have identified; how they may have understood themselves; what names they might have given to themselves; in what ways they may have come to have an I, or if having an I was even a perquisite for being. Other than Stevenson and Parsons no other anthropologist discussed here spent time with someone who was identified as a *berdache*; and no one for as long or intimately as Stevenson. Until the resurfacing of the *berdache* during the sexual movements of the 1970s, they had become but traces, at least in the anthropological literature. It does seem then that the *third gender - the berdache and the kathoey* – are a little like Spivak’s subaltern woman (1988): overdetermined by a discourse that precedes her, interpellates her, fixes her; while simultaneously erasing her life.

Relatedly, the *third gender* was represented as something that “we” – the anthropologist and their assumed reader – do not have, something “we” do not recognize, something that is the province of the cultural Other. What the *third gender* was made to do was to signify cultural difference, a difference that may have been desired or disavowed, accepted or repudiated; but more frequently experienced as ambivalence. The *third gender* was one sign of difference, perhaps not of radical alterity, but something against which the gender/sex system of the anthropologist was defined, secured and made to appear coherent. Similarly the making of the *third gender* was also about a tidying-up of the Other culture. Rarely was a form of life described that handled both the bow and basket, both hunted and forged, was both active and passive. Ambiguity, bisexuality, androgyny – such troubling in-between things – are left out of these attempts to write order, to structure a world through not only the binary but even through the triad. Thus it seems that within these ethnographic accounts, there is no life which does not have a gender classification: whether this is man, woman, or *berdache, kathoey*. Having a gender that is stable is the requirement for life when counting matters, when counting makes life matter.³²

³² Although this chapter is an attempt to critically engage the arithmetic logics through which gender and sex become knowable, and undoubtedly ordered, I am well aware, having been taught by my interlocutor-informants, that counting matters for qualifying lives that come to matter within contemporary political discourses and governing apparatuses. For instance, because there is a lack of (trans)gender categories on surveys and censuses it becomes nearly impossible to render trans experience intelligible within statistical knowledge making practices, which in today’s world produce the very facts which authorize claims to justice and equality within many political, governmental, and juridical domains. Without “data” as I have been told time and again, it becomes nearly impossible to make claims about, and for, trans populations with the terms of contemporary politics and governance. Although I am often critical of the privileging of place on arithmetical

I have been struck then by a variety of incitements, not only the incitement to discourse, to make sexuality – sex, gender, identity – constitute the truth of the self and human collectives; but also by another kind of will to knowledge: the incitement to enumerate, the reification of gender and sex so that they may be counted. There is of course within the west a long and complicated history to thinking about genders, and sexes, and bodies in terms of numbers. Laqueur (1990) tells us that the Greeks could only count to one when numerating the anatomical forms of the human body. He contends that in the classical world “two genders correspond to one sex” (1990:25). Men and women were thought to share the same bodily organs, only that women were the inverse to man. While other western discourses might be understood to count to two – two genders and two sexes – or even to three as we have seen here, Irigaray (1985) would argue that the subject of phallogocentricism consists only of the sex which is one: Man. The cosmopolitan anthropologist Mead (1960) would respond that, although there are two sexes, there are exactly eleven gender roles possible in any and all social orders. These range from reproductive women and men to the *berdache* to zoophilia (sexual preference for animals and its corresponding social role). Close to fifty-years later, Fausto-Sterling (2000), who is less interested in counting gender, maintains that at the dawn of the new millennium, there are however precisely five sexes: man, woman, lesbian, gay, and transsexual. Yet over a hundred years ago before even Mead and Fausto-Sterling, Hirshfeld after performing some of his own fancy arithmetic: taking 3 (the number of sexes) to the 16th power (the number of gender permutations) declares that there are 43,046,721 sexual types (Steakley 1997). However a few years later he changes his mind and claims that sexual types are almost infinite, consisting of as many different individual varieties as there are humans. And yet the counting goes on. But why? What is about counting, enumeration, and the creation of knowledge about the world and what it means to be worldly being? Is it as Poovey (1998) suggests that numeration imparts an air of objectivity, logicalness, fixity, orderliness, facticity; a world governed by rules, and perhaps even divinely sanctioned?

Perhaps it would be wise to pause and heed a criticism that Haraway once made of counting: “When geometries, paradigms, and logics are remain wedded to binaries, dialectics, and nature/culture models of any kind...threes will always reduce to twos, which quickly become lonely ones in the vanguard. And no one learns to count to four” (1991: 129). It appears that Haraway shares with Irigaray the consternation that counting ends up only reproducing and securing the pride of place for the masterful, unitary, individual subject –who will remain nameless here – all over again. Accordingly maybe we need to take up a different relationship to numbers, genders, and sexualities. Here we might take off from what Weston (2002) terms the “zero concept,” which much like Turner’s notion of the “liminal period” (1967) refers to the moment when a human life becomes temporarily structurally invisible. For Weston this is the transitory state where one becomes “unsexed” that is, a situation wherein a human – phantom-like – becomes unreadable within the arithmetic grammar of gender/sex that renders the self and the other intelligible. This is a flash of wonderment, followed by the accusatory question, *what are you really?* It is what follows upon this question that Weston advises us to take careful note:

logics and statistical facts in making truth claims, I am well aware of how much they count in contemporary worlds. In many ways, my critique of arithmetical logics is meant to open up the field of possibility for lives which can come to matter. I attempt to ask what other ways for qualifying lives and naming experience might be devised, and what are their own constitutive limits? Is it possible that other modes of qualification might lead us to more livable worlds for trans people for whom the fixity of counting, as it is today, renders invisible life’s transitions?

the ways in which an unsexed life is assigned a *gender/sex* and becomes intelligible, countable again. I would add that by paying close attention to the ways in which the unsexed becomes reclassified – dragged from ambiguity into order – we might come to see the human as an effect of a multiplicity of normalizing technologies, of which the anthropological-making of the *third gender* is but only One, again.

Coda

That people give an account of themselves by drawing upon these categories in complicated, and perhaps even ambivalent, ways requires that anthropologists do the critical work of taking “third gender” figures seriously with all their varied meanings and troubling histories. This entails that the anthropologist respectfully, and with care, engage those who articulate their lives in terms drawn from anthropology of “third gender,” even in the midst, and because of, scholarly criticisms of the terms. This compels the anthropologist to do two kinds of work at once: attend to the limits of these categories and at the same time be attentive to how these terms are often resignified, and most critically, how they extend speakability, recognition, and legitimacy, and thus render a life viable within a particular regime of cultural intelligibility. This it seems, to me, is a way of doing anthropology as a critical “act of witnessing” (Scheper-Hughes, xii).

Maria's Interlude 2

It is a late afternoon and for the better part of the day, I have been conducting interviews and social mappings of the western part of the Tenderloin, what is known today as "Little Saigon." I decide to pop into Rani's to see what's going on. I see Maria and she waves with a smirk. I take up a seat beside her. She asks me how my research is going. I tell her the interviews are starting off well and I'm excited. To which she responds, "Well, I have a few minutes. Show me what you got." She winks.

Turning on my handheld voice recorder, I begin. "Well— How about: what brought you to San Francisco?" I ask, thinking it a smart idea to begin at a beginning of sorts.

"Really, that's all you got? You gonna ask me that? You know why I came here! Hell! Why did you come here? And don't say for school, to do research, either."

"No, no. I was here – in the city – before school for sure. I came – well you know, I came – it's San Francisco and I heard so much about it and —"

"Yea, you're gay. You're here because you're gay and this is where gay guys come to live their lives, be accepted, get a boyfriend and live happy every after. Come on that's why. Just say it. And what do you think it's like for me, for the Girls?" This was not a question really. "Hello! For the same reasons. To live our lives, to find acceptance, make a living, fall in love. I know it sounds like some boring old story but lets keep it real, that's why we all come to San Francisco. To be accepted, find love, become something. But what you need to realize schoolboy and you need to make sure to tell all your gays, all your gay friends is this: it's not the same. It's not same for the Girls. You guys have it easy. To be a Girl, you're still not accepted by anyone. There's no big LGBT. There's no T acceptance; not really. Everyone wants the Girls to go away and disappear. Everyone wishes that we would just shut up and go away. Why do you think there's so many Girls in the TL (Tenderloin)."

I pause to gather up my thoughts before answering but before I can articulate anything. Maria continues, "Come on, you think we like it here? Hell no! But this is the only place we can find places to rent, and we are left alone here, well for the most part. It's safer for a TG to walk down the streets here then in the Castro, let me tell you! That sounds strange, but it's the truth. Everyone thinks TGs only belong in the ghetto and working the streets and then Girls, younger girls, baby Trannies, begin to think that's all they can get, all they're worth. So it's not same for the gay guys and the Girls. Yea maybe we all come for same reasons but it isn't the same once you get here. Girls get stuck here," she points towards the floor, "right here."

I pause before answering. "You know, Maria, this is something I have been told over and over in my interviews. It's something I am thinking a lot about: the myth of San Francisco as a LGBT Utopia. It's not for the Girls from what they tell me."

"Well it's true. We're still second class citizens here, if we're even citizens, right? For me personally, I came to get away from small town life. But a lot of these girls have been throw out or beaten up or almost killed, even by the police. That's right by the police, especially if they're immigrants. Myself, I ran away from it all when I was young. Ran away from a small town mentality and San Francisco was only place to run to. Like it still is. But let me tell you, we could live in the City then. It wasn't expensive like it is now. I had a place on Nob Hill. So yea it has changed that way too. Make sure you get that down. It has changed, and it isn't always for the better." She pauses and then stands up. "Let me get outta here before I'm late for my appointment." She winks. "And remember that 'Mr. Researcher' sometimes things get worse even if looks like things are doing better."

Sometime later I am reminded of Maria's words – or maybe they are best termed her lessons – when I read Dean Spade's (2006) discussion of the often tenuous relationship between trans rights and more mainstream LGBT politics:

As long as our agendas are determined by those with access to these resources, and those individuals prioritize struggles in which they can see themselves ... while ignoring or marginalizing struggles that are not a common part of their lives and the lives of those of their class status..., we will fail to see meaningful change in the lives of those who suffer the most acute effects of the coercive binary gender system (230).

3 [ECOLOGIES] This event called a life amid worlds

The Tenderloin

It has many names: Central city, the loin, the TL, ‘hood, red-light district; others are more derogatory and racialized: skid row, ghetto, crack alley, black hole in the middle of the city; other names reference languages of biosocial pathology: hot zone (of infectious disease), epi-center of the city’s AIDS epidemic, wasteland of addiction; other names for certain parts of the neighborhood index changing demographics and economies: *little Saigon* references a large population of Southeast-Asian immigrants and Vietnamese businesses populating the western area of the neighborhood; *tendernob* reflects the recent desires of landlords, property owners and real estate speculators to drum up the neighborhood’s adjacency to the more renown and fashionable Nob Hill. In the mid-20th century it gained increased notoriety as a *vice district* frequented by police, billy-cubs, and patty-wagons but whose street life was animated – often in opposition – by what Carla – a neighborhood denizen -- described as “all of us thrown out of everywhere else: fags, sissies, hair-fairies, hustlers, working boys and girls, queens and some of us are still here.” Many decades before it was known for gambling halls and brothels that proliferated immediately upon the rebuilding of the city following 1906 earthquake and fire, and for the speakeasies, music halls, and theaters – some bawdy though not all – that sprang up during Prohibition.

But these names are just signposts along an awfully quick and dirty history of the tenderloin, a longer account must be written. For now, I share three very short vignettes. These stories will allow me to add a few other items to this list of appellations: home, workplace, center of social life, and site for rites of passage associated with various modes of trans-becomings. Over years of working as an AIDS outreach educator, partnering with non-profit health organizations as well as conducting ethnographic research and collecting oral histories in the neighborhood I have learned these different set of names and ideas from trans women and trans feminine persons, many of whom are immigrants and migrants – and so the invocation of trans* (asterisk) is meant to gesture – towards multiple, continent forms of postionality, relationality and affect traversing hegemonic categories of sex, gender, and nation (Stryker et al 2008) For instance, people identify though many different, often shifting gender identifications – as described in Chapter 1 – but interlocutors most often name themselves and are interpellated³³ through the collective identity of “girls”: girls who seek to make lives, find friends, secure work, engage in various “techniques of the body”³⁴ and practices for the cultivation of trans embodiments, and find love in the city by the bay -- amid all sorts of precarities and vulnerabilities arising from regimes what Duggan (2004) might call “neoliberalism” and Puar (2007) “homonationalism” – whose effects on lives in the tenderloin, which do not, cannot, or refuse to confirm to norms of sex, gender, nation, and capital, run deep and corporeal.

³³ I am borrowing the term of interpellation as originally formulated by Althusser (1971) and re-articulated by Haraway (1997) and Butler (1997) to refer to processes through which lives are incorporated as certain kinds of subjects within historical contingent arrangements of power and knowledge.

³⁴ Mauss [1992 (1934)] argues in his classic essay that there is “no natural way” for the body. Indeed bodies are enacted through corporeal practices and acculturated habits, which embody a given culture and time.

Also I want this list of names given to the tenderloin and the diverse and conflicting meanings and experiences they signify to speak to what I call the *paradoxes of the contemporary tenderloin* – but perhaps historians will teach me that these paradoxical predicaments are not recent phenomena and maybe they might be the very conditions of possibility for living a life in queer transfrancisco. I have come to learn from those who have shared their life stories with me that lived experience in the tenderloin teems with contradictions, tensions, and ambivalences. On one hand, the Tenderloin has been described as a sort of containment area or zone of “social abandonment,” (Biehl2005, 2007) in which low-income and immigrant residents – particularly queer and trans – tell stories of being corralled, not wanted in other parts of the city, and then abandoned. At same time, the Tenderloin has been described as offering the space – sometimes only the place -- where friendships, affective relations, non-alliance and non-descent based kinship and other forms of relationality can be formed as well the place where vibrant social institutions such as bars, clubs, and residential hotels, and even the first transgender health clinic in the US -- all of which might be called trans counter-publics -- have been created and thrive against odds.

First I must give a little bit of context for these stories. At the city and county level the tenderloin has recently become ground zero for battles over what will be the future of San Francisco and who will have a right to the city. Within the last decade – particularly intensive during the past two years, the city and county of San Francisco along with business interests have pursued an aggressive agenda of redevelopment and gentrification of the tenderloin and mid-market business corridor. Residents of the tenderloin are caught amid these processes which often threaten to displace poor and immigrant residents and have lead to intensified policing of trans bodies in the name of promoting “quality of life” or “to clean up the riff-raff” as was claimed during a police and neighborhood forum addressing “problems” facing the tenderloin.

Nina. Nina was one of the first people I met at Rani’s – the name I give to the bar and nightclub in the northwest corner of the Tenderloin³⁵; which is well-known for being one of the few places in the city where girls and their friends can meet and hang out. Rani’s offers a variety of ways for the girls to make money such employment – bartender; bar back; coat checker; front door ticket person etc. Rani’s also makes possible a number of informal and underground income generation strategies such as lip-synch performances as well erotic escorting and sex work. Nina refers to herself as a “party girl,” meaning as she puts it: “I like to show people how to let loose and enjoy life.” She is in her late 30s and is originally from Bangkok. In her late teens her father threw her out of the house ashamed that she began appearing in public as “kathoei” or a “lady boy” as Nina explained to the American anthropologist. She wound up working in the bars of Bangkok's infamous Pat pong dance as a performer and escort until she meet her “first love,” a tourist from the US who invited her return to California as his wife. After a few years of a roller-coaster relationship they broke up and she was left homeless and penniless and undocumented. She moved to San Francisco – for as she puts – “all the girls do.” To which I asked responded – “really.” “yea! As a girl – lady boy; tranny; t girl -- you have to live here at least once. You learn what being a girl is all about, you meet girls from around the world, make friends and sisters, learn and how to handle yourself in every situation.” She laughs “ To work it; fierce!”

For her first few years in the U.S. she made a living much like she did in Bangkok, and Rani’s soon became her “home away from home.” She now helps to manage an import-export

³⁵ My dear friend Rani, suggested the name to me – reminding me that Rani means queen in Hindi.

business selling cultural goods from southeast Asia. As well she has a side business hosting tours to Bangkok for those want to experience what she calls the “best nightlife in the world: Pot pong.” For both jobs she travels frequently between the US and Southeast Asia and fashions herself a cosmopolitan diva, speaking multiple languages – Thai, Tagalog, English, Spanish, and what she calls the “language of love:” French. “Every girl must know little bit (of French)” and she is proud to tell all that she juggles boyfriends in cities across the world.

She lives in an apartment in the tenderloin only a few blocks from Rani’s. We often run into each other at the club, and will make it a point walk to home together, living as we do in the same direction. One late evening we passed a group of guys smoking on a corner.³⁶ As we passed they began to hurl slurs, they threaten to “beat our faggot asses” and propositioned Nina with salacious acts while grapping their crotches. I turned and almost responded – with what would have been a regretful speech-act -- “Fuck you -- ”. But Nina immediately grabbed me, “just let it go. They’re just fools. It’s not worth it.” As we continued to walk away I asked, “But, but, what the hell are we supposed to do that?”

She laughed. “You gotta to let it go. You can’t be mad. They’re just fools. Afraid of what they don’t understand and intimidated by how fabulous we are.” She winked and snapped. ... “And come on it’s not always like that.” She then expressed that the tenderloin was “her home.” She described what might run counter to most people’s expectations that she felt safer in the neighborhood than many other places in the city. “I know everyone thinks it’s rough but it’s not if you live here long enough and are friendly. People get to know you as one of the regulars.” She laughed, “now the Castro that’s a scary place. You gay guys are so mean and hateful. Always making girls feel unwelcomed. But this is my home. I wouldn’t be anywhere else....”

Paulina. One afternoon, Paulina and I unexpectedly ran into each other at the “clinic,” the first public health center in the U.S. to provide a transgender primary care and hormonal therapy program beginning in the winter of 1993. It is located on the south-west edge of the Tenderloin. I was at the clinic conducting ethnographic research with patients and providers to begin writing a history of the clinic and she was accompanying her “sister” to her “sister’s” first appointment. The clinic is unlike any I have attended : the vibrant sociality -- people come week in and week out even without an appointment -- is something I attend to in chapter 5.)

It had been awhile since we had talk so we played catch up in the waiting room. Paulina is in her late 20s and lives in Guadalajara. For the last 6-years she has migrated regularly to San Francisco during the Summer and Fall tourist months to work in variety of informal economies. A lip-synch performer in bars in the Mission and Tenderloin, she is renown her spot-on performances of Paulina Rubio; the Mexican Spanish pop global sensation. She also escorts and performs massage. She was always proud to remind me during our conversations that that money she makes in the U.S. has been able to help her family. She explained that she purchased a house for her parents in what she referred to as the “best neighborhood in Guadalajara” and she pays for her nieces’ and nephews’ private schooling. The kinship obligations she seeks to fulfill – even though she was thrown out of her home as a teen – are intense.

When I asked her what brought her to San Francisco and not LA or New York or elsewhere in the world. She laughed, “Oh come on chica” – often I am feminized in Spanish (!) “You live here. You know this is where the all girls come.” She went on to explain that

³⁶ I revisit the details of this event in Chapter 6.

even in her teens she knew “all about San Francisco” – and when I asked the “Tenderloin?” – she laughed, “all the girls in Guadalajara and DeFe know about it (the neighborhood) and Rani’s too.” She explained that she thought every girl should live in the tenderloin – “just once. Living in here; It teaches you what you need to know to survive.” She paused “but it’s getting to be too expensive; even the crappy hotels. This might be my last trip.” But then much like Nina, Paulina explained that the Tenderloin offered the space to meet other girls; form friendships; and create networks of support among those she called her “sisters.” Though at the same time she described often feeling vulnerable and unsafe in the neighbored – more so than in Guadalajara. She explained feeling harassed by not only strangers but by law enforcement officers. “They’re always asking me – us – what are you doing here; are you an illegal? Where are going; are you turning tricks?” But then she pauses: “ I understand. There’s a lot of temptations here. It can be easy to fall into bad stuff.” I asked “bad stuff?” “Yea the fast life – sex, money, drugs and the boyfriends – too much trouble. You have to be careful and watch your back. I’ve seen girls wind up addicted and sick. I’ve lost sisters to the streets.” She paused. “too many temptations. Out there. I stay away. Anyway I’m here to work.” She winked.

Carla. I was excited to attend Carla 60’s birthday party. The celebration was being held at a bar I am calling Uncle Annie’s – located in the southeast quadrant of the tenderloin; just across the street from where Compton’s cafeteria stood where as Carla explained “our history - I mean all OUR history – started.” Here she is referencing the 1966 riot that Stryker and Silverman document in their film, “Screaming Queens” (2005). The evening was spent eating pot-luck and watching performers in all kinds of drag, across a wide variety of gendered displays and musical genres. And as many things in this social world, the birthday was also a fundraiser – what I call a world-making practice. The tips the performers made during their show along with raffle prizes and auctions were pooled together, and then split between an HIV/AIDS resource center and children’s day care; both of which were located only a few blocks away and served low-income residents of the Tenderloin. At the end of the celebration it was announced that close to \$3,000 had been raised, which sent a wave of hollering and clapping through the crowd. As the celebration wound down, Carla and I went outside to say goodbye to some of her “sisters.” She introduced me around telling everybody within earshot that I was from Berkeley and writing a book about the neighborhood and the girls. Carla’s sisters began to point up and down the street, describing conditions, which no longer seemed possible in what remained of many boarded up storefronts. I heard stories of Compton’s cafeteria, the gay bath house next door, as well as gay and trans and hustling bars that have long since closed. I was told stories of crowded night streets, packed with bar-goers, hustlers, and all sorts of erotic revelry. Looking around, I asked where things had gone. I was told “too much police corruption” and harassment of bar owners and bar goers. Lily said, “back then being gay, crossing dressing, a transsexual, a fairy, a girl, whatever you were doing, could land you in jail for just being out on the streets.” I was told that businesses relocated north westward to Polk street and then later, the Castro, or that “those were the old days – things change; they always do.” Crystal explained with dramatic posturing, “this whole area,” waving her hand in a wide arc in the air, “is the city’s fucking dumping ground. Nobody cares what happens here. That was the reason why we were here in the first place. Nobody gave a damn what happened here, except the police.” There were many sighs of agreement. But then, Carla looked at me and said, “Yes, correct, but to be honest, the nail in the coffin was AIDS. After the bathhouses were shut down and people stopped going out to the bars, and people were sick and scared, and

so many people died, almost everyone died, you know, there was just no more reason for this to go on at all. It's sad but we didn't have the energy or just too many of us died or were scared out of our wits, and the rest of us were out in the streets protesting to keep ourselves alive." Most of Carla's sisters nodded silently in agreement. Then Carla looked over at me, glanced down at the open notebook in my left-hand and the pencil in my right and said: "make sure you get this down. What I tell all the children: 'We are your past; you are our future. Don't forget it.'" She extended both hands in the air in a wide, open embrace.

And so let me leave you with what Carla seems to have left me: the question of memory or and the force memory, or what Morrison (1988, 1990, 1993) terms "rememory,"³⁷ may exert on the future. By now we know that futures have become an object of lively debate within various critical theories of late – future yes, future no, future maybe so!³⁸ But here I want to think Carla's statement "we are your past! you are our future!" coupled with the injunction "don't forgot" along the lines of Walter Benjamin's (1968) concept of history – indeed the practice of history – as "seizing a memory as it flashes up at a moment of danger (1968: 255). A political act, he defines as "articulating the past not as it *really was*" (1968:255) but rather a re-articulation that introduces a difference in the now and then -- or what we might call the *possible*.

Carla's demand queers time at the moment she utters it, deep amid the crisis – if not danger – of tenderloin's tomorrow. Past and future imploded headlong into the present while we stood on the corner of Turk and Taylor directly across the street from the 1966 "Compton's Cafeteria Riot" -- to some the very heart of the Tenderloin: home, workplace, playground, political incubator. Perhaps this what Carla was seizing with hands in the air, palms wide open up, embracing what Nietzsche (1997) might have called "a history for life" ("and for action").

³⁷ I borrow the term "rememory" from Morrison (1988) to name the act of narrating history which requires imaginative attention to "what (little) remains" (1990); in other words for articulating accounts of the past about and by those who were often the object, and rarely the subject, of historical processes.

³⁸ Here I am referencing recent debates in queer theory on the status of claims to the future. See Chapter Four as well as Caserio, Dean, Edelman, Halberstam, & Muñoz (2006), Edleman 2002, Munoz (2009), Roberts & White (2006). Relatedly for recent formulations querying relationships between queerness, sociality, and futurity see Weiner & Young (2011)

Maria's Interlude 3

At a café along the neighborhood stroll, I sit writing field notes. It's a rare sunny, warm San Francisco afternoon, and so the café doors are swung open wide. I sit in the sun, catching a breeze, and write about events and conversations from earlier in the day before heading over to "the clinic." I look up when I become shrouded in a shadow and see that standing right before is Maria. "Well, hello there!" I exclaim. "What a nice surprise. How are you doing?"

"Excuse me but how is this a surprise? I live here!" she laughs while looking left and right dramatically.

"Of course, I know!" I join in her laughter. "I'm just here, working on stuff, and there you are. It's nice to see you is all I'm trying to say."

"Oh please," she purses her lips. "You just saw me the other day." She waves her hand towards Rani's a few blocks south.

"I know, I know. But it's a nice surprise. Anyway, you want to sit down and have a coffee? It's a beautiful day – not like San Francisco at all."

"I know it feels like LA. Are you sure I won't take you away from your research, schoolboy?" She looks at my notebooks and computer, and winks.

"No not at all." I laugh. "Plus it will be nice to get to talk here, right? Outside Rani's and the Clinic."

"Oh that bar, what a mess. Everything, everybody. I don't why I go there anymore. It's the same ole shit different day."

"Well, you have friends there right? Some of your sisters?"

"Yea, younger girls, new babies, who have a lot to learn about life. Most of my sisters have moved on or died," she pauses. "Or both. You know how it is." She looks down the street. "I remember not too long ago how it was. Girls and guys and gays everywhere. But then AIDS and then drugs, crystal. It's all changed."

"Well, we're here right?" I pull up a chair for her.

She sits down languidly. "Yea, we are. Too bad you didn't know what it was like before. You would've had something to really write about then. Let me tell you."

"Is this ok?" I pull out my voice recorder. She nods. I continue, "But there's still a lot going on, right?"

"Whatever. It's not like it was – AIDS did it, that's what people say. And then the city tried to clean the neighborhood up after everyone died or left. And then came crystal, that just did in everybody who was left. And the city is still trying to clean it all up again. Get rid of everybody; the riff-raff but please! We ain't moving." She laughs.

The waiter brings over our coffee, and we sip them in silence. Then Maria starts up, "I like these coffee bowls. It's like Paris, and ..." she looks to the sidewalk, "and we're outside in a Plaza" She looks back at the bowl, and picks it up, cupping it with two hands. "Drinking like this reminds me of that movie, Betty Blue. Have you seen it?"

"Oh yea. In high-school. A close friend of mine and I watched it over and over. We couldn't get enough."

"Yea, they used bowls. Coffee after coffee, all strung out. Or was it wine? No matter, no wonder their relationship was so tumultuous." She laughs.

"Yea it was crazy love, right?"

"Yea, hard love. Love and hate all rolled together. You like that, huh. Is that how you do?"

“No, no,” I laugh. “I’m more easy going— well, I like to think I am. How about you?”

“Oh I bet your boyfriends would tell a different story,” she laughs inquisitively.

“Boyfriends?”

“Excuse me you’re gay. So yea boyfriends, or do you have something to tell me?” She laughs even louder.

“Come on. You know I am. I’m just laughing about boys – the plural.”

“Well you are gay. You’re no different than those guys at the bar. Gays and straight – you’re all the same – MEN – headaches, all of you.” We laugh together. “But... yea, I used to have relationships like that in the movie – tumultuous, up and down, hard love, but not anymore. I gave it all up. No more guys – too much headache. Too much drama. And none of those guys treat Girls well. They just go from Girl to Girl, telling them what they want to hear. I’ve been there. I’ve been around long enough to know what’s really going on. I’m wise to their ways. I tell the Girls – the younger Girls, baby Girls – to watch out for these guys. Sweet talkers oh yea, and they leave you high and dry after they take your love and all your things. But they won’t listen to me, and wind up with their hearts broken. All those guys just think of Girls as play things. You know the saying, ‘always the mistress, never the bride.’” She pauses. “So I just don’t even go there anymore. I try to give the girls advice but they won’t listen. I guess you have to learn it for yourself. And you know why some girls don’t get along with each other. You know what it’s really about, right?”

“Well,” I begin. “I’ve seen some disagreements go down for sure, and you know a fight or two. And—”

“It’s always the guys, always because of the guys. Playing one Girl and then another. Playing Girls against each other. They’re assholes. Come around saying, ‘I love you baby and I don’t care what anybody thinks,’ but then they just wind up playing the Girls, and playing them off each other. They get jealous and then take it out on each other, not on the guys who deserve it! But I just don’t even get near it anymore.” She picks up the milk and pours a drop into her cup-bowl and she watches as it swirls in the coffee.

“So you’re easy going huh? I guess you got to be, schoolboy, all that time you spend in the books. Well,” she pauses. “When you’re not cruising around.” She laughs.

“It’s never really enough – time to read, time to write, time to talk with the Girls, spend time with friends, and—”

“And have a boy friend, especially a partner. Sometimes it’s easier just to take care of yourself and not worry about anybody else,” she gazes out of the open doors. The sidewalks have become crowded and more bustling now that it is rush hour. “You ever wonder where someone is headed, like her?” Maria gestures towards a woman in a suit who crosses the street. “Where’s she from? Where’s she going – home, work, to a date, a trick?” She laughs.

“Yea, I’ve often done that, but usually I wind up saying: ‘Hi, I’m an anthropologist writing about the neighborhood, can I ...’” I smile.

“That’s how you do it, huh? Research, right?”

“Yea, exactly!” I exclaim. “So tell me where were you headed or coming from—?”

“No, it’s my turn. Let me ask you. Where are you going?”

Laughing I exclaim, “You know I was just sitting here! I was gonna write notes, then walk around the neighborhood some before heading over to see the film at the LGBT Center and then head over to Rani’s for the variety show. But I was just going to be hanging here ‘til then. But I was lucky enough that you passed by, and well – here we are...”

“OK then. Well, I was just doing some errands. I was going for a walk, and on the way to the store to get some things. That’s it. Skip the bar today. It’s too nice to be all cooped up. I love the sun. Hate the rain— but sometimes, the fog can be romantic.”

“I like the sun too. The cold summers here are always hard for me. Back home, it was always hot and humid. I loved it. What about you, where are you from?”

“Hello, we’ve already talked about this.”

“I know, I know. But I’m unsure if you grew up the whole time in Texas or – “

“Well, I am Mexican, Latin, well Latina, Chicana. Mexican from Texas. You know what they say, ‘we didn’t cross the border, the border crossed us.’ That’s my life story,” she pauses. “Yea the border crossed us. My grandparents are Tejano; my family is native to Texas, back when Texas was Mexican and it’s own country. So the border has crossed me many times. If you know what I mean.” She chuckles for a moment and then returns to seriousness. “But no, I’m not dealing with all the paper issues that some of these girls are dealing with. That sucks, and the police don’t help. They come after you, abuse you. We all have scars. No matter what they say about this being a sanctuary city. Without the right papers you are trapped – can’t get a legit job, or a legit place. You don’t even know what they have to go through.”

“Yea, some people talk about it like a double-bind; being a girl, being without a state id or state paper.”

“Yea, you are trapped like I said. Not legal. Luckily when I came here, I didn’t have all those problems. But let me tell you it was not easy. It was not easy. No matter what anyone tells you, schoolboy. It might be better, but it could be better! There’s a lot more programs, and more transgenders out and in public positions – even on the police commission. Not too long ago the police could just come into the neighborhood and bars and harass us. Threaten, beat, rape Girls, and there was nothing to do. They were in control. No matter what you were doing. You didn’t even have to be tricking. Just being a girl, you were a target. And police – not just the bad eggs – still fuck with Girls. But at least now, there’s something you can do. Transgender Law Center is here, there’s lawyers on our side. Yea, it’s better but it could be better.”

“What do you think needs to be done?”

“Laws, real laws with teeth to protect transgenders. More protections need to be passed.” She paused briefly. “But I’m over all that now. I’m not active anymore.”

“Anymore?”

“Yea, anymore. I’m letting other people – it’s their turn now.” She pauses and tilts her head slightly. The sun has moved closer to the horizon, and a ray of light catches her eye and it glimmers in reflection. She reaches down to her purse, and pulls out a pair of sun glasses. They are big, those thick designer types, and take-up more than half of her face, and of course they are white. I am reminded of a Mary J Blige CD Cover I have at home. She smiles. “Glamorous, aren’t they?” she says with a laugh. “I’m always prepared. It ain’t easy to look this good, schoolboy. It ain’t easy.” She chuckles.

“Come on, it’s come easy for you, natural—”

“Excuse me.! We’re you just gonna call me a natural women, like Aretha’s song, or something. ?” She chuckles deep and loudly. “Come on! You’re (a) mess.” In laughter, she smacks the table with her hand.

“No no, I don’t think so. I was going to say, something nice — I thought — something like: natural beauty. I don’t know a compliment or something. Oh well...” I struggle to explain with a frown.

“Oh come on. It’s not that deep, schoolboy. You take things too seriously. You know you can’t do that right? You can’t take things all serious or they’ll kill you. Get your head out of the books, and lighten up! Don’t take it all so seriously.” She reprimands.

“You’re right,” I smile. “But hey, I do laugh every time I’m with you.”

“Good, that’s a good thing! You’re learning.” She begins to stand while continuing. “I’m going to finish up my errand I was supposed to finish before I got detoured by you! And next time, it’s your turn to tell me something about where you’re from.” She turns and passes through the open doors through which she entered. On the sidewalk, she stops to light a cigarette. As she exhales, she turns to me with a scowl on her face, and points a finger, “Now get back to work!”

4. [KINSHIPS]

Mothers, sisters, and other familiars

This chapter explores relations among the Girls that are given the names of “mothers” and “sisters” and explores the sorts of shared livelihoods to which such a form of matrifocal kinship gives rise. I have come to realize that these new and not so new kinship terms and familial narratives offer languages through which the self and others are identified within a web of relations, a means to describe the quality of these relationships, and an idiom to speak of grief and loss. So too have I come to witness how these kinship terms and familial narratives engender effects that are at once semiotic and material. Kinship, I have come to learn is a force – a “material-semiotic” force [to borrow Haraway’s (1992, 1997, 1997)] term. It puts into play practices of affection, commitment, obligation, and care and materializes both the actors and subjects of these practices.

But first, I want to think a little bit about kinship in relation to matters of life and death during the time of AIDS within queer and trans worlds. Then I want to examine some scholarly literature to inquire about the history of kinship studies in anthropology. Here I interrogate some of the heteronormative assumptions that classics in the anthropology of kinship have relied upon, but more importantly, I query the sorts of humans they discursively produced. I do this as a means to establish and genealogically map the terms of my argument: Although the matrifocal arrangements among the Girls utilize the languages, affects, and forms of, what we might call, more conventional notions of kinship and family, they should not be understood as idealizing imitations or failed approximations, nor are they in any way “fictive,” as those modes of kin-making which are not authorized by Law – juridical, natural, symbolic – have been termed throughout scholarly literature. In fact, a larger question, the very question the Girls have posed time again, must be asked: what kinds of material and livable lives are vitalized in a kinship forged among sisters and mothers?

I. COUPLING UP: MARRIAGE—KINSHIP—ANTHROPOLOGY

And if strict monogamy is the height of virtue, then the palm must go to the tapeworm, which has a complete set of male and female sexual organs in each of its 50 to 200 sections, and spends its whole life copulating in all its sections with itself. Friedrich Engels, The Origins of the Family, Private Property, and the State [1884] 2001

To inquire about kinship is to open-up questions about the conditions of birth and death, and the interval between. It is to think about forms of relatedness, modes of affective conduct, and practices of care for another. To inquire about kinship as it has been formulated within anthropological theory, across the ethnographic record, and within contemporary juridical and biological regimes is to raise the question of what it is to be human, and perhaps even what is it to live a life that is qualified as livable. Indeed thinking about kinship is inseparable from a critical inquiry into how a life becomes recognized as a life that is human, or what Butler has asked us to think as a life that can be grieved (2002, 2006). As a genealogy of anthropological thought will attest, and as is reiterated time and again within contemporary US politics, kinship has become confounded with the conjugal couple and nuclear family. As such questions of kinship are inseparable from the ways in which gender, sex, and sexuality have been formulated and regulated within contemporary regimes of truth. Yet must kinship, as it has been thought and practiced, reiterate heteronormative terms time and again as the measure of a life that matters?

Renee's Family

Sometime ago I came to learn something else about kinship as an assemblage of ethical conduct and life-generating practices. I was working at an AIDS Treatment Buyers club in Washington, DC. Buyer's clubs started in the 1980s as urgent responses to the willful disregard of the incipient AIDS crisis by political leaders and biomedical authorities. People living with, and affected by, HIV & AIDS created these local institutions -- transnationally linked in all sorts of ways -- in order to disseminate treatment information, import unapproved pharmaceuticals, and create collectives of care and survivability. We often worked in the gray-region of the law, importing pharmaceuticals from Europe, Japan, and the Soviet Union that were at that time unapproved in the US. We did this because life was stake -- indeed the future -- for those who had been defined as disposable and un-grievable; those who were time and again characterized as being outsiders to an imaginary community termed as the "general population," (Crimp 1988, 1990) which is often part of nationalistic discourse in which the national is figured as family, as home.

It was during these times, I became familiar with the work of the memorable Renee Pendavis, mother of the House of Pendavis. Renee was quick with the tongue, big in the heart, and fierce in kin-making. I was told she had at least a dozen children at any one time and scores of cousins living in major cities up and down the east coast -- Atlanta, Baltimore, Philadelphia, and of course New York City, the birthplace of Ballroom and House Culture. Her House of Pendavis was one of a dozen close-knit chapters within this broader social formation that is characterized by extravagant underground balls in which Black and Latino/a gay and transgender children of one house compete against children from others for trophies in vogue, runway, and fashion performances. "Ballroom culture," to quote Arnold and Bailey (2009: 178) from a recent article describing their comparative research with House Cultures in Detroit and the San Francisco Bay Area, "consists of two primary features: anchoring family-like structures, called houses and competitive balls that they produce."

Out of the exigencies of the crisis at that time, Renee emerged as a community educator and used her role as Ball MC as a platform to throw out condoms to a jubilant audience whom, as I recall, she instructed time and again to popular parlance, "take care of yourselves, be good to one another, and fuck safe." Renee was a legend not only for snatching trophy after trophy at the balls, but for spreading invitations far and wide among the Houses for Sunday night dinners at her home. She explained that for some of the House children, some of her very own children, this was the only full meal that they would get for the week. Many of these children were homeless, or transiently housed and some have been disowned from their natal families. Shortly after these dinners, Renee would retire to her room for what she announced as her "Sunday night prayers." For the rest of the evening, she would pray over her children, that they would remain safe, especially the children who were living with HIV, or those who were out on the streets trickin' or hustlin'.

What I came to learn from Renee and the work she did, to foster, protect, and value the lives around her -- those who she claims as her children, her family, her kin -- is that none of this had anything to do with marriage -- heterosexual, same-sex or otherwise -- nor the conjugal couple in the slightest. Her way of begetting human life was not heterosexual reproduction, and yet she generated possibilities for survival and flourishing. She remade lives, and re-assembled homes. Her genealogy cannot be mapped in the authoritative categories we have available alliance (law), consanguinity (blood) nor would her kin affiliations fit within the dominant

genealogical grid – a family free – whose preconditions of intelligibility are that one is either male or female, remaining one or the other over the course of a life, and yoked to a legitimated marital couple. Though in no way was her kinship “fictive.” Her conceptions of relatedness and acts of support, which she clearly articulated within the terms privileged by kinship were not all fictitious. They in all sorts of material ways re-created modes of affinity and belonging; re-activated practices of care and survival. Her non-monogamous kin-making practices teach us that kinship beyond the limits imposed by the martial couple do generate, sustain, and affirm life. Perhaps we can say that Renee’s kin-making practices constitute a *regenerative futurism*³⁹ – that is, a constellation of creative and contingent tactics of shared tomorrow-making that emerge out of the exigencies of surviving otherwise in the now, or what Renee might call, “maintaining” and “being fierce.” It is for these reasons, that I find myself returning often to Renee for what she tells me about the stakes in kinship as a modality of power, as a force of subjection and subject-making, in human life.

Making and unmaking humans

One is not born, but rather becomes, a human,⁴⁰ and one mode of this becoming human is kinship. Kinship is a force which brings forth a historically specific kind of social and cultural (and even imperialistic) entity we call, the human. “Kinship,” as Haraway (1997: 53) argues, “is a technology for producing the material and semiotic effect of natural relationships, of shared kind” . One of these effects is membership in the “family of man,” for as we have been told time and again, kinship is, like language, that which humans distinctively do.

As anthropology has described, kinship is the name given to a set of practices, relations, and conducts that encompass forms of human dependency and relatedness. By placing the human within a field of relationality and belonging, with commitments and obligations to another, kinship, can be said, to guide the behavior of the human in its world. It shapes not only the human’s relationship to itself, but also with others. Kinship is then an ethical domain, offering the terms and forms for worldly modes of human affect and conduct.

As well kinship positions a life within a network of relations both living and dead, allows this life to be identifiable to itself and others, gives this life a social position, and grants this life a certain cultural intelligibility. Kinship, arranging life in a social field as it does, can be said to transform a living being into a qualified life, a life that counts as human, and a life worthy of life itself.⁴¹ It, in no some way, establishes the conditions of intelligibility by which the human emerges and is recognized as such. Thus, kinship can be understood as a modality of power, within the terms offered by Foucault. Power, he explains, “traverses and produces things, it induces pleasure, forms of knowledge, produces discourse” (1980b). Power is constitutive and enabling. Power, according to Butler’s reading of Foucault, “not only acts on the subject but enacts the subject into being,” (1997: 13) and this enacting is a regulatory force for power

³⁹ I offer the term *regenerative futurism* in response to Edleman’s (2004) critique of “reproductive futurism.” By employing the term regenerative, I reference practices of life- and kin- making that generate and animate queer futurities outside the frame of heteronormativity whose logics require sexually dimorphic bodies and a procreative teleology.

⁴⁰ Borrowed from Simone de Beauvoir’s [1949 (1953): 301] famous declaration, “One is not born, but rather becomes, a woman.”

⁴¹ Here I am building upon Agamben’s (1998) concept of bare life to name forms of life that are excluded from law and legal status, exiled from the body politic, and abandoned.

“demarcates, circulates, differentiates” (Butler 1997: 10) – shapes and forms – the very subjects it produces. For instance to be a human subject is to have been subjectivated, brought into being and governed in the terms and norms which condition what is recognizably human. As a form of power to “determine more or less what we are, what we can be” (Butler 2006b: 183) kinship can be thought to materialize and animate a subject as intelligible and recognizable within the field of human life.

Yet the field of life that kinship constitutes and the lives that it arranges only become distinctly human after a series of founding erasures and constitutive foreclosures, which have the effect of producing a zone of life that is not human, where living beings do not qualify for membership in the “family of man.” The very establishment of human relatedness through kinship requires the production of the unrelated, the unfamiliar; the stranger; an other whose life does not finally count as human; but in whose very exclusion the human secures itself as the being endowed with a life that is human. The stranger, as it were, is the constitutive other over and against whom the human is defined. Thus kinship is a kind of “regulative field” through which a life passes in order to be qualified as human (Borneman 1996, 1997). To do so a life is must cite the regulatory norms and ideals that govern human intelligibility, demarcating and differentiating a life as uniquely human. Within this regulative field, what are the norms the precede the emergence of a life, constituting, producing, and regulating it under the sign of the human?

I will argue, in this chapter, that the presumption within anthropological discourse of the primacy and universality of the couple is a regulatory ideal that compels certain readings of human life and relationality, structures what is said to be found, and disqualifies forms of life and human bonding that do not approximate nor resemble the couple form as abnormal, criminal, pathological, and untrue, if not all together humanly impossible. Kinship is thus double-edged, both producing and foreclosing what is human. It can make or break a life.

For instance, Levi-Strauss portrays kinship not only as the universalized precondition for human life but as that which can destroy such a life. Buried in his monumental treatise, *The Elementary Structures of Kinship*, an examination of kinship across time and space, he pauses but a moment to briefly recount his fieldwork in central Brazil during the latter half of the 1930s [(1949) 1969]. He tells the story of a “young man crouching for hours upon end in the corner of a hut, a dismal, ill-cared for, fearful thing and seemingly in the most complete stage of dejection.” This man rarely left his hut, would go hunting alone, and would only join meals around the communal fire, when “a female relative ...occasionally set a little food at his side.” After inquiring about this man’s “strange fate,” Levi-Strauss’s informant-interlocutors laughed and exclaimed, ““He is a bachelor!”” [(1949) 1969: 39]. Nothing more was said, this was the only explanation necessary.

Levi-Strauss understands the impoverished life of this bachelor to evidence the “vital importance for every individual being...to find a wife for himself...and prevent those two calamities of primitive society from occurring ... the bachelor and the orphan” [(1949) 1969: 39]. Being unmarried or without parents, not only removes “Man” from the sanctuary presumably offered by the conjugal couple but also from human life in general. To be unmarried, to be unattached to a couple, is to be subject to an existence at the margins of social life, to be a life that barely exists at all. Following Kristeva we might understand this precarious existence to be a form of abjection: the condition of life for the non-quite human who is “ejected beyond the scope of the possible, the tolerable, the thinkable” [1982: 1] but whose presence remains in the form of a non-incorporation within the social field. Although the bachelor may be said to exist, his

existence makes little sense, indeed, he is virtually un-intelligible to Levi-Strauss. His life is not qualified as one that matters nor would his death certainly register as the lost of a human life. Such a life would be, following Agamben (1998), removed from *bios* – the way of life qualified and proper to an individual or group – and reduced to *zoe* – “bare life” reduced to its biological minimum. Levi-Strauss’s story can be read then to illustrate that kinship is a sort of violent force – perhaps even a terror. It forecloses certain forms of life from the domain of the human; that is related to another, culturally intelligible, socially positioned, and worthy of living.

The bachelor’s predicament also figures a series of questions about kinship as a domain of possible ethical conduct. However they remain impossible to answer within the terms of Levi-Strauss’ structuralist preoccupations. What exactly is the bachelor’s story? What are the conditions which have brought him to an existence outside kinship, outside social life as it were? What is the role of marriage in securing a life as human? And yet this vignette must never be the bachelor’s story alone, but also the story of the woman, his somehow or another related relative. What is her story? What binds her to this scarcely human; what guides her actions, her practices of care? Is it a kinship, and if so what kind – it is surely not (legitimately) conjugal? Yet Levi-Strauss will tell us nothing more of this nameless woman. Like the bachelor for whom she cares, she is always, already a form of radical alterity: unintelligible here, all but a trace of difference in Levi-Strauss’ analysis of the orderly, universalized structure of kinship. However, through her conduct, it would seem, she embodies modes of relatedness and care that might open up the field of kinship to the possibility of ethical relations to the not quite human other.

Power/Knowledge and “anthropos”

What forms of life does kinship, as it has been formulated within the study of *anthropos* secure as a human life, and what kinds of life does kinship exclude from human possibility? For a long, long while, it has been customary when studying culture and society to expect the family to reveal the truth of what it is to be human. Throughout European human sciences, the family has been understood to be the heart of social and cultural life; it was the birthplace of the human; it was the threshold through which the human moves in and out along the course of living; and it was endpoint of a life, the resting place to which the human returned to be cared for and finally pass. The family has been posited as the most elementary form of human life: its genesis and revelations, and all which falls in between. As it were the family defined the “*anthropological minimum*.”⁴² Life, which is said to be human – we are told – is impossible without it.

Knowledge of all that is human has been thought to be housed in the family whose truths, so we are told, are offered up by its internal structures, its membership, and its rules regarding familial relationships and alliances with other families. Indeed, queries of the form, structure, practices, members, languages, symbols, and sexual activities of the family have formed the basis for one of anthropology’s central fields of study: kinship. It has been commonly assumed that the penetrating gaze of the anthropologist, who is helped along by his toolkit of kinship concepts and theories, would be able to uncover the principles and meanings underling a specific familial form understood as the nucleus of social and cultural life. Thus, the family has been sorted, itemized, categorized, and graded; and as a result, the familial ways of a people have been condensed, summarized, and interpreted; that is brought into the realm of knowledge. Likewise

⁴² I borrow the term “anthropological minimum” from Mehta (1999:52) who defines it as “certain characteristics said to be common to all humans.” I argue that the nuclear family form is one such “common denominator” that has been applied to define, describe, and judge what counts as (normatively) human life across time and space.

in certain studies of society and culture, which strove to approximate certain fashions in the natural sciences, the familial form was not only the atomized definition of a particular social and cultural world but was pronounced the sign of evolutionary achievement. No doubt, it was a quick and easy turn from classification of the family to the indexing of people along a scale of increasing civilization, morality and modernity. It comes as no surprise whose imagined family ranked the highest, as Engels sarcastically calls into question in the epigraph.

Elaborating a knowledge of kinship has often thought to be the central contribution of anthropology to the human sciences. At some historical moments the study of kinship was taken as the very definition of anthropology itself. Fox (1967: 10) went as far as to claim that is kinship the “basic discipline of the subject” (of anthropology) .Kinship is to anthropology...what the nude is to art” that is, anthropologists’ first and most natural object. But what might we make of this slightly unusual analogy linking anthropology and art, kinship and the body? Perhaps the metaphor reflects anthropology’s creativity. Much like art (and science), anthropology does not transparently translate into writing the social and cultural objects it claims to discover, record, and analyze. Rather the anthropologist crafts and creates the world, much like an artist might the nude body. Similar to the nude, kinship is a specific kind of rendering of an entity in its world. Thus studies of kinship in no small part create the domain of the human with a particular shape, in which subjects and bodies and the relationships between them acquire certain values, are the projections of specific imaginaries, and come to embody the anthropologist’s presuppositions about what it is to be human.

Historically, studies of kinship are understood to take two forms: descent and alliance. The former was concerned with questions of relatedness, belonging, and obligation within the terms of consanguinity; the latter within the terms of marriage. Usually theorists of one school were adversaries of those from the other, being that they diverged on what they considered to be constitutive grounds of social relations and cultural practices: either consanguinity or marriage. Yet these two schools are actually not as far apart as they have been construed, for both relied on two axioms of human life: sexual reproduction and sexual dimorphism. As it were, both schools converged at the conjugal couple. The heterosexual pair was both the eternal truth and essential substance of human life – its sex and blood, law and order.

This chapter is an effort to think the question: what is at stake, and for whom, when one particular form of kinship – the marital couple – is made the constitutive grounds for social life and human intelligibility? Recognizing that anthropological accounts of kinship and the family are one means through which worlds become made, I will begin at the beginning some classics within the study of anthropos. These studies are actually origin stories. They imagine the dawn of human life and what this life could become by positing marriage as the constitutive act of a life that is human. I begin with what is considered the first cross-cultural comparison of kinship, Morgan’s, *Ancient Society* [(1877) 1963]. I then revisit Levi-Strauss’ monumental, *Elementary Structures of Kinship* [(1949) 1969] and invoke Gayle Rubin’s (1975) classic formulation of kinship as “the traffic in women” (1975). I conclude by gesturing against marriage as the grounds for human relatedness, as the hallmark of the human, as the measure of an ethical life.

My readings of the origin stories are influenced by Morrison’s insight that “narrative is radical, creating us at the very moment it is being created” 1993b: 27). Therefore, I understand these canonical works as particular modes for making and unmaking what is a human, a doubled entity who is both subject and object of these narratives. Thus I ask: What are the logics which underwrite a particular story of the genesis of human life? What are the regimes of truth that establish certain forms of the family as natural, inevitable, and even biologically necessary?

What forms of life are excluded from these stories, imaging the birth “the family of man?” What effect might these stories have on humans who inhabit and inherit these narratives? In a word, I am interested in the *human as artifact*; that is, a particular kind of historically and culturally contingent achievement, neither simply given nor self-evident.

During the 1860s, New York lawyer and anthropologist Morgan produced what is considered to be the first comparison of institution of marriage across time and space, and for this he is often pronounced the father of the study of kinship (Peletz 1995). In his classic work, *Ancient Society*, he charts the cultural evolution of “Man” through three distinct stages: savagery, barbarism, and civilization. Defining and distinguishing each era is the respective form and rules of marriage that result from a progression of ever more specialized incest exclusions.

Yet before *homo sapiens* reach a state of savagery, in Morgan’s tale they exist as “primitives.” He imagines these pre-humans to be “ignorant of marriage” and to be “scarcely distinguished from the mute animals by whom they were surrounded” (507). They were, in other words, lacking language and restraint, incestuous and promiscuous. But Morgan’s primeval world is no hotbed of polymorphous perversity, life here is always, already heterosexual split into “two classes on the basis of sex” who can obsess over the other (474).

Over time in Morgan’s story an ever increasing number of incest exclusions engender more and more distinct categories of kinship through which a life can become socially and culturally intelligible. For Morgan, the social evolution of human life is marked by ever more exclusions on who can marry whom, who can have sex with whom. For example, a mother is one who does not marry her son; a son is one who does not marry his sister, and so on. This advance from savagery through barbarism to the verge of civilization, entails what Morgan terms, the “overthrow of the female line of descent” (355).⁴³ In Morgan’s story, the consolidation, stability, and permanence of paternal power take shape as the father’s control over the family, his property including his wife, and his rightful inheritors: his sons. The civilizing process reaches its zenith with the “the monogamian family” upon which “modern society reposes” (412). Monogamy and marriage, “pairing” in the words of Morgan, are the practices of a civilized people (510). The conjugal couple and monogamous family together represent the achievement and sign of civilization. Yet the family not only signifies an evolutionary stage, it also shapes what types of human life are possible, and what kinds of worlds these lives come to inhabit. What is not possible in Morgan’s world are humans who exist unfettered to marriage or whose existence is not constituted through a predestined heterosexual practice, which requires dimorphically sexed bodies and an original (foundational) sexual difference.

Like Morgan to whom he dedicates his monumental, *The Elementary Structures of Kinship*, Levi-Strauss, is similarly occupied by the “problem of incest” (4). Yet Morgan and Levi-Strauss confront two very different dilemmas. Morgan’s central question concerns the mechanisms through which the nuclear family emerges from a primal horde of promiscuity and group marriage. Levi-Strauss, on the other hand, queries how the structures of social life are generated from the inclination of humans to isolate themselves into incestuous, “closed-system” families (4). While Morgan understands the fundamental human condition to be, at its heart, promiscuous, open outwardly; Levi-Strauss understands the basic human unit to be confined,

⁴³ For Morgan as with Engels later and picked-up later still by many feminists, particularly Marxist-feminists, maternal law, matrilineal, and matriarchy are imagined to be the original and natural condition of human life. For many, the acknowledgement of this “overthrow” of maternal law as the “historic defeat of the female sex,”⁴³ opened up investigations and radical politics which questioned the relationship between capitalism, economic inequality, and the status of women.

closed in on itself. In Levi-Strauss' story the genesis of social and cultural life hinges upon the prohibition of incest, which is at once both a sexual prohibition but also an injunction to marry outside of one's family, framed by the limits of miscegenation, within the terms of group, clan, religion race, and so forth. In Levi-Strauss's reading of a universalized ethnographic record, the incest taboo enjoins humans to marry, families to ally with each other, and social relations to commence. Women become exchanged between fathers and husbands in matrimony. They are gifts offered between men, commodities exchanged and fetishized, and signs used to communicate across a homosocial field. Women, according to Irigaray (1985), become, as it were, the "unknown 'infrastructure'" (1985: 171) for men's social intercourse with one another, the means for his self-replication over and over, as "the human" (1985: 185).

For both Morgan and Levi-Strauss then the restriction of incest is the anthropological minimum. There is no human possible without the instantiation of "incest exclusions" (Morgan) or the "incest prohibition" (Levi-Strauss). Humans for both Morgan and Levi-Strauss come into being by virtue of their banned or sanctioned sexual relations, in other words, their marriageability. The prerequisite for human life is the propensity to be appropriately paired within a heterosexual matrix, and of course this heterosexual coupling-up requires the impression of an original, foundational sexual dimorphism. This is perhaps best represented by the genealogical girds – like the one opening this chapter – which litter the ethnographic record. They image (and create) a world inhabited by females (represented as circles), males (represented as triangles) whose legitimate relations – the ones with the virtue to be known – are marriage (=) or descent (|). Within this "grid of intelligibility" (Foucault 1978: 93) for a life to be secured as human it must evidence a dimorphic sex assignment, binary and discrete gender identity, and a will to hetero-sex.

Here then is the landscape for Gayle Rubin's (1975) classic reading of Levi-Strauss' *Elementary Structures of Kinship*, which she renames, "the traffic in women." Rubin understands that the prohibition on incest produces the social economy of trafficking women between fathers and husbands, which engenders two types of humans: the exchanger (male/man) and the exchanged (female/woman). The first is invested with rights in himself and in the second, that she is not entitled to herself. Rubin concludes that, within the terms of kinship as recognized by Levi-Strauss, the fundamental requirements of human life are "the incest taboo, obligatory heterosexuality, and an asymmetrical division of the sexes" (1975: 183). A life that does not fit these conditions is outside the kinship system; that is, external to the elementary structure through which a life becomes human.

After Rubin it has always been impossible to conceive of marriage or the conjugal couple as simply an after-effect of sexual reproduction or some naturalized act called procreation. Rather kinship, as instituted and sustained through acts of marriage, produce binary gendered subjects as well as one mode of sexuality, codified as privileged, sacred, and essential. Here then we must make an amendment to Schneider's iconoclastic *Critique of the Study of Kinship* (1984). Schneider points out that anthropological studies of kinship have made two assumptions about human life: one, that genealogical relationships are somehow more special than other social relations; and two, that all genealogical categories are the same the world over. In so doing, these studies they have effect of installing a very specific European folk model of the family as universal. An additional assumption we can add is that the reproductive heterosexual nuclear family has been posited as the foundation for human life, an ethical life, a good life, a life worthy of living.

Instead I would suggest that the persistence of the marital couple as the truth of human life be recognized as an ontological fiction that certain forms of kinship, indeed certain forms of anthropological inquiry, have installed through anticipation and reiteration. Similar to sex for gender, the conjugal couple is for kinship the means through which certain social norms are justified as natural and presocial. Theories of performativity (Bhabha 1994, Butler 1990, 1991, 1993, 1997, Morris 1995) can be enlisted to argue that the ontological grounding of the couple as truth is the effect of a series of repetitive acts that produce the illusion of the couple's existence prior to these constitutive acts. One founding act which instantiates the couple is of course marriage, "pairing" in the words of Morgan [(1877) 1963: 510]. The reiteration of marriage and its subsequent sedimentation across a variety of discourses – anthropology and law for instance – produce the illusion of an ontological reality – the couple – thought to exist prior to acts which produce it as such. Yet the couple is an effect of reiterative acts, specifically marriage and the anthropologist's relentless elaboration of marriage as universal and appearing every where there is human life. Thus, the expectation of marriage, its repeated discovery by anthropologists, and its replication in the ethnographic record over against other binds that tie humans together, produce the heterosexual couple and its sexed members as an inexorable fact of human of life. Yet it can be argued that the legitimacy and naturalness of heterosexual couple and its subjects has no ontological status apart from the acts which constitute it – marriage and the ethnographic record documenting the universal existence and virtue of marriage. In short, the naturalness of the heterosexual couple can be recognized as a fabrication constituted through a reiterative series of acts, of which coupling-up in the practice of marriage is possibly only the most public and enduring performance. Thus the anthropologists' preoccupation with "pairing," as well as their expectation and anticipation of "paring" are key discursive techniques through which marriage and its effects – the heterosexual couple – become reiterated time and again – as the ontological basis to human life. Yet, rather than pre-existing the discursive production of social life, marriage is the means by which reproductive, avowed monogamous heterosexuality is secured as an ontological (and naturalized) truth ordering humanity. Marriage creates the very phenomena its claims to only name and legitimate: heterosexuality and its sacred couple. Borrowing an insight of Nietzsche (1967) we can argue that marriage, the deed, produces the doers: man and woman. The deed – the act of marriage, indeed the very performative pronouncement – comes first, then "husband and wife," the doers follow –the doer is the effect of the deed. Hence, the ontological reality of the couple as a foundation truth, is a result of the act, and marriage can be recognized as one of the most visible performative practices through which heterosexuality is repeatedly instantiated as the grounds for human life.

The materiality of kinship

Thinking kinship in relation to the question of the human, indeed how it is that kinship makes and unmakes what might be human life, produces a peculiar kind of paradox. Kinship is that which establishes a life as distinctively human, and it is also that which forecloses certain lives from human possibility, that excludes certain relations, and indeed forms of life, from the field of the human. It is through kinship, we have been shown, that lives come to socially, culturally and psychically matter as human as well as it is through the terms and norms of kinship that particular forms of life are rendered humanely impossible. The question then becomes how might it become possible to live with the dangers, ambivalences, and constitutive constraints of this paradox. Does recognizing kinship as a modality of power that legitimates relationships and holds out the possibility for certain forms of survival require binding people up

into ever more marital couples? If we understand kinship as a form of “subjection” in Butler’s terms (1997), how might we stay alive to questions of abjection and exclusion, to the making and breaking of what would be human life? It seems we might come to recognize that both Renee Pendavis’s and Levi-Strauss’ bachelor with his some-how-or-another-related relative raise the question: what kinds of worlds might follow upon a kinship without marriage?

To begin to think with these questions, I now turn to the ethnographic.

II. TRANSGENDERING DOMESTIC PUBLICS AND HUMAN KIN

Over the course of fieldwork, I have come to witness how Girls will regularly refer to one another as “sisters” and “mothers,” and sometimes “grandmothers,” and “aunts.” In powerful ways these terms not only identify categories of people, but animate webs of connections, forms of belonging, and practices of care. In the remainder of this chapter, I draw upon my research to raise some questions about urban space, counter-publics, and kinship in order to tease out how embodied lives are integrated in, and are an effect of, spatial transformations of the domestic and gendered familial categories. I ask: understood as a modality of power which animates what might be a qualified human life, what forms of living emerge as viable within a kinship that is unfaithful to the heterosexual imperative that requires dimorphically sexed bodies, binary and discrete gender identifications, and the will to reproduce (hetero)sexuality?

Carla’s Birthday

[Let me revisit Carla’s birthday from Chapter 3 with a different set of questions and details.] I was excited to receive an invitation to Carla’s 60th birthday party. On a mid-Sunday afternoon, I joined Carla and her “extended family” at a bar a few blocks from Rani’s in the Tenderloin. Carla called it, “her home away from home.” The afternoon was spent drinking, eating pot-luck, and watching performers in all kinds of drag, across a wide variety of gendered displays and musical genres. We were also entertained by two of Carla’s “sisters” who as MC’s made us laugh with their bawdy stand-up comedy routine. And as many things in this social world, the birthday was also a community fundraiser. The tips the performers made during their show along with raffle prizes and auctions were pooled together, and then split between two agencies, addressing some of the exigencies of life in the Tenderloin: an HIV/AIDS resource center and children’s day care. Both of which are located only a few blocks away from the bar and serve low-income residents of the neighborhood.

At the end of the celebration it was announced that \$3,000 had been raised, which sent a wave of hollering and clapping through the crowd. As we cheered, “Mama Robinson,” as she is affectionately and respectfully known by many in the leather community, turned to me and said, “Look around, you know almost everyone in here is very poor, without a job, or living on disability, or SSI, and are just barely able to make it, living hand to mouth from month to month, and still they come here to celebrate Carla’s birthday and raise money for the kids and AIDS. It’s really something to think about the kindness of people in such violent and crazy times when everyone’s out of work. You know,” she paused and looked around, “it’s moments like this when I think it just might be ok in the end; that we just might make it through ok. And I do mean all of us.”

As the celebration wound down, Carla asked me to accompany her outside to say goodbye to some of her “sisters.” She introduced me around telling everybody within earshot that I was from Berkeley and writing about the neighborhood and “the Girls.” Crystal broke in laughing, “Child, that’s gonna be an epic.” We all laughed. Other sisters began to point up and

down the street, and across the street, describing conditions, which no longer seemed possible in what remained of boarded up storefronts. I heard stories of Compton's Cafeteria across the street which was the scene of the first documented Trans—queer uprising against police brutality in the US,⁴⁴ the gay bath house next door, as well as gay, queer, and trans hustling bars that have long since closed. I was told stories of crowded night streets, packed with bar-goers, hustlers, and all sorts of erotic revelry. Looking around, I asked where things had gone. I was told “too much police corruption” and persistent harassment of bar owners and bar goers. Lily said, “back then being gay, crossing dressing, a transsexual, a fairy, a girl, whatever you were doing, could land you in jail for just being out in public.” [Here, it is important to underscore, as was discussed in Chapter 1 that in many contexts and contingent circumstances the distinction between cross-dressers, transgender, transsexual – and feminine gay guys– often breakdown particularly when discussing histories of gender and sexual identifications.] I was told that businesses relocated north westward to Polk street and then later, the Castro, or that “those were the old days – things change; they always do.” Michelle explained, waving her hand in a wide arc in the air with dramatic posturing, “this whole area is the city's fucking dumping ground. Nobody cares what happens here. That was the reason why we were here in the first place. Nobody gave a damn what happened here, except the police with their shakedowns.” There were many sighs of agreement. But then, Carla looked at me and said, “Yes, right, but to be honest, what was the nail in the coffin in all this was AIDS. After the bathhouses were closed and people stopped going out to the bars, and people were sick and scared, and so many people died, almost everyone died, you know, there was just no more reason for this to go on. . It's sad but we didn't have the energy or just too many of us died or were scared out of our wits, and the rest of us were out in the streets protesting to keep ourselves and our sisters alive.” Most of Carla's sisters nodded silently in agreement.

Gender, kinship and the question of survivability

In many representations, perhaps even the anthropological kind I have created thus far (and in Chapter 2), the Tenderloin is represented as a kind of wasteland or even an encampment in which acts of letting die proliferate among those who experience themselves corralled and abandoned. But in this chapter, I want to turn away from such an analysis of the macro-physics of biopolitics in order to draw attention to the everyday, micro-practices, if not world-making practices, by which embodied subjectivities, forms of collective life, and counter-publics become vitalized in the Tenderloin among the Girls. Here I turn to forms of social identity relatedness that are engendered through a kinship that is housed in some unlikely domestic spaces and the sorts of persons and worlds that such a kinship gives rise to.

As the scene outside the bar during Carla's birthday celebration evidences, it is common for Girls to refer to specific familiars “sisters as well as “mothers.” When I would ask informant-interlocutors to describe what makes a sister or mother, my question was often return with a look of incredulity. For instance, Martha, laughed at me, “Come on, what a question – It's obvious, right? A mother's a mother; a sister's a sister. One is older and one is younger. A mother shows you the ropes and scowls you, and a sister is who you get in trouble with.” She laughed, “Seriously, everybody needs a mother to give you advice and make sure you don't make too many mistakes along the way. Think about it, my mother who raised me couldn't do this for me – well, she threw me the fuck out. So in her place, an older TG or drag mother does

⁴⁴ See Silverman, Victor and Stryker, Susan (2005).

what your birth mother can't – make sure you keep it together. A sister? Well, a sister is someone you can count on there to be there for you, get in trouble with, and yes, fight and steal clothes from." She laughed. "Not really, but yea, it's just like any sister – drama! But you watch out for each other." At the same time that these familial relations were described as being supportive, they also created familial clashes and serious drama. A little later Martha reminded, "Don't forget no one can hurt you or stab you in a back like a sister who you have trusted."

The familial identifications of mothers and sisters also put into play an array of obligations, commitments, and practices of care. Many times these practices were explained as a response to daily violence and harsh social conditions. As Dawn said, "you can't survive out there alone being a Girl. It's too hard. You need your sisters to get your back when you fall down. And you will fall a lot. Trust!" Paulina, herself a mother of four daughters and grandmother of two, explained smiling, "Like I always say it takes more than a village to raise a tranny."

The relationships between mothers and sisters organize practices to sustain lives which in many ways have been excluded, if not expelled, from the domain of a kinship which is constituted through and restricted by law and blood. But it is not only to life that a kinship of mothers and sisters is directed, it also organizes practices of death, such as care-giving for the dying and practices of mourning.

Mama's memorial

One afternoon, I was hanging with Alexandra, at Rani's, where she worked. She pulled out an obituary from a local community newspaper, sharing with me the news that her mother had just passed away. "I mean not the mother who gave birth to me – we haven't talked in like 25 years – but my mother who taught me how to make something of myself in this life." She explained that she was planning a "celebration of life" for Mama Ella and invited me to take part. A few days later at popular Latino gay bar in the Mission District, Alexandra and her five sisters lip-synched Ella's favorite songs while friends and familiars sang along. Her daughters also shared humorous stories of a mother who was kind and entertaining but strict and "always the boss." Many described how Sunday meals at Mama's house were often the only full meals they had all week. Some recounted instances where Mama's advice helped them through trying times, and all her daughters mentioned that Mama's finely-honed sewing skills literally kept them all outfitted. After the memorial as Lily, a daughter, and I walked home, she told me what she most respected about Mama Ella. "She taught each one of us what to expect in this life, how to deal with the shit that came with being a queen, cross-dresser, trans."

For months after her passing, stories of Mama Ella's last days circulated widely among the Girls and became a sort of commentary on kinship as a domain of ethical conduct. The story began like this: when it became apparent that Mama Ella was in her last stages of life, her daughters, who had gathered at the hospital decided that each one should take turns caring for her. (Although of course, depending on who told the story, a different daughter would take the lead as the exhausted and selfless nurse.) However across all accounts, the practices of care in dying as performed by her daughters were repeatedly juxtaposed to those of Mama Ella's natal family. Although the members of her natal family had rejected and disowned Mama Ella and were absent during her long sickness and last days, they arrived promptly upon her death to collect what valuables might remain. When hearing this story, many voiced repugnance and rage. It was stated time and again that Mama Ella's natal family had never acted in any

substantive way as kin to Mama Ella (vis-à-vis her daughters) and were certainly not entitled to claim what belongings might remain of her life in death. In fact, those who were legally recognized as kin seemed to conduct themselves in a manner completely antithetic to principles of kinship. The natal family was motivated, so it seemed, by a different ethics and economy of lives and things. It was, however, her daughters, none of whom are recognized by blood or law, who conducted themselves as kin in this account. The story, as it was told and received, portrayed the world in which Mama Ella's natal family existed as one in which the principles of kinship had been turned upside down. It was the family sanctioned by law and convention that in this case appeared awfully strange. We might think this story, particularly in how it was received, as offering a kind of critique of regulatory norms. For instance, the story interrogates the relationships of normative kinship -- based in the consanguinity and the law -- and reveals them to be inhabited by all sorts of hypocritical conduct and internal failures to approximate the very ideals it claims as its own. Moreover, the story of Mama Ella's death, particularly as it traveled among the Girls, might be understood as a parable, seeking to impart ethical principles. As such, what lessons does it teach about relatedness, dependency, and care in practices of life, in practices of death?

Kinship between life and death

To provisionally answer, I'd like to note a few things about how kinship might be thought within contemporary lifeworlds, marked as they are by fierce contests over what counts as legitimate marriage and family, and under what terms legitimacy is to, or ought to, be given. These times are also characterized by myriad biological-social lifeworlds in which all sorts of assisted conception technologies mutate the biological "facts" of heredity, and throw into question who is related to whom, who is a parent, a child, and what is the role of technology in human reproduction (Franklin 1997, Franklin & McKinnon 2001, Hayden 1995, Roberts 2012, Strathern 1992a, 1992b, Thompson 2005, Westin 1997). Questions of kinship, so it seems, remain at the heart of all sorts of political and social debates in which we have been told that normative relations among the human, marriage, and the "civilization" are at stake.

First, kinship can be understood as a set of practices that institute specific kinds of affective relationships and human dependencies that negotiate the exigencies of life and death. Kinship establishes the terms of intelligibility for forms of affect, conduct, and obligation towards another. As such kinship is inseparable from questions of how one comes to live a life in a social world and take up relations with the other. Thus to think with, and engage, kinship is to ask about the meaningful ways in which the human is made and unmade; how it is that a life becomes livable; and what sorts of normative conditions must be fulfilled for life to become human.

Second, kinship can be understood, as a style of doing, a particular mode of conduct in the world that produces specific categories of intelligible subjects who become enmeshed in webs of social relations with one another. For instance among the Girls, one is a "sister" or a "mother," not because of birthright, naturalized condition, or juridical status, but because of the ways in which one conducts the self in relations with other familiars. Hence, kinship is the name for a mode of conduct that produces particular forms of personhood and modes of belonging.

Third, the categories of mother and sister have the effect of gendering one in specific kinds of ways. We might say these kinship categories are one means through which gender is instantiated through performative practices that cite kinship norms. On some occasions, these citations many signify and reproduce what we might term hegemonic norms of kinship. Yet

these modes of patterned and performative doing often displace and transform normative gendered and sexed requirements. For certainly, if one who is assigned the sex of male at birth can become a mother or sister then neither heteronormative sexuality nor discreet gender identity nor stable dimorphically assigned sex becomes accomplished. Indeed normative requirements of kinship are not only troubled but open to radical resignification, accounting for, and indeed making possible, other forms of qualified life..

Fourth and relatedly, if the “body” is recognized as “the vehicle for being in the world” following Merleau-Ponty (1962: 82), such that one comes to take-up a place in the world among others through, and because of, one’s bodily existence in relation to other bodies, then living in the world is always, already a fleshly and intimate matter. Indeed embodiment – as lived bodily being – is the materialized effect of integration into a lifeworld. As such kinship establishes particular modes through which a body lives in the world and intimate connections with other bodily beings are taken up. Here then matrifocal kinship arrangements among the girls can be understood as instantiating one means by which gendered bodily being is constituted. Kinship of “mothers’ and “sisters” vitalizes particular forms of gendered embodiment that trouble the naturalized requirement of dimorphically sexed corporealities as essential for the creation of kinship and lives that come to matter.

Fifth, the practices that I have described give an account of the creation of particular kinds of transgender publics that are spatialized within bars. In many ways these scenes of association and identity-making constitute the emergence of “counter-publics” (Warner 2002). For instance, many of these spaces inhabited by the Girls and their familiars are in tension with a larger and dominant public. In fact, the Girls repeatedly speak of the ways in which they and their sisters, mothers, grandmothers, and aunts are excluded from a dominant public and its related forms of belonging and citizenship, particularly in terms of gendered embodiment, race, immigrant status and familial relationships. At the same time among the Girls there is a keen awareness of the logics undergirding these forms of marginalization and in many ways, a critical relation to normalizing technologies of citizenship, family, gender, and dimorphic sexed embodiment are taken up. That sisters and mothers create such worlds of intimate association and relations of care within bars, they vitalize not only counter-publics, but counter-publics that have quite clearly gone domestic -- they are often called home. Thus, the public/private binary once more in a very serious sense implodes.

Lastly, I the range of kinship practices and identities I have been describing should be understood as a kind of vital alliance, I term *necessary affinities*. Necessary because these relations create a web of worldly and intimate entanglements through which one comes to be embodied in a social world, and tangled in relations and affairs that mark one’s life with a social world. Here it might be generative to recoup a long obsolete definition of necessary. The Oxford English Dictionary tells us that between the 16th and 18th centuries, necessary meant “intimately connected,” as in closely related. As well, the kin-relationships among the Girls can certainly be termed affinities, because they emerge from shared life circumstances taking shape in a contingent present. These relationships are not obligatory. Clearly no one is (biologically) born into them, but nor are they are freely chosen or entered into voluntarily – often becoming a mother or sister is a means to survive. At the same time, these relationships are shot through with all kinds of ambivalences and conflicts, care and pain, pleasure and sorrow, and as such seem to constitute the very joy and pathos that characterize a life that is perhaps all too human. And although not elaborated in terms of consanguinity, genetic lineage, or (hetero)sexual

reproduction, necessary affinities are very much biological for it is life and bodily being that is often at stake. Thus once again kinship comes to us as a threshold between life and death.

Violence, kinship, and the question of ethics

One afternoon at the Clinic, JoLynn, a support group facilitator, passed around a statement to patients and providers that had just been released by the police. It reported the murder of “an unidentified Latina transgender woman,” who had been found along a sidewalk in San Francisco’s Mission District. She was naked, stabbed, and strangled. JoLynn was asking if we had any information that could help identify the victim.

The next day, the victim had been identified as Ruby, someone who was very familiar. She was a client at the support agency where JoLynn works. Sometimes Ruby hung around the Clinic, laughing and carrying on with friends and familiars. [Although the clinic is described more fully in the next chapter, it is important to note that many trans people visit the clinic week in and week out, regardless of whether or not they have an appointment. For many, it is a center of social life. There’s a weekly support group that offers food, movies, and the space to collectively discuss life issues and the pleasures and fears of “transitioning. The waiting room itself is quite a party full of laughing, dishing, and gossiping. One of the clinical social workers described it like this, “the TG clinic is unlike any clinic we have in terms of all the socializing. It is really a home for so many patients who have little else to go for support and find a place to fit in.”]

A month later, a public vigil was held for Ruby at the corner of 24th and Mission Streets. The choice of the location as the Mission and not the Castro or Tenderloin was significant. It referenced that Ruby had lived her life, since moving from Nicaragua two-years ago, in the Mission and was murdered there, her home as it is for many immigrants. As one leader explained, “we (Trans) are everywhere – right here in the Mission too; We immigrants – Trans or not – are not garbage; we are not disposable.” Carrying white candles, flowers, and placards, a crowd of over 200 people, joined together to remember Ruby’s life and draw attention to the forms of violence that are inflected upon trans and gender variant persons. Friends and sisters spoke in English and Spanish of her kindness to others and her optimism for what life would offer her in the States. Community activists spoke of grief, remembrance, and rage. At the center of the event was this banner [IMAGE], held by those who identified as Ruby’s *hermanas* (sisters):

“Somos sus hijos e hijas, No nos olvide.”

Translated: *“We are your sons and daughters. Do not forget us.”*

The banner asks that trans people be recognized as members of “your” family. This call takes a mode of address and grammar that is directed towards a more powerful other, perhaps even the other broadly conceived as “the family of man.” The banner also makes a serious demand about how it is that the humanity of the other’s life is recognized. It draws out how one is implicated in, and related to, lives that one may never know, and asks what kinds of accountability and responsibility can be taken up towards those who are unfamiliar but with whom one intimately and corporeally shares a lifeworld. The banner asks us to consider how forgetting about the always possible presence of the other in our lives can be a lack of concern for the other, a kind of abandoning, a form of letting the other die. As such, the banner figures vulnerability and the potential to inflict violence as a condition for living in a social world, indeed within our very relationships with one another, and asks what kinds of ethical relations to the other are made possible with recognition of one’s ability to undo another? What might make for a livable

world? And what does it mean that such claims for recognition and livability are made through the language of kinship?

Here it might be generative to return once again to Levi-Strauss. Towards the closing of the *Elementary Structures of Kinship* [(1949) 1969], he observes that within certain worlds of kinship to be without identifiable kin is not, as we might think, to be un-identifiable or un-locatable within a specific symbolic and social field; rather it is quite the opposite. To be without identifiable kin is to be over-determined as the target of “enmity” (482) and aggression. To be without kin is to exist in a state of abjection, to be included in domain of the human as the exception, as that which is not quite human. Such a life is open to all sorts of violence and killing, yet it is a life, like Agamben’s “bare life” (Agamben 1998), whose death does not register, whose killing does not qualify as murder. The absence of kin ties – or to have them unrecognized as such – disqualifies a life from being worthy of living. Thus, we can re-read Levi-Strauss to have told us all along that kinship is about social, structural, and symbolic violence. Indeed the demarcation of kinship is always at once a process of inclusion and exclusion, incorporation and foreclosure. Thus kinship’s power over collective life is not only to qualify a life as human, but disallow to the point of death those defined as non-kin. Here then Ruby’s sisters’ call to “no nos olvide” – not to forget us – is perhaps a reminder that the endless battles over the legitimation of unqualified relations as kin, are not only struggles over legal and economic rights, but contests over what lives come to count as human, and whose deaths may be mourned as the lost of a relative and one who has been loved. In other words, to be recognize as kin is to be.

Sex & kinship and the anti- antisocial family

In this chapter, I have argued that kinship is, in a word, a technology of making humans, a human-making technology, whose stakes are belonging and abjection, care and disregard, life and death. It might seem that the question of sex and sexuality has been somewhat effaced, particularly in the ethnographic material presented. However by not addressing sex and sexuality in the terms in which they are most familiar does not mean they have not been referenced. Indeed, kinship, as we are told time and again, is that which regulates sexual practice into appropriate aims and object choices – this of course are claims of some psychoanalysts and political pundits. But must managing sexuality be the job of kinship? Does sexual practice and pleasure indeed require such a thing? What kinds of possibilities are occasioned when sexuality is released from kinship? Here we can return to the kin-making practices among the Girls, which without marriage or the conjugality, animate forms of sociality that negotiate the exigencies of human dependency. In these lifeworlds presumptive marital heterosexuality is not a necessary pre-condition for human life nor does it tie together relations that matter. In very worldly ways, sexuality becomes displaced from kinship. As such erotic practice and sexual alliance are open to proliferation beyond the binds of marriage and presumptive heterosexuality and monogamy. Given an existence outside the normative strictures of kinship, sexuality might emerge as a field occasioning new kinds of vital relations and shared forces, with the potential to bring forth unfamiliar social and cultural worlds, animated by other kinds of qualified and beloved lives.

As well in this chapter I have thought about the ways in which kinship opens up the questions about how lives come to count as a livable on the horizon of the human. Here we might consider the ways in which the world-making practices of the Girls, articulated as they are in the language of kinship, come to trouble some of the neo-liberalist and heteronormative conceptions of the human at play in the world today. For instance, Barrett and McIntosh (1982)

argue that within the contemporary world, intimacy, care, friendship, trust, and dependence – the very foundations for what they understand as a social world – have become ever more restricted to the domain of the nuclear family, monopolized, as they argue, by the logics and practices of neo-liberalism. They contend that fundamental social practices are increasingly becoming domesticated. Thus, rather than being the advent of social and cultural life, the nuclear family, born from the conjugal couple, is the point at which worldly life goes private. It is an “anti-social family” (Barrett and McIntosh 1982). It houses isolated and private individuals. So while the practices of the normative nuclear family are focused inward upon its predetermined members, the practices of kinship among the Girls is focused outward, creating forms of alliance and solidarity, conflict and struggle across a shifting field of life. Yet these sorts of queer kinships are not harbingers announcing the death of the humanly social nor the collapse of “civilization,” as some in positions of influence might proclaim, but rather bring about something radically different: an *anti anti-social family*. These sorts of kinship do not require the legitimacy of blood or lineage, law or alliance. And they are certainly not reducible to the couple. Rather to be kin, as we have seen among the Girls, is to be engaged in practices of recognition, qualification, and care towards those whom discourse on kinship has abjected; whom the law – juridical, natural, symbolic – has disavowed; and whom the marital family turns into bastards. Indeed, creative practices of care, support, and obligation occasioned through these kinships open-up an ethics for living otherwise than we have inherited: a non-monogamous kin-making.

Coda

Although it might seem that I have dwelt far too long in spaces of death, and perhaps I have, this was not my original intent. Rather, I hope to have drawn attention to the ways in which kinship relations and practices among the Girls are *necessary affinities*. They animate life, that is, make live. Perhaps too, I have queried how it might be possible to become other than who we are. It seems that doing kinship differently – resignifying its terms, re-enacting its practices of care – opens up the possibility for different conceptions and embodiments of being human, or perhaps for a radically different mode of qualified living without this aegis.

Maria's Interlude 4

It is late afternoon and the clinic's waiting room is being crowded with clients and their friends and familiars. I am sitting between Celia and Marcia who are showing me Paulina Rubio's latest video on one of their cell-phones. Michelle, rocking out few seats away, describes to us how she's going to perform the song at Rani's where she works Friday nights. I look up from the cell phone for moment and as I do I see that Maria has just come out of the social workers' office and is headed toward the door of the clinic. As she passes, she pauses to greet everybody and catch up on things. She then glances to me and says with a smile, "Come outside for a second." She tilts her head toward the door.

"Sure." As I gather up my stuff, Marcia grabs my arm and whispers, "she doesn't look so good. See if she's OK."

In the alley outside the clinic, Maria lights up a cigarette and says, "It's gotten windy. The fog's come in. I wonder if it'll rain. It feels damp." She pulls her knitted white shawl around her. This afternoon like all the other afternoons I remember she is in all white. "So how's it going, school boy? You still doing your research on the Girls? How many damn years has it been now?" She pauses and exhales, "I mean that's what you're doing. Am I right?" She smiles.

I laugh, "Yes, yes. I'm still here conducting research. That's why I am here. I know you know this clinic is real important to public health, and the history of trans care and AIDS—"

"Oh yea that's right, it's real important to you," she responds sarcastically. Then with a wink, she adds, "You know, I'm kidding!" Then becoming serious, she adds, "But this was the first place." She looks back towards the clinic's door. "It took awhile to get it open, but this was the first program. Did you know that?"

"Yes, I do. That's why I'm here. I want to write about the clinic, learn about why it started, and how it opened, and—"

"It was started to save lives! To get people off street hormones and veterinarian hormones. Who knows what shit what was being shot up before you could come here. This was the first place TG's could come and not be treated like we were sick, freaks, and had mental disorders" She pauses to exhale, "So how much longer you around?"

"I need to stop soon. Tie it all up for now, the research, and write up the findings—"

"Ah, you mean the book, don't you?"

"Well not exactly, but yea, to finish writing, and working towards a book. I'm crossing my fingers." I pause and then turn my attention to why she might have asked me to come outside with her. "But what's going on with you? I haven't seen you in a while."

"It's all good. I haven't been going out. It's the same shit, the same people, the same bullshit and drama. I guess people like it that way. Not me, not anymore. I don't have the energy for all that."

"What do you mean? You have all kinds of energy. You always have something going on," I exclaim with a smile.

She pauses and inhales and then exhales, and again. "No, I am tired. I'm real tired Chris." (Later when reading over field notes, I will realize that this is one of the only times she has used my name, Chris, rather than one of the jocular, sometimes derisive, nicknames she is fond of giving me.)

"Oh come on—"

“I am serious. I’m tired. But...” She pauses, straightens up, and looks me right in the eye. “I’ve had nine lives, like a cat. I’ve beat it back. I have survived, come back from things you can’t believe, but there’s only nine lives. A cat only has nine chances, and that’s it, no more. And I know I’ve had at least nine.” She laughed. “You can’t even begin to imagine how many times I’ve beat it back. Don’t even try to. But there’s only so many times and ... and I’m tired.”

“Ahhh, come on, you aren’t—”

“No, I’m serious.”

“But what’s up? We’re here at the clinic. Are you feeling ok? Did you see your doctor? Did you get an appointment? We can go in and—”

“I know where we are! I don’t need anything. I’m ... Anyway, there’s only so many times you can beat it back.” She pauses and drags on her cigarette. As she exhales, she declares, “But, I have lived, really lived. And I know you know that: I have really lived my life! And make sure you remember that schoolboy: ‘I have really lived.’” She throws down her cigarette and with the toe of her boot she crushes it into the asphalt. Then abruptly it seems she turns to go. As I am about to ask her to stay, she looks back over her shoulder and asserts, “Yes, I have really lived! Now ask yourself, schoolboy, have you? Have you really lived? Can you say that?”

“Yea— I mean, not nine lives...but I think—”

“Well, you better ask yourself that, before it gets too late, and think hard about the answer. I know I have. I made sure to.” Then she turns and begins to walk away through the alley.

I raise my voice some, “Maria, please wait. I wanna answer your question. I think—”

With a quick flip of her hand, she waves. I’m not sure if she’s waving good-bye or waving me off. I want to say something, to answer her question, but words fail me. And I do not follow or call to her. I stand silent. She continues to walk away. Then she stops about thirty feet away, and I watch as she shares cigarettes with the four men with shopping carts and cardboard boxes who sleep in the alcove of a brick building mid-way down the alley. She continues on. She never looks back. I stand still, watching her, and then it comes to me. I realize she has just told me all there is ever to tell to me finally. She knows she has.

At the end of the alley, or perhaps it is the beginning, she turns right to head northward on the avenue. As she turns, a gust of wind blows up. Her white shawl lifts in the breeze and flutters behind her. In a split second, she disappears behind the graying cement building. The sky whirls fog-white.

5 [REGENERATIONS] **Birth of the Transgender Clinic,
or the biopolitics of gendered embodiment in the time of
AIDS**

“Let me clear about one thing, Chris, and make sure you get this down.” Patricia pointed at the pocket-size flip notebook, which seemed to be attached to my pal at all times. She continued, “This was the first place we could come tell the truth about ourselves, who we are, and what we needed. . . The only place I could come and tell the truth about who I am without getting thrown out or locked up in an insane asylum. Make sure you get that down. This was the first place we could come tell the truth about ourselves, and be respected and get care. I mean it, the first place.”

“The truth... what do you mean? What could you say here? I glanced around the waiting room. “What was different about this place? What is it you could say –”

She cut me off. “Oh, come on Chris. You’re the anthropologist.” She laughed less with her usual sarcasm than incredulity. “You should be telling me. I took anthropology in college. I read Margret Mead.” She winked. We both laughed. “There are more than two genders – far more – in the world. In other cultures and throughout history, there was more than just males and females. Gender is different; diverse.. . It’s the stereotypes of man and woman that are deranged and sick not us, trannies. I mean transgenders. Trans people. Write that down!”

“But,” she began again. “The truth was that there for many of us, maybe most of us, it wasn’t about feeling more like another gender or just “trapped in the wrong body” She stated while making air quotes. “It wasn’t about male or female. It was about being both masculine and femininity, or none of them. Male or female was not me, or most of us. We were both masculine and femininity, had traits of M and F. Look, (at the Clinic) we didn’t have to regurgitate all the shit the doctors wanted to hear about us being trapped in the wrong body, or hating who you were, or wishing you were somebody else. We could be who we are, and not have to fit anyone’s preconceived notions of who trans people are. We’re not all trying to become cookie-cutter heterosexuals.” Hell I never wanted that life!” she exclaimed. We laughed. “But that is what the clinics at Stanford and Hopkins, everywhere, made us say and don’t think we didn’t tell each other the stories we had to tell to get our operations, and rehearse them. But that’s all they were for many of us. Just lies to get what we wanted – hormones, surgeries, but many of us got tired of lying – I know I did – just to fit the doctors’ idea of what being a transsexual is. And then being told no, if you didn’t tell the right story. I mean look around, you know, we all have different aspirations and different reasons for being here. This clinic allowed us to be ourselves and not fit into someone else’s idea of what a good trans person was – you know, passing, straight.”

Patricia and I were sitting in the waiting room of, what I am calling, the “Clinic,” the first primary care program for trans individuals in the United States. Patricia was in her late forties and had had lived in San Francisco for over twenty-years. Although I had known Patricia for over a year and we had frequently talked when she visited the Clinic, I had just recently come to find out that she was one of the leading community advocates who was responsible for helping to see that the Clinic was established almost ten years ago . She had testified at City health commission meetings, Board of Supervisors’ meetings, and was a member of the community advisory board which helped develop Clinic’s protocols of care. But she never spoke of these things to me and so I only came to find out about her political work from others who spoke

highly of her advocacy and leadership. When I asked her questions about her work on behalf of the Clinic, she would laugh and respond humbly, “I didn’t do anything that anyone else wouldn’t do given the circumstances. We were brutalized by doctors and exploited by those who we thought were our friends. So many of the Girls were dying of AIDS because they were afraid to get treated or even tested.”

I. BIOPOLITICS OF GENDERED EMBODIMENT IN THE TIME OF AIDS

Patricia’s account of her experiences at the Clinic and some of the stories told about her activism bring together some basic questions I want attend to in this chapter: why was Clinic established, why in San Francisco, and why at the particular time in which it was? What role do informant-interlocutors describe that the Clinic plays in their lives? These are questions about the conditions of possibility – for the Clinic’s existence and for modes of gendered embodiment created in the specific clinical encounter between patients and providers at what has become one of, if not the, pioneering trans health program in the United States. As well I want to explore some questions about what it means to tell the truth of one’s self that takes the form of a confession of one’s gender identity to a medical authority. As Patricia describes, the Clinic offered her a rare occasion to speak “the truth” of herself and to be recognized by medical authorities within what she describes are her terms, rather than those of a medical expertise. As well she explains that this speech act and its recognition as a type of confession of the self opened possibilities for accessing medical therapies helpful in the cultivation of gendered embodiment. But what are terms under which the truth of the self can be both spoken and then recognized as truthful, and what does the relationship emerge between what is spoken and what is recognized bring to bear on bodily being?

In many ways, I have come to understand the Clinic as a very specific and unique biological assemblage in which relationships between personhood and apparatuses of power-knowledge are being worked out in the contemporary moment. What is at stake in these relationships are how trans bodies and selves are constituted within medical and public health discourse, and what sorts of therapeutic interventions are authorized, both as technologies for fostering collective health and practices for the cultivation of the self.

Research parameters and the “Clinic”

Material in this chapter is based in over two-years of research at the Clinic. I interviewed providers (physicians, nurses, social workers, and front line staff), clients and their families and friends, and community activists and leaders, who were involved in helping to establish the Clinic. I also conducted a variety of participant-observations activities. I spent time in the waiting rooms, joined in support groups, and attended staff meetings. I also volunteered, helping to staff the “transgender library,” where patients could check out books and documentaries on trans history, literature, and politics. I also assisted in the writing of research and programmatic grants. During my other research activities in the Tenderloin and at community events, I would often refer people, who were looking for health care, to the Clinic. Some of my earlier findings were written up as the pamphlet guide, “How to Start a Transgender Health Clinic.” The document was the product of collaboration with the Transgender Law Center (TLC) and has been used as part of their statewide organizing efforts for health care access. It can be found on TLC’s website at www.transgenderlawcenter.org/pdf/hcap_clinic_how_to.pdf. It is also included as Appendix II.

Established in the Winter of 1993, the Clinic was the first public health institution in the United States to provide a primary care program for trans identified persons. It is housed at a large and busy, if not overloaded, community health center which operates the City's health care for the homeless program, offering services for homeless people and underserved people. The Clinic, one of many specialty programs – women's clinic, Latino clinic, HIV clinic – at the health center, provides what is described as a multidisciplinary spectrum of care for trans patients, which includes medical, psychology, and social services in addition to hormonal therapies. Over 1,200 patients have received care. Eighty-percent of the patients identify as trans feminine and twenty-percent as trans masculine.

As the U.S.'s first public health program for trans identified patients, the Clinic's influence on health practice has expanded beyond San Francisco. For instance, although the majority of patients live in San Francisco, some patients come from all over California and pay out of pocket for services. In conversations, many described the Clinic as being the only place where they felt comfortable seeking care and that the Clinic's providers were knowledgeable about trans health and respectful of their patients' life choices. As well, staff has consulted with dozens of providers caring for trans individuals across the United States. During interviews with health professionals at conferences in Los Angeles, Sacramento, San Diego, San Francisco, and Washington, D.C., I learned that the Clinic's protocols of care were being used by providers throughout the United States. Providers explained that there was a dangerous lack of published research on best practices for care of trans patients and that the Clinic's protocols of care, which were made freely available online, provided medical professionals with the information they needed to best care for patients requesting hormonal therapy and primary care.

Providers explained that the Clinic was opened for two primary reasons: one, to address lack of access to health care experienced by many trans and gender variant persons; and two, to respond to high rates of HIV among trans feminine persons. Providers explained that trans individuals lack access to health care for a variety of reasons. Most trans and gender variant persons have experienced discrimination in health care settings and have been subject to inappropriate questions and invasive procedures. As a result many are reticent to seek care. Providers explained they were concerned that trans people in the City were often seeking out underground and illegal medical practices from non-professionals and what, a Clinical director described as, "unscrupulous doctors who would inject hormones for 20-50-100 dollars without any monitoring or follow-up care." Providers explained that without monitoring of hormones and regular check-ups, people were placed at risk for multiple health problems.

In many ways, the Clinic was also established following harm reduction principles in a triage model of care. A nursing coordinator explained the program like this: "We really are the first link most TGs have to any kind of care and social support – this is especially true for immigrants. Because we provide medical-care – well mostly it's the hormones people come for at first – TG people come and can be linked to other services they need and begin to find help. This is really the case for undocumented migrants. This is why I immediately ask if they have been abused, if they are being abused, if they need asylum. It's really triage – what are the most pressing issues in their lives."

As well, providers described that the AIDS crisis was a major force in the Clinic's creation. Provides explained that trans individuals living with HIV would often not seek care until they were in late stages of disease, forgoing treatment because of prior negative experiences with health care providers. The Clinic's medical director expressed that "It was AIDS deaths not transgender care in itself that made us able to convince City hall to open the Transgender Clinic.

At that time, we had very limited knowledge about transgender, transsexual medicine – really we as a team knew very little. None of us were endocrinologists. But what we knew, what we saw every day, were people dying, literally dying in the (single-resident-occupancy) hotels, presenting in the Clinic at advanced stage of AIDS because they could not, or would not come for care, because of how poorly – unethically, yes unethically – trans people were treated by medical providers. With community leaders, we were saying we had to do something about AIDS and dangerous black market hormones on the streets, so together we – transgender activists and providers here -- just pushed and pushed on the Department of Public Health to fund the Clinic and get it opened.”

Besides providing healthcare, my research also found that that Clinic offers a social space for patients and their friends. Week in and week out, the waiting room was packed with many people were not there for appointments but to accompany their friends and hang out, catching up on the latest gossip and news. The waiting room was loud and jovial, filled with laughter, jokes, and even heated discussions on relationships, gender politics, and social events. Other people came to the Clinic to participate in peer-lead support groups where many shared stories of transitions and day-to-life-concerns, as well as and took part in workshops, sponsored by community organizations on legal issues, immigration, employment, and housing. Other times movies and videos were screened and discussed, and on other occasions the group offered celebrations of holidays and birthdays, providing meals and drinks. Many informant-interlocutors explained that the Clinic offered one of the few places in the city for trans and gender variant persons to meet and socialize. Also, time and again, I was told that the Clinic was one of the few places where trans guys and girls could hang out together.

As I have come to learn, the Clinic offers the space not only for new practices of healthcare and new bioethical relations, but also new forms of belonging and alliance, which have emerged out of trans political movements and the biological-social conditions of epidemic. Though here epidemic refers not only HIV/AIDS but, as a trans activist put it, an “epidemic of barriers to health care.”

Chapter Outline

The discussion that follows takes up three directions in an attempt to think about the Clinic and its relationship to what I am calling the biopolitics of gendered embodiment. First, I detail the history of the Clinic’s emergence and the role played by trans political movements and the AIDS crisis in providing logics for the Clinic’s establishment. Second, I detail unique modes of biosociality beyond disease that take shape in the Clinic among patients. Third, I describe the Clinic as a site where some paradoxes of gendered citizenship get played out in the discursive production of the “transgender” asylee.

First, the chapter situates the establishment of the Clinic within the historical and social context of trans politics and public health interventions in San Francisco beginning in the mid 1990s. Since the Clinic was the first public health program in the United States to provide primary care and hormonal therapy, I argue that its opening signaled a landmark event within biomedicine and public health. I examine the forces that coalesced to bring about what has been described by medical providers and trans activists as a pioneering and radical model of healthcare. Relatedly I discuss how the Clinic’s protocols of care, medical practices and what I am calling its bioethical principles, marked a deep epistemological shift, if not break, within the field of trans-related medical care. Prior to the Clinic’s opening the relationships among trans patients and medical providers were described as being organized by a “gate-keeping” model in

which medical and psychological “experts” interviewed potential patients to determine if they were suffering from “gender dysphoria” and could be diagnosed with “gender identity disorder” (GID). Only after being diagnosed with this specific psychological condition, as codified in the DSM, were trans and gender variant persons able to access trans-related medical therapies, including hormones and surgical procedures.

The Clinic’s practices significantly diverged from this model of gate-keeping and pathologization of gender variance. Guiding clinical practice were the principles derived from what was described as “social justice” in which health care was understood as a basic right. Rather than having to undergo months if not years of often costly psychological evaluation, patients at the Clinic were able to access healthcare, including, hormonal therapies, regardless of gendered identity, bodily being, and modes of transition. In other words, it was not a diagnosis of GID that authorized trans-related care, but a patient’s own self-identification as “transgender” or “transsexual” or “two-spirit” or “gender queer” or “gender non-conforming” (these are only a few of the gender categories through which patients identify). Indeed, “transgender” itself in the title of the program was suggested by community members as a way to represent a range of gender identifications, expressions, and bodily-being rather than earlier models which were often given the name of transsexual clinic or gender identity clinic.⁴⁵

The establishment of the Clinic as a pioneering program was made possible by the convergence of two seemingly unrelated social phenomenon. One was the emergence of identified transgender social movements, which included the right to healthcare as one of their fundamental objectives. The years of 1993 and 1994 were important years for trans political and social movements in San Francisco. During 1993, the year prior to the Clinic’s opening -- the very year in which providers and activists were meeting with city administrators advocating for the opening of a trans Clinic in the City -- the San Francisco Human Rights Commission undertook a pioneering study on the needs and concerns of trans and gender variant residents. In the Final Report, discrimination in housing, employment, and health care was described as being wide-spread leading to increased suffering, morbidity and mortality (Green 1994). Both providers and activists explained that organizing and galvanizing of trans communities around the Report placed pressure on city leaders to address health care issues, and the report provided city administrators with evidence that there was indeed a health crisis among transgender residents.

A second phenomena, as has been described earlier, is the AIDS crisis in San Francisco which was disproportionately impacting trans women. Both an emerging trans political movement and the unrelenting biological-social crisis of AIDS provided conditions under which the Clinic could be realized

Second, this chapter explores patient’s views on the Clinic, their experiences, and the ways in which the Clinic was described as offering a place for people to meet, gather, develop friendships, and organize for social and political events. I argue that the clinical space occasions the emergence of a new form of biosociality. However my notion of biosociality diverges significantly from the conventional definitions of the concept, in which describe biosociality is refers to forms of identity, belonging, and alliance that emerge out of a shared diseased condition (Rabinow 1992). Instead, I employ biosociality to refer an arrangement through which people begin to understand themselves and their possibilities within the terms and practices offered by

⁴⁵ For histories and analysis of trans-related medicine in the United States, see: Butler 2006, Califia 2003, Meyerowitz 2002, Singer 2006c, Spade 2003, 2011, Stone 1992, Stryker 1999, 2008a.

biology and biomedicine. Here specifically I am referring to endocrinology as both a form of knowledge and mode of intervention in trans lives at the Clinic. Indeed the Clinic is clearly a biological-social space. Biological being becomes focus of medico-therapeutic intervention by a team of social workers, nurses, and physicians. As well, the Clinic itself – the lively waiting-room and weekly support group meetings – offers the possibility for individuals to meet and form relationships through shared identifications that are commonly lived in relation to biomedical possibilities, such as hormonal therapy and SRS /gender confirmation procedures. Indeed, the cultivation and care of gendered embodiment through the use of pharmaceuticals often becomes the focus of individual and collective reflection and practice, and a queer and not-so-queer language of hormones – “e” and “t,” estrogen and testosterone – becomes a means to describe bodily affect and a way to account for one’s conduct. Rather than a biosociality based in disease, I argue that the Clinic provides an occasion for new forms of shared identifications to arise when biomedical procedures and products are included as tools of “techniques of the body” [Mauss 1992 (1934)]

Third, I examine how the Clinic also offers the space through which new forms of both belonging and alienation emerge in relationship to the nation-state of the U.S. The Clinic is often the first encounter that many low-income transgender individuals – especially undocumented immigrants – have with state authorities and bureaucratic institutions. Thus, the clinical space becomes the site where individuals enter into a variety of power infused relationships with physicians, psychologists, social workers, public health officials, law enforcement officers and immigration agents who often control access to vital resources -- including health care, housing, employment, and immigration documents. This is particularly salient for those who may make claims for asylum in the United States based on traumatic experiences associated with being transgender or gender variant in their country of origin. Here clinicians’ testimonies are enlisted as evidence to legitimate the patient’s experiences. Examining the affidavits made by clinicians on behalf of their patients, I describe a newly emergent instance in which the authority of medicine is enlisted in matters of citizenship, governing, and civil rights.

In short, Clinic can be understood as a threshold through which forms of identity and recognition emerge and interplays of discipline and self-making are staged. What is at stake in how these emergences and interplays come together are potentials for trans vitalities.

II. CAUGHT AMID S/STATES OR SOME PARADOXES OF “TRANSGENDER ASYLUM”

The Clinic offers the space through which new forms of belonging and alienation emerge in relationship to the nation-state. In what follows I what to think about how gender identifications, normative schemes of intelligibility, and juridical and therapeutic technologies converge at the Clinic to create particular kinds of legal subjects, or not, within the conditions of transnationality. Though, before exploring some ethnographic material, let me first turn to two cases which I found myself returning to time and again to think about what is at stake in how the nation-state recognizes subjects and the terms under which recognition is extended.

First is is an artifact from 1949. It is entitled, “Affidavit of Identity.” It begins with a pronouncement that is also a sort of injunction. “I wish to use this document in lieu of a passport which I, a stateless person, cannot obtain at present.” The affidavit’s author is Hannah Arendt, a political philosopher, a German exile, and a Jewish refugee. She makes this declaration at a moment in which contemporary arrangements of nation-states and international human rights

were being sorted out, and whose legacy we uneasily and violently inhabit today. This artifact to reminds me of some of the ways which legal status is materially-semiotically conferred, recognized, and secured. Arendt calls attention to what is at stake for those, like herself, for whom the appropriate identifying documents – through which State recognition is granted and some sort of State protection is promised – have been denied, withheld, destroyed, and/or are in error. In other words, I want to interrogate this power of the document. (And this is an issue that has become incredibly pronounced in the U.S. today. For instance, in Arizona with the passage of the “show me your papers” law and recent actions of the Social Security Administration: sending out “gender ‘No-Match’ letters’ to employers if gender boxes are marked differently in different data bases.)

Thinking about the role of the document in mediating the relationship between the nation-state belonging as well as the creation of states of precarity, I am reminded of Victoria Arellano. In Los Angeles in May 2000, Arellano, a 23 year old trans feminine person from Mexico, was cited for a traffic violation upon which she was caught up in a Citizenship and Immigration Services (CIS) raid. Two and a half months later while in federal custody, she would die. Arellano died because AIDS medications – anti-retrovirals and prophylactic antibiotics – were withheld from her. Over the course of being detained, Arellano grew sicker and sicker, while guards – agents protecting the state – did nothing. Her cellmates on the other hand cared for her. The men – trans women in the penal system are usually incarcerated with men, and a whole other set of problems arises here – wiped Arellano feverish body with cold compresses. They cleaned her when her clothing and bedding began soiled. They banged night and day on their cell bars begging that Victoria be taken to the infirmary. In an act of civil disobedience, seventy men refused to line up for nightly head counts. But the guards did nothing, and Arellano died while shackled to a cot. (Krikorian 2007, personal communication Los Angeles Gay and Lesbian Center). Clearly Arellano was murdered – the perpetrators are undoubtedly the state and its agents – and yet there is no accounting for this crime, no terms through which justice can be served; because in today’s security state apparatus Arellano – and millions like her who are forced to exist without authorized identification documents – have been reduced to what Agamben (1998) has theorized as a kind of “bare life,” the exception – the constitutive and productive exception – within juridical discourse, the life that can be killed without a murder having taken place.

Victoria Arellano’s death impresses upon us that even in an age of waning State sovereignty [or precisely it is because of the reaction to waning State sovereignty as Wendy Brown (2010 argues), questions of State recognition – in what languages recognition is given and through what terms the legible are governed – go straight to the heart of who lives and who dies, under what sorts of conditions and why.

“*What would you do?*” Celia posed this question to me and her sister, Marcia – though a sister who would not be recognized within the terms of consanguinity or the Law. The three of us were talking in the waiting room of the Clinic as we have done on this specific night, week after week, for the past year-and-a-half. They were at the Clinic not because they had an appointment that particular night, but rather to hang out with their friends and familiars, to catch on the latest news and gossip. Both Celia and Marcia are in their mid-20s. Celia grew up in Northwest Mexico and arrived in California about 3-years ago as an undocumented immigrant. Marcia and her mother fled El Salvador during the US-backed civil war, arriving in San Francisco in the early 1980s when as Marcia put it with an ironic tone, “I was mama’s little boy.”

That night our conversation was a little different than they had been in the past. We were not laughing and joking about the ordinary and extraordinary dramas of day-to-day life. Instead Celia was crying and was asking for some advice on how to deal with an agonizing double bind in which she was caught. As she held the hand of Marcia, she shared the news that only a few days ago her father had died suddenly, and she was grieving his death from afar, alone, separated from her family. However, she was not only mourning the loss of her father, but was also lamenting the fact that she was unable to travel legally to her home country. To return to Mexico and attend her father's funeral and care for her mother, fulfilling her duty as a daughter as she explained it, would jeopardize her existence in the US. See, less than a year ago, she been had granted asylum as a refugee fleeing persecution in her country of origin. One of the stipulations of receiving and maintaining asylum is that one does not return to the country from which one had fled for a certain period of time. (Although an asylee might file a petition to reduce this waiting period, one does not want to draw any undue attention the recently won asylum status).

But Celia's worry was not only about how she might be able to grieve the death of her father and ethically fulfill her kinship obligations, she was concerned that potentially losing her recently acquired legal status in the US would impact the conditions of her mother's life. As Marcia explained it, when Celia fell silent, "She helps to support her family. What in the hell is she (Celia) supposed to do? If she goes back and they won't let her back in the country and she loses her jobs, and they all lose. Or if she doesn't go home, her mom has to go through everything alone; and she (her mother) can't do all this by herself." Celia solemnly nodded in agreement when Marcia declared, "It's just not right – not to let her say good-bye to her father and help her mother."

In what follows I attempt to Celia's question – *what would you do?* – in some way, however inadequate my attempt will always be. I want to begin by considering the force of intersecting biomedical and psychological discourses in constituting the transgender refugee and asylee; two subjects who have only recently come to exist within immigration law. To do so, I will concentrate on two kinds of narratives – the embodied confessions one must give to immigration authorities and other technicians of human subject-making [what Rose (1992) terms "experts of subjectivity and Ong refers to as "local authorities and mediators" of "micropolitics" (Ong 2003: 15)], and the accounts mental health professionals are called upon to provide as expert evidence to validate their patients' accounts. It is my contention that Nadia's predicament compels us to explore the ways in which technologies of gender and "graduated citizenship"-making [to borrow from Aihwa Ong (2000, 2006) work in tandem to produce serious paradoxical conditions for transgender identified refugees. For although "being recognized within liberal democracy means being valued, having one's dignity protected and possessing some access to public self expression," as Richard Juang (2006: 710) reminds us, trans people often run up against the limits of intelligibility within juridical discourse, producing yet another paradoxical condition. Juridical discourse is the very discourse which offers the terms through which legal recognition is granted and secured, the terms through which one can exercise particular kinds of legitimate agency; and is the very discourse that holds out the promise of a life protected; of a life with a little less precarity and vulnerability, though this is a discourse that often has no legitimated terms available to speak of trans experiences

But what is the relationship between the Clinic and juridical discourse? The Clinic is the nexus at which technologies of citizen-making and health-fostering converge. As I have described earlier, the Clinic is nation's first public health program to provide primary care and hormonal therapy to self-identified trans individuals. It does so through a pioneering model of

healthcare that marks a significant break within in the history of transgender-related medicine. As well the Clinic's model of care draws upon harm-reduction strategies and, what Cecilia Chung, a trans community activist, has taught me, an earlier model of medical care articulated in the homeless rights movement as "death prevention." And here it is important to underscore that the Clinic was established in response to what was described as two on-going biological-social crises – barriers to health care and AIDS crisis

Therefore the public health Clinic's de-pathologizing of gender variance , but more so the provision of hormones, became a means to incorporate trans individuals, understood to collectively form a marginalized and vulnerable population, into a governing apparatus which takes biological life of individuals and populations as the focus of intervention and management. Building upon the work of Petryana (2002) Rose and Novas (2005) and others, I describe this process as the making of a nascent form of biological citizenship. The Clinic can be understood as a space in which the newly emergent biopolitical subject of the transgender patient enters into a variety of citizen-making and un-making projects in which one is called upon to confess the truth of the self in very particular ways so that one might receive health and medical care, access social services, and more often than not assume a legal status with the help of medical documentation, which can attest that one has undergone certain sorts of medical procedures, and thus help in acquiring state issued identification cards in one's lived gender identity. And for migrants the Clinic offers the occasion for being diagnosed with, and receiving treatment for, trauma stemming from past abuses in their country of origins.

What is the case for asylum based on transgender status? Well, first there is no such category officially recognized within US immigration law. In 2000, in a case (*Hernandez-Montiel v. INS*) that has been cited as precedent for granting asylum based on M-to-F (male to female) transgender status (and it's important to underscore the situation for F-to-M transgender men turns out to be much more complicated with much less precedence in case law; and of course these very acronyms, which in no way exhaust the field of possibility of gender identification and expression, might be part of the over-all problem), so in 2000 the Ninth Circuit of Appeals ruled that a "gay man with female sexual characteristics" could be considered as having "membership in a particular social group" comprised of individuals who have "female appearance, mannerisms, and gestures, deep female identity" (Jenkins 2010) And there are two key points here: First, in these cases, asylum is granted on the condition that one is a member of a previously defined and codified "particular social group" which faces documented systemic persecution. And two, as an immigration attorney explained, "in transgender asylum cases, where the client is male-bodied essentially what you have to argue is that your client is a gay man in a dress, who can't stop wearing dresses and will be fired, beat-up, and killed while law enforcement and state officials stand by and nothing.. It sounds crude but it's essentially how the ruling is interpreted. It is what you have to argue."

[A more recent case, (*Morales v. Gonzales*) in the 9th Circuit from 2007 marked the first time transsexual was used as a gender category and identification within immigration law, and though the applicant was granted asylum, transsexual did not become defined as a "particular social group" – and so there is no precedence for granting asylum based in trans status alone (Jenkins 2010)]

Claiming asylum is a labyrinthine project. It begins with the completion of a 12-page, "Application for Asylum and for Withholding of Removal," which one cannot, or dare not, complete without the help of a legal expert. Question 9 requires that one check a box for sex – M or F, and here see the gender regulative field one must pass through in order to be legible).

After completing the application, one is interviewed by a CIS official who decides whether or not asylum will be granted. In the past 10-years, this official has become quite the sovereign given that the grounds for appealing denials by these authorities have been severely curbed by the Patriot Act. During the interview, self-presentation is key. As an advocacy organization advises applicants: “you must appear candid, credible and sincere.” In order to appear as such, one must perform all sorts of work on the self, particularly on the memory and body. One must hone the ability to remember and recall minute details of everyday and extraordinary – even unspeakable – events visited upon the self across time. In order that they might elaborate a coherent, orderly narrative, memories must be linked and articulated within the structure and terms framed by the application – dates, places, specific events understood to constitute abuse and torture, and the specific actors who have committed these acts. So we can see that within the asylum process, there are strict prerequisites for being able to “give an account of oneself” (Butler 2005) and have that account recognized as true. In this instance, the narrating subject takes the form of a self who can be introspective and is able to articulate a single linear trajectory of experiences and sequence of events that have been determined to cause suffering, and this account must be done through writing, and in English, and within a limited, pre-established narrative frame; which in the end becomes a recitation of a grand narrative about the apex of modernity that the US is fond of telling itself time and again, a narrative Puar has called “US sexual exceptionalism” (Puar 2007).

As well, a refugee must exhibit the appropriate bodily affects of sadness, fear, trauma, and so on. Even more so in cases where the asylee presents as gender non-conforming, one’s bodily affects which are understood to index gender identity and psychic depth must be read as differing from the sex one is said to have been assigned at birth. For instance, one must present as feminine, in the terms femininity is currently understood – styles of dress, pitch of the voice, gestures, and so forth. [As an aside, On January 28, the NY Times published an article, titled “Gays Seeking Asylum in U.S. Face New Hurdle,” which reports of a recent develop in asylum cases based in sexual orientation: “homosexuals seeking asylum may risk being dismissed as not being gay enough... and flaunting it was now (a) best weapon against deportation” (Bilefsky 2011). But the article’s real issue is that it suffers from a all sorts of misogyny] And here we find ourselves in yet another conundrum, or what a queer immigrant rights group, calls a “catch.” The group advises clients of the following: In trans-related asylum cases, “otherness must be readily apparent;” that is, “the individual has taken steps to transition to the opposite gender but retains some characteristics of the birth gender.” But here’s “the catch,” or what I am calling one paradox of many, “you could risk being ‘too successful’ and lose your otherness,” and face the possibility of the CIS agent concluding that that applicant is not at risk for persecution because “how would anybody know?!” (Nielson 2009) [ie. One is passing too well.] So it seems: the bodily affects and conduct, through which one is called upon to present themselves – indeed one is disciplined to do so – presents a series of vexed contradictions. One much performatively cite regulatory gender norms, while at the same time one must fail in the approximation of gender norms – where failure can take the form of either a lack or an excess. Thus one must iterate gender norms, while at the same time become undone by them.

However, the performance of the self that is required must also be supportive by expert testimony in the form of affidavits written by medical and psychological authorities. Let me turn to an affidavit written by a social worker. (a lot of material has been redacted or changed to protect confidentially). The affidavit begins by naming the person of whom the declaration is written in support. Straightway things get a little tricky: The writer declares, “because *Carlos*

(the name has been redacted so I am making one up) is a biological male who is female identified transgender, I will refer to her as a woman in this declaration. I will also refer to Carlos as Carla (this name has been redacted too so I am making one up), the name she has adopted for herself.” There a number of things I wish we had time to think about in this statement: questions of the hail and interpellation, questions of what kind of biology and its body are, or must be, invoked as truth, and questions of the terms under which intelligibility is granted. But let me just offer this: it is clear that a dimorphically sexed body, understand within the terms of a certain form of biology, is a requirement for legal recognition. Yet because Carla does not live her life in keeping with the normative relationship that this legal discourse expects, and indeed asserts, to exist between dimorphically sexed bodies and gendered identifications and associated bodily affects, the writer of the affidavit struggles with the necessity to render her declaration (and Carla by extension) intelligible within these legal terms, while also trying not to get caught by them. We might understand the author’s hailing of Carla as Carla not Carlos and as transgender as a sort of agency within the constitutive-constraints of legal discourse. As well I would argue the author’s self-reflexive hailing offers a critique of juridical discourse that exposes the normalizing process through which subjects come to legally matter (in a similar what that Butler has theorized materialization).

The writer then moves onto a re-iteration of Carla’s life which follows a standard plot line with a linear progression of events. It begins with descriptions of an abusive childhood, and follows a history of violent events, which cumulate with Carla’s fleeing from her country of origin due to years of “violence and sexual abuse by her brothers, teachers, and other authorities.” The writer then testifies that Carla is receiving both ongoing clinical care (such as hormonal therapy) and psychological therapy (such as ongoing sessions with mental health providers and peer-run support groups) in which she is described as making progress toward resolving the “psychological and behavioral symptoms of chronic post-traumatic stress disorder.” And this is the pronouncement to which the affidavit has been building: PTSD – the diagnosis whose authoritative power legitimates the refugee’s interlocutory and performative account of the self, and provides the very reason for why asylum is requested, needed, and as I will argue, vital, as in vitalizing.

In a way the social worker’s testimony fits a commonly accepted biographical narrative. It cites familiar psychological conditions in order that Carla’s experiences might be intelligible, within the terms required by contemporary legal discourse wherein psychology is granted the authority to speak psychic life and experience. As well, the descriptions of therapy – both hormonal and psychological – and their potential ability to alleviate Carla’s suffering do other kinds of work. They evidence that a therapeutic relationship is essential for Carla’s continual wellbeing, a wellbeing that is at once biological (medical care), psychic (psychological therapy), and social (peer support groups). Her on-going attendance in support groups demonstrates that she is integrated into a social world and can live comfortably – in fact, potentially thrive – in her transgender identity. Therefore, therapy has lead to Carla’s improved condition, and ongoing therapy is necessary for her continual wellbeing. Within the logics of the declaration, the granting of asylum is figured a curative act; it has the capacity to foster biological, mental, and social wellbeing. Thus, if granted, asylum would bring the refugee and nation-state together in a therapeutic relationship, which we are lead to believe holds out the promise not only of a legal status but of health, and perhaps even the chance of what has been called “a good life.”

The declaration concludes with a last declaration: “I ask that she not be returned to her country of origin where she would fear for her life.” The affidavit ends asserting that it is life

itself that is at stake. Here then asylum is figured not only as a legal act conferring legitimacy or a therapeutic act promising healing, but even more so, as a vitalizing act that opens up the possibility for Carla's continual survival – a living that is at once both social and biological. And here I think we can say that the granting of asylum, the very affirmative pronouncement of the CIS official, is a performative act following biopolitical imperatives. The granting of asylum not only creates a new legal subject – asylee – but this act can also said to be an affirmation of life, producing the possibility that the asylee might live-on within less precarious circumstances.

However, left out in this affidavit are the ambivalences and conflicts the author may experience. Anna, a medical social worker, who has written affidavits on behalf of many clients at the Clinic, spoke about this one day as we looked-over affidavits together. Seeming to anticipate a question I had been thinking how to ask, she explains. “I know, the US is not perfect. Look, as a woman of color I know the racism and inequalities here, and I know that it is not easy being trans. San Francisco is not utopia for the girls or trans guys. And I know Mexico and South America are not some violent homophobic, transphobic backwater. There are TG people out, and communities and places, I've been there – it's not just San Francisco. But this is what the immigration officials and judges understand and what they expect to hear. And I am here for my clients. I respect them and their stories and the tragedies they have gone through. And this is what they are telling me over and over about their home countries. My job is to make sure the officials understand the traumas my clients have gone through and made it through. Let me tell you they (the clients) are our heroes.”

Anna's comments expose that she too is caught in a paradox of sorts. In order to testify on behalf of her client, in order to speak faithfully about another's experience, she must work within a discourse that has established in advance set the terms through which she can speak and legitimated the language in which she might make truth claims about a refugee's experience. Yet that she struggles with, and within, this language in order to give an account she finds credible and ethical, she reveals to us that there in agency to be found in this space of limited speakability; an agency that takes a form of conduct that follows upon a critical and questioning – though not necessarily oppositional – relationship to regulatory norms. [Here I am referencing Saba Mahmood's (2005) conceptualization of agency as “the multiple ways one comes to inhabit norms.”] As well Anna reveals that she is working within yet another language, besides the legal, medical, and psychological. This is the myth of American Exceptionalism. Both the confession of the asylum-seeker and the supporting testimony of the expert must cite the terms of this dominant fiction – US as refuge for liberty, freedom, and equality – in order that the account by, and about, the refugee can be understood and accepted, and acquire a performative force in the creation of a legal subject. In short, Anna exposes the limits that a contemporary regime of truth imposes on which accounts become intelligible and indeed what sorts of recognition becomes possible, who can become legible. In so doing, Anna not only enacts a form of agency within regulatory constraints but her self-reflexive pronouncements present themselves as a mode of critique in which one takes up a critical relationship with the norms through which cultural and social intelligibility is conferred (Foucault 1997).

Two weeks after our conversation, I run into Celia and Marcia at the Clinic again. Celia shares with me the news that she did not go to Mexico and that she feels continual remorse for not being unable to attend her father's funeral and help care for her mother. Marcia then prodded Celia to tell me “what is really messed up about the whole thing.”

“Oh,” Celia laughed. “Did I tell you the name they gave me for asylum is my boy name. They put your boy name – the name you were born with – on the papers.”

Marcia interjected, “Can you believe that? Her boy name is on all her records and her IDs, and here she is looking like this, a girl. And you know the shit this causes – when the wrong box is checked – M or F, and if picture and name don’t match. It’s really fucking insane.” She paused, “but this is how it is.”

Celia shakes her head, “yea, now I have to start all over again and get the right ID cards.”

So it seems – that in assuming the status of a legal State subject, Celia has become stateless, if we understand statelessness as Arendt does, to be that precarious condition within the age of surveillance and security that befalls individuals who lack the proper identification to attach one to the State. It seems it is precisely because of Nadia’s status as an asylee and the terms through which the State recognizes her that she comes misidentified, or identified through a different name and sex than those through which she narrates herself and lives her life. We might call this a paradox of state recognition, or the paradox of all interpellation, in a certain reading of Althusser (1970). And it is precisely because of the State’s recognition of her, which is always it seems a mode of mis-recognition, that Nadia’s life becomes open to all sorts of categorical confusion and the transphobic violence that usually follows. Paradoxically it would seem, she becomes dispossessed of herself in the process of becoming possessed by a State apparatus, which we have been lead to believe extends its protection to those it has possessed as its subject. Although it now seems as if Celia has moved from one form of precarity to another, from being unrecognized to being mis-recognized.

Celia’s predicament is both legal and ethical, and is structured by biopolitical forces and normative schemes of intelligibility. For instance, the transgender Clinic assembles relations of power through which particular modes of embodiment, identification, and confessions of the self are constituted. The Clinic spatializes an emergent biosocial form in which modes of life are materialized, are understood, and become narrated within the terms of psychology, medicine, and biology. The Clinic ties together a variety of biopolitical subjects, such as the “illegal” immigrant, transgender refugee, and medical professions – all of whom are shaped by technologies of governing that seek to manage human life at the level of the biological, and here we have seen within the terms of the therapeutic.

And Marcia’s interjection, in which the State’s recognition of Celia is represented as Kafka-dreamt bureaucratic entanglement and indeed as what Arendt has called “the infinitely complex red-tape existence of stateless persons,” is an instance of what Butler has called the “ambivalence of subjection”. Here I am speaking of the model of the subject and power termed “subjectification” by Foucault (2000) or “subjection” in Butler’s (1997b) reading of Foucault. I quote:

Subjection is the paradoxical effect of a regime of power in which ‘conditions of existence,’ the possibility of continuing as a recognizable human requires the formation and maintenance of the subject in subordination (1997b: 27).

Celia must submit to labels and names, diagnoses and treatments, and be examined and judged against the measures of a Normal, so that she might become intelligible. In order to be heard, she must give an account of the self, and others an account of her, within a language which often speaks her out of existence, while at the same time offers the very terms through which recognition might finally become possible. And it is here amid these constitutive confines of

discourse – discourse as power – that Celia works to create a workable and viable state in which to live within the very regime of truth which has placed her existence in jeopardy. And it is, I think, this very work that just might open up the space between speaking and being heard, between identifying and being recognized; this limited, though unstill, interval within a given regime of truth through which the singularity of a life wells up.

And No, I have still not answered Celia's question.

Returns

I entitled this chapter “Regenerations” to reference what I came to understand about the role of the Clinic in the life of many interlocutor-informants. The Clinic was more often than not the first place where many were able to receive health care without being judged or pathologized. The Clinic offered the space not only for access to basic health care, but for the possible realization of gendered embodiments and potential actualization of new lives and livelihoods. Here then a visit to the Clinic is not so much about being dominated by biomedicine or submitting to, what has been termed processes of medicalization, but about entering into a mode of biosociality in which it is impossible to determine in advance what modes of relationality, belonging, and bodily being might unfold. In many ways, much like hormonal therapy itself, encounters in the Clinic are critical experiments with the potentials of a life embodied within a world never of one's own making.

Maria's Interlude 5

Providers gather around a dark wooden conference table. It is time for the afternoon staff meeting held right before the Clinic opens each week. I take up a seat in the back of the room, out of the way, as I have done many similar afternoons. I glance around the room, remembering stories about how the building that houses the health center was a originally courthouse, that this meeting room was once a courtroom, and that the patient rooms were holding cells. I think to myself that the building sites a particular story of "governmentality"⁴⁶ that needs to be written some day.

Today, Dr. Rivera opens the meeting with a shocking statement. "I'm sorry to have to start with sad news, but Maria Delarosa passed away last week." Around the table, small gasps and sighs are heard, and then things fall silent for awhile. I sit quietly. I am incredulous, thinking to my self, "But, Maria and I were only speaking outside the doors of this clinic a few months ago and she was being her feisty self." But then it hits me: I remember Maria's comment about having lived nine lives, and I wonder, had I not been listening.

Amid the silence Nancy speaks up. "That is so, so sad," she sighs. "Maria's really something! She's such a trooper. She's been with us since the first day we opened. She has that biting wit that was always appreciated; it was always right and yet it made you laugh all the same. This is sad news."

"It sure is," interjects Matt, a provider. I look over and see he has tears in his eyes. "She's one of the reasons why this clinic is here. She was such a fighter. I thought she would pull through this time."

"I thought you all should know" Dr. Rivera explains slowly, "she died peacefully at Hospice. I was there and so was her close friend, Sandra. Maria had given Sandra power of attorney and she helped Maria get things together. She's taking care of things now after her death. But I wanted to tell you that Karen, her social worker at Hospice wanted me to ask you if you'd tell your patients about Maria's passing; those friends and acquaintances who know her. She wants to make sure that that everyone that needs to know does." Everyone nods in agreement.

I sit through the remainder of the staff meeting, numbed and shocked, and unable to concentrate on much of what the providers are discussing. At the end of the meeting, Dr. Rivera calls me over. "Chris, I was talking with Karen, Maria's social worker at Hospice, and I told her about your work with the Girls. She wanted to know if was OK to call you. I gave her your number but I wanted to check-in with you first. She thought you might know some of Maria's friends, Girlfriends, who should know about her death, but who might not know yet – the Girls at Rani's, the hotels, and other places. I thought you might know some of her friends and acquaintances that Sandra didn't. Sandra wasn't part of the scene. I think that's why Maria

⁴⁶ According to Foucault's (2000b) genealogy, during the european eighteenth century a new form of government arises in which the "problem of the population" takes on vital significance (215). The population emerges as "the field of intervention" and the "objective of governmental techniques" (219). Foucault argues there is a shift from modes of deductive power, characteristic of sovereign monarchies, to an art of government, characteristic of democracies, in which governing works less through prohibitions and injunctions and more through interventions which manage the "population in its depths and detail" with the aim of fostering and improving collective welfare. (219). Schools and barracks, prisons and clinics become exemplary sites where governing technologies intervene within the population to direct conduct and optimize bodily and biological forces towards productive ends. These aims become materialized in the docile body of the prisoner and the healthy body of the patient.

made her agent of her affairs. But you probably know some of Maria's circle of friends from the Bar and the other places, where you've been interviewing people."

"Sure. Please tell her to call me anytime. I will help out away way I can. I'm so shocked. I just was talking to Maria maybe last time she was here, it wasn't that long ago, and I had no idea. I can't believe I didn't know."

"Probably right before she went into hospice care. I think she knew. After her latest hospitalization we had talked about things."

"But I thought she was recovering. I would sometimes see her out during the day at Rani's and walking around the neighborhood doing errands."

"She responded to treatment well but it was only temporary. She knew that. I think she was already making plans, transferring things to Sandra."

"Maybe I should have realized the last time I saw her." I pause, thinking that I should have known the whole we talked together in the alley. "Well, please tell her social worker to call me. I'll do anything I can."

"Thanks, and oh one other thing. There's a photo that Sandra put up on the wall in Maria's room. It was of Maria and two girlfriends, dressed up in costumes. I think it must have been Halloween at Rani's. Everyone looks so pretty and having so much fun. Sandra hung it up for Maria in her room, and she loved it. It made her laugh. Do you want it? Maybe you can use it in your work."

"Yes, I would love to have it, if Sandra doesn't want it. I could even make copies to give Maria's friends or sisters. She had so many."

"You're right. Everyone knew Maria."

Dr. Rivera opens the door to waiting room and is gone, but I do not follow. I stand still thinking about the many times Maria and I had sat in that very waiting room and she would tell me and others sitting near-by stories and jokes, making the often long wait all the more bearable for many. I think back to the first time she saw me emerge from a staff meeting and she exclaimed, "Dios Mios! My lord, boy! I can't get away from you. You are everywhere," she laughed. But seeing you here," she paused dramatically "it makes sense now, but you I don't think you know if you're coming or going." She smiled thick with sarcasm, while many clients within ear-shot laughed at Maria's not so subtle read.

As I go to open the door finally, Matt walks over and I ask him how he's doing. "It's a sad day," he says with a deep sigh. "Maria's one of the original clients. It's always hard to see one of them pass. They really made this Clinic happen, made sure this place got open. And did Maria do a lot! She was one of the earliest activists. She was really visible."

"Really? She never told me about that. One of my first interviews I ever did was with her. But she was always giving me a hard time about it all. You can imagine."

"I bet she did. Her sense of humor was wicked and spot on."

"Oh, I experienced it. I was the butt of her jokes a lot." "You know, she told me something, Matt. The last time she and I were here. She took me outside and told me something that I haven't been able to get out of my mind. It was almost as if she had a premonition, but who knows. Anyway she asked me to ask myself if I had really lived, lived my life."

"We all need to ask that." We stand together quiet for a moment, before opening the door and entering the Clinic's crowded waiting room.

Maria's Interlude 6

The day following the announcement of Maria's passing, the phone rings mid-morning as I was having coffee and typing up field notes from the Clinic the night before. It is Karen, Maria's social worker from Hospice. She tells me Dr. Rivera had told her about my research and explained how Maria and I knew each other. She asks me if I would be willing to share news of Maria's passing to her friends and acquaintances, those who should know, as she puts it, but who we can't reach. I agree to share the news of Maria's death. She thanks me.

After emailing some people who I thought might have been friends or acquaintances of Maria's, I decide to head out for the day and spend time in some of the places Maria and I would sometimes run into each other: the sidewalks of the neighborhood, businesses she was known to frequent, the cafe in which we shared coffee, and of course Rani's. As I make my way down streets I am sure Maria had walked and pass places where I imagine she had spent time, I picture her: blond hair, white dress, white jacket, white boots walking proudly along cemented sidewalks many call rough and dangerous. I wonder what she would think of the "condom-guy," "school-boy," "the researcher," being asked to share news of her passing to the Girls in the neighborhood.

As I made my way through the "hood" I run across a few people who knew Maria, and most everyone was aware of her death. It was all the news. As Veronica put it: "Stories travel fast among us Girls. You know how we gossip." She laughs. Talking with her friends and familiars and sisters, I hear stories about Maria that I had never known before, about things I neglected to ask her, about things I wish I had invited her to share, and about things she probably would not have chosen for me to know. In these conversations, I came to know her in different ways, in ways that were often contradictory or incompatible, as is often the case when one's life is open in death to evaluation by others. I came to know that Maria was a forceful presence in many people's lives. I learn she had a hand in shaping singular lives as well as the worlds such lives come to inhabit; some of the very worlds I have come to be shaped by over the course of doing ethnography.

I wander into Rani's later in the afternoon. Vanessa is working and I pull up a seat at the bar. We chit chat for a minute and then I ask her if she knew Maria.

"Of course," Vanessa exclaims sullenly. "She was my big sister. She was my first sister. I owe a lot to her." She pauses and then begins quietly and solemnly, "She passed away. Is that what you're talking about?"

"Yea, I spoke with her social worker from the Hospice today. She called me and asked me to tell her friends, sisters, the Girls who might not know yet. But everyone seems to have already heard."

"Yea, but probably not everybody. So wow, what's your day been like?"

"It's been up and down. How are you holding up?"

"OK, I miss her. I'm mad at myself for not getting by to see her. I just didn't think it was it this time. She was so strong, she made it through everything; just like she did a few months ago. I just wish I could have told her how much she mattered to me. How much she taught me. Hell, I wouldn't be who I was if it wasn't for her."

"What do you mean?"

"When I first met her, I was so naive and young. I didn't know a thing. And these streets are hard. And I'm such a softy. I had no idea. But Maria helped me. Oh yea she did. Helped me make it. Probably kept me alive. She took me in when I ran out of money and couldn't stay

in those shit hole Hotels. I stayed with her for a few months. I would help out with food, help out around the place, and other things you know. But she did that for so many Girls. She took people in when you didn't have anywhere else to go, except down. And I mean down, down. Just ask around; so many Girls had places to stay because of her. And then because I was staying with her, I had a real address and then I could start to go to the Clinic and not get hormones off the street or from that crazy ass doctor up on S___ Street. Yea she did that for a lot of the Girls so they could go to the Clinic; Girls from Mexico and Latin America. She really helped us get settled here. I really owe it to her. I can't even being to think where I be now if it wasn't for her."

"Wow, I had no idea that she helped so many younger Girls."

"Oh yea, a lot of the Girls, Latin Girls, Girls who didn't know much English. She showed them where to look for legit work and what hotels are OK and what guys to watch out for. She let Girls stay with her. She knew how to take care of business. She saved some lives; she sure did."

Vanessa pauses, looks over at the jute-box and then back to me, and I know what she's asking. "Would you like me to put on some --"

"You know it. Monica Naranjo, her favorite."

As I walk over to the jute-box, I think back to the first time I heard the International Spanish Pop star, Monica Naranjo, it was with Maria. I remember Maria smiling and winking as she explained how much she appreciated Naranjo's artistic performances and vocal talents, and how during interviews she always evaded the questions of her gender identity or sexual orientation by responding to the interviewer with an invective or curse.

A week after I hear of Maria's passing, I'm in the Clinic's waiting room, talking with Martha. Although Martha doesn't have a doctor's appointment, she has come to the Clinic much like she does every other week. She's hanging out with friends in the waiting room and is attending the weekly support group, which the Clinic sponsors in partnership with a local community based organization to provide social support and skill-building programs for trans and gender variant individuals.

I ask her if she has heard the news about Maria. But before I can begin to speak, she interjects. "Oh no, she died. Are you telling me she died?"

"I'm sorry," I begin. "I was thinking you already knew. But yes, she passed last week. That's what Dr. Rivera told us."

"I thought maybe. I haven't heard from her and last time I saw her here – it was here – and she looked sick. Oh, I am just heart-broken." She tells me that she and Maria "go way back, back when we were just little Girls learning how to work them streets and fight to live our lives. Child, things were tough and rough back then – no clinic like this, no TG police commissioner, no trans march, and no T in the LGBT! Talk about being pushed to the back of the bus. But Maria and I worked it out – she Latina and me Black. Oh yea we weren't supposed to, but we worked it out, worked it out together. I'm gonna miss her. Girls – well all TGs – just die too soon. It's sick how soon Girls die – killed or neglected. I don't know what's worse to die by someone's hand or because no one cares if you live or die. It's just sick." Then she pauses for a second. "Hey will you be here after the meeting. Lets talk after – it's about to begin."

I nod and we decide to meet after the group meeting and walk home together since we take the same city streets. At the end of the meeting, Martha gathers me up and we start off home, walking down the same alley in which I last spoke with Maria. Martha begins telling me,

“That Maria was really something. You should have seen her back in the day. She was breathtaking. I mean we all looked good when we were younger and before those streets get you. But she was breathtaking. Her blond wigs and that beautiful café au lait skin. And you know she always wore white. That’s not something new. And she knew everyone – every Girl, every guy – I’m talking everybody. She was beautiful because of her presence. For a small thing she was big. Her presence – she was larger than life. Wherever she was, you knew Maria was there. She worked a stage, she worked a street, and you know she worked city hall a few times. She and I went there back in the day. She testified left and right, and worked her ass off to get things passed. Like the Clinic. And all the AIDS work she did with the Latin Girls. She would never take no from anyone. She was a force to reckon with.”

“You know even though I asked her about those days she would say very little – like ‘those were the old days, or who can remember?’ I’m just learning all this about her now. I had no idea of the all work she was involved in.”

“Of course, you’re just figuring this out, boy. You know people think Girls are loud and over the top and arrogant. But we’re not – we’re just bold and beautiful.” Martha laughs and smacks me on the back. “I know I told you that before. But you have to remember Chris that we’re humble too. Maria didn’t want to brag. Make you think she was all BRAGGADOCIOS,” she laughs. “But you know,” turning more serious. “Those community fights take a lot out of you. It’s hard work and I’m talking about our own people. We just eat our own alive. I know I had to stop doing that work because of all the back stabbing, and people struggling to get in the limelight and forgetting why we are here. I know Maria felt it too. There’s a reason why she didn’t tell you. It’s hard to talk about it – the wounds your own community can inflict on you. It’s worse then the wounds you get from those asshole bigots. But then again if anyone was a survivor she was. We will survive. Child that’s all we can do. Survive.” Then Martha begins to sing Gloria Gaynor’s classic disco hit and dance as we walk down city blocks. She grabs my arms and tries to get me to join in but I am too shy to share in her dance. As we pass City Hall and cross what Norris [(1899)1981] in his fictionalized account of turn of the twentieth-century San Francisco called the “great avenue” where “handsome women, beautifully dressed” were fond of “promenading” [(1899)1981: 9] Martha continues to disco.

At the corner where I turn left and Martha turns right, she stops and hugs me. While embracing, she holds me tight and whispers in my ear, “Tell me something Chris. Tell me the truth now.” She backs away, though her hands grip my shoulders. She looks me directly in the eyes. “Tell me was Maria alone? Did Maria die alone?”

“No, no. She was at Hospice. Both her social worker and Dr. Rivera said she was in peace. Her friend, Sandra was helping to take care of things. She was not alone that’s what I was told. She was not alone.”

“Good,” Martha embraces me. “No one should ever die alone. No one, but it happens all the time to the Girls. They – we all – die too soon, too young and all alone, up in some skank-ass hotel. That’s just horrible, despicable, that we let people suffer like that alone and don’t do anything because we’re TG.” She pauses but then begins to smiles while wiping away a tear. “But I’m so happy she didn’t die alone. So happy. Thanks. I really needed to know. I’m gonna miss that Girl.”

“Me too.” Then without much thought, I say, “I think maybe I am just now realizing what she had been trying to teach me.”

After some months, when I sit down and begin to pull things together, I meet with an advisor. I share with her some of Maria's stories, and tell her about Maria's passing. And then I tell her, "I can't write about Maria. I can't write of her passing. I really can't. I wish we had more time. And I definitely can't end with her death, although, I guess in a major way the ethnography – in the way it is narrated – ends there. But if I were to end it there, with her death, then I'm doing nothing different than all those other accounts, all those dominating narratives, where all the trans folks and queers wind up dead in the end, and heteronormativity is what lives on as the good life, the life that survives, the only life that can. But I can't have her die and then just end. Right? I can't do it like that."

"But you haven't just ended it with her death," rejoins the Professor. She says something I remember like this: You are not ending with her death. You have just told me how her life remains; her presence persists in her friends and sisters lives, in how the providers and her friends and her sisters speak of her and remember her, and in what you come to learn of her life – perhaps even more – in her death. Think of what you have learned about what she has accomplished in her life, about the things she never told you. And doesn't she remain in what you are telling me today, and in what you write? I sigh, not sure how to answer; indeed, if I will ever have an answer.

Sometime later, I will come upon a translation of a philosopher's final interview:

The trace that I leave (in language) signifies to me both my death, either to come or already past, and the hope it will survive me. It's not an ambition of immortality, it's structural; it is the constant form of my life.⁴⁷

And then I come to think that perhaps this is why I can only bring myself to write of Maria in the present tense, in the grammar of now; the persistence of language.

⁴⁷ The philosopher Jacques Derrida gives this account as quoted in Butler (2005b).

All experience open to the future is prepared or prepares itself to welcome the monstrous arrivant... This is the movement of culture.

— Jacques Derrida, 1995

It was the end of the night for some, only the beginning for others.

“Rani’s” had just closed for the evening and the boisterous crowd made its way outside. The sidewalks were ablaze with life: people were hugging and kissing good-byes, many were telling jokes and laughing, some were catching up on all the latest gossip, others were sharing bites of pizza slices from the pizzeria a few store fronts away. Some girls were adjusting their clothing and rapidly, though carefully, re-applying makeup in the reflective windows of parked cars or store-windows, getting ready to “work” the stroll just around the corner, the site of street-based transactional sex. Other girls were walking the sidewalk in latest fashions as if the pavement were a catwalk or runway, and the light-poles and street signs props. Friends and acquaintances were clapping and snapping fingers, and some were egging the performers on, shouting accolades such as “fierce,” “work (it),” and “serve it queen.” A few of the firemen from the station located in the middle of the block came out to watch the performance and smiled as they were flirted with. Many passing cars slowed to take in the revelry, some passengers waved; others beeped car horns.

This night street scene was “dazzling” as Hayward (2011: 228) describes. But there was also another side to this scene. At moments, there was an air of desperation. It could be felt, palatable. Some girls were looking for a place to stay for the night. Some were hopeful that a “trick” would take them home or at least to a late night dinner. Others were looking for the place-to-be after-hours party. For some finding a lover, going to a late night dinner, or partying after-hours would provide a sort of respite, a temporary place to stay until morning without having to go to a shelter or spend the night in an expensive but dirty, often dangerous, single-resident hotel or having to weigh decisions with only a handful of cash in their hands that they made that night – hotel or dinner or clothes or hormones?

Nina and I decided to hang around for a bit. She wanted to smoke some cigarettes, say good-bye to some sisters, make plans for the following night, and make sure her “babies” were safe, which as she explained was to ensure they were not going home with the “wrong guy.” Some of the guys are “shysters,” as she put it.

As she finished the last drags of a cigarette, Jennifer, a close sister of Nina’s and long-time interlocutor of mine, approached, entreating us to head to the End-up for after hours dancing. Nina responded; “girl you’re still young. I’m too told to be putting down ‘til dawn. I need my beauty sleep.” The three of us laughed. Jennifer was persistent, telling us that the guys were paying. She looked over at two other girls and a group of three guys standing about 10-yards away. “Come on you two ole-fogies. Just act like you’re a couple. They’ll never know you’re gay.” Nina and Jennifer both looked at me and then gazed back at each other. Almost in unison they declared. “yea right!” We all laughed. But in the end we wound up declining the invitation. Nina had to head into work at the import-export store early in the morning, and I had to get home to write fieldnotes.

Nina finished her smoke and we hugged Jennifer goodbye. I told her to have fun. Nina said, “dance it up girl but remember don’t do anything stupid.” Referring to the guys, she stated, “I’ve never seen them around.” To which Jennifer responded, “they’re on vacation. We’re gonna give them the real Frisco tour.” We all laughed as Nina instructed: “be careful and make sure you (girls) stay together!” As they hugged, Nina placed a wad of condoms in Jennifer’s purse, asserting “Mama always has your back. Now check your bag.” Jennifer retorted, “Oh mama, I am.” Jennifer smiled at us as she walked back discretely adjusting the condoms in her handbag as rejoined the group.

Nina and I decided to head off and walk apart way home together, living as we did in the same approximate direction. We made our way down Post Street, saying good-bye to new and old acquaintances. Some yelled with glee as they did to the runway models, “work it,” “serve it,” handle your business queen,” referring to Nina and her agile strutting on what appeared to be impossibly high stiletto heels. She waved and blew kisses, returning their comments with “love you too, girl, “see you same place, same time,” “be good,” and “take care of your beautiful-ole self.”

We turned the corner and began walking southward on Larkin – what was better known at the time as the stroll. Cars were slowly cruising; some with windows rolled down. A few pulled over so drivers or passengers could talk with girls. To each girl we passed Nina stated time and again, “handle your business girl,” “be careful,” and “keep it safe.” Sometimes she smiled; other times she pursed her lips and shook her finger.

As we continued down Larkin leaving the area where the girls worked and moved into a section known for drug dealing and hustling, she told me that she wished some of the “baby girls” or “newbies” didn’t have to work the streets. She qualified this last statement with a “yet.” “You gotta be careful and learn the ropes before walking streets. It’s so easy to be taken advantage of, get robbed, or beat up, or worse. Street-life is evil.” She paused “but you do what you gotta do.” Then she smiled, “I think there needs to be a workshop on how to protect yourself on the streets. Can you make that happen, Mr. Researcher?” She winked. We laughed and I told her that it wasn’t a bad idea. “Maybe we could write a grant.” I smiled. She laughed even harder. “Yea, that’ll be the day.”

We laughed as we continued down the street. We soon passed a group of guys smoking on a corner outside a bar. As we passed they began to hurl slurs, they threaten to “beat our faggot asses” and propositioned Nina with salacious acts while grapping their crotches. I turned and almost responded – with what would have been a regretful speech-act -- “Fuck you --” But without skipping a beat, Nina grabbed me, saying “just let it go, baby. They’re just fools. It’s not worth it.” As we walked away, their slurs became muffled in the rush of passing cars. I groaned “But – but – what the hell are we supposed to do that?”

She laughed. “You gotta to let it go. You can’t be mad. They’re just fools. Afraid of what they don’t understand and intimidated by how fabulous we are.” She winked and snapped. “No, Chris, you just have to let it go. It’s just ignorant bullshit. I learned to let it slide. This is what I say: ‘I know why you hate me so much. I know you can’t understand us (girls); that who we are confuses you so much and makes you question your whole life and everything you know.’ You know I really pity them. ‘But because I they why they are threatened and hateful; I say because I understand this you should leave me alone; leave my sisters alone, and let us all live. You know we have to share the planet together.’ So Chris that is what I tell myself. I don’t need them to like me. I understand why they can’t or why they really do but can’t say it.” She smiled and laughed, “but because I get it. They should leave us alone and live their way and

let us live ours.” She put her hands up in the air, palms open and fingers facing back to herself. “This way. Just like this. Fierce and fabulous.” She laughed both gleefully and ironically: truthfully.

Arriving at Nina’s apartment, we hugged and said our goodbyes. As I walked away, she yelled after me from the door of her lobby, “now be careful and don’t say anything to anyone. I mean it. You can’t fight hate with hate. Just keep smiling.” She waved.

On the next block, I sat down on the stoop of an apartment building under a light-post and pulled out my trusty, little journalist notebook and began to jot down the evening’s events.

I end this ethnography with Nina’s explanation about how she deals with harassment and violence directed at queer and trans* bodies not as a conclusion or a final word on things, for indeed ethnography is in essence unfinished; the lives it speaks to and the lives it bears witness to are always unfolding and enfolding. Rather I want to think closely with Nina’s comments in order to attend to some of the questions they raise about justice – where justice means to be free from assault, violence, and the dispossession of life. I think her comments and affects open up how justice and what it is to live justly in contemporary worlds might be thought and practiced differently. What struck me in Nina’s explanation – philosophy – was that she made an appeal for a just world and laid claim to living and flourishing – being “fierce” and “fabulous” – through a language that did not draw upon hegemonic concepts of justice, particularly in the U.S., the ideals – if not illusions – of equality and tolerance. Nor did her description of the subjects and relations in potentially just worlds cite what critical race scholar, queer theorist, and AIDS activist Kendall Thomas (2006: 311) calls “the liberal humanist tradition – that is of a sovereign, rational human subject: a shared human condition, a common humanity.” Nina seemed to eclipse both these dominant discourses in her articulation of justice. She did not reiterate the powerful slogans I heard at every political rally I had attended: “transgender rights are equal rights” and “transgender rights are human rights.” Indeed she did not claim to be equal to the guys or that the guys were equal to her nor did she assert her right to a life, to living within the terms of being human. Rather Nina described that radical difference, incommensurability, and non-incorporation lie at the heart of social life, and in turn she asserted that justice turns out to be how one deals with the other, indeed to being vulnerable – psychically and corporeally – to the other. I came to understand that Nina’s comments re-opened not only questions of justice and how to live justly in the world but also the question of what it is to be human.

Legal scholar and critical race theorist Patricia Williams (1991) has critiqued the equating of equality to justice, indeed making equality the basis for claims to justice. She argues that equality is premised on two faulty assumptions “neutrality” and “uniformity,” which do not attest to how social hierarchies and inequalities are structured by race, gender, and sexuality or rectify the oppression and marginalization experienced by those whose bodies are marked as other. Instead equality discourse reiterates the illusion that juridical and political processes are impartial and indifferent as well disengaged from the operation of power and the creation of political and social asymmetries (1991: 117). Precisely in so doing, equality discourse obfuscates power relations and in fact becomes a ruse of inequality. It ignores historical and ongoing processes of exclusion, marginalization and oppression and erases its own complicity and agency in these processes. Secondly, equality discourse, according to Williams, demands “uniformity;” that is, it is based on the belief that all legal and political subjects are the same. However, uniformity, Williams argues, leads to a disciplining and normalizing of subjects under the claim that

everyone is born equal; that is everyone is, and indeed must be, the same. Therefore the discourse of equality often “nullifies or at best penalizes the individual” who becomes only recognizable as a potential subject of justice to the extent that this individual embodies the characteristics of an ideal type or becomes intelligible as what Thomas calls the appropriate subject of a “liberal humanist tradition” (Williams 1991: 117, Thomas 2006: 311). But we can see that Nina did not base or confine her calls for justice or her imagining of a just world within the terms of equality as Williams has critiqued. Nina did not accept that the social field is neutral. Indeed she described it as teeming with powerful and often injurious and violent forces provoked by horror and repulsion at experiencing and encountering difference. As well as she made no claim to uniformity in her social status. She did not make an appeal to sameness nor did she aspire to assimilate. Instead she promoted difference and radical alterity as the basis for her and other girls’ very social existence. She is not the guys nor like the guys; and it is because she is able to recognize her own alterity and even theirs – indeed it is through this recognition of incommensurability – that she claimed that she should be left to live, to uneasily and unresolvedly co-exist; or what she called “share the planet together.” For Nina, it is the recognition of difference – even its provocation of fear and horror – that can lead to justice. Perhaps much like Williams, Nina’s experiences have lead her to the conclude that “justice” is: a continual balancing act of competing visions; plural viewpoints, shifting histories, interests, and allegiances. To acknowledge that level of complexity is to require, to seek, and value a multiplicity of knowledge systems, in pursuit of a more complete sense of the world in which we which we all life (Williams 1991: 121).

However this “balancing act” should not be confused with the advocating of tolerance.

Recently in U.S. political thought and movements, the notion of “tolerance” has come to function as the *modus operandi* for how to best govern multi-cultural liberal democracies; in other words to manage difference. Tolerance is best summed as the ability to bear another’s presence; the other in one’s midst. To tolerate is to endure something one would rather not have to. Thus tolerance allows one the safety of not having to question their worldview, cultural conceits, or political practices. They remain unexamined and their complicity in creating injustices goes unaccounted. Tolerance only asks that one put up with the other who is incorporated in the social field as the foreigner or alien. Therefore tolerance is often nefarious in its effects as a mode of affect, politics, and governing. Feminist political theorist Wendy Brown cautions against an uncritical rush to embrace tolerance, which she understands as a part of a larger “strand of depolitization in liberal democracies” (Brown, 2006: 15). Similar to Williams’ critique of equality discourse, Brown characterizes the discourse of tolerance as suffering from a “conceit of neutrality” (2006: 204). Like equality, tolerance does not question asymmetries of power which are often the constitutive foundation of a given social order emerging from demarcation of the self (same) and other (difference) and the subordinated status attached to the other. Tolerance obscures the effects and meaning of hierarchies of power, cultural supremacy, and social oppression by absolving itself of its very agency in creating and maintaining inequality and domination. Brown argues that tolerance often “abets in legitimizing the very violence it claims to abhor or defer” and can wind up “iterating subordination and marginalization” (2006: 204). Although tolerance discourse has become common place in debates on and struggles for rights and justice, Nina did *not* base her appeals for a just world within the terms of tolerance. She seemed to argue quite the opposite. It appeared as if she says: *it is ok you hate me and are afraid; that you find me intolerable.* Hers was not a wish to be

incorporated in the guys' worldview. Rather she asserted her intolerability and inability to be assimilated as the grounds for her social existence and proposed that the recognition of radical and non-incorporable alterity constitutes the conditions of possibility for justice.

If Nina did not draw upon conventional discourses of justice – equality and tolerance – that dominate contemporary struggle and debate, then what sort of justice is that that Nina described? It may appear utterly unfamiliar to the liberal humanist, based as it is in alterity, incommensurability, and non-incorporation. It certainly resisted the pretenses of both equality – uniformity and neutrality – and tolerance – maintenance of cultural hegemony and asymmetric relations of power. What name would we give such a form of justice? What sorts of subjects would it hail? The answers elude me. But perhaps this is precisely the point: this is a justice that emerges on the horizon.

In an afterword to the highly acclaimed anthology, *Transgender Rights*, Thomas asks that we take the figure of the “inhuman” or the transhuman as a departure point for re-conceiving justice and the conditions of its possibility. He writes “in the West, the notion of human subjectivity (of the human *as such*) has been erected on the fictional foundation of two fixed, unified, and coherent genders in one of which we are all inserted (by force if necessary)” (2006: 311. [My description in Chapter 5 of the paradoxes that Nadia is caught within in her pursuit of asylum underscores the force of normative binary gender assignment in rendering a life (legally) intelligible and livable.] Thus Thomas argues that the figure of “the human” with its supposedly inalienable rights may not prove particularly generative or salient for trans* rights activists to rally around. Indeed trans* affects, identifications, and embodiments often queer “the human” as it been construed as the privileged subject within conventional discourses of justice. Instead he argues that trans* rights might be best realized as a radical reconfiguration of the conditions of possibility for just worlds which no longer rely on or enshrine “the human” with its appropriate gender as foundational subject or teleological aspiration.

In a related fashion, albeit in a different language, queer philosopher Nikki Sullivan (2006) argues that justice for trans* lives might be realizable in the mode of an “ethics of transmogrification.” She delineates the characteristics of such an ethical orientation as an openness to the strangeness and unfamiliarity not only of another, but one's own, body, which undergoes constant biological-social transformations, sometimes intended, other times unexpected. In a world of constant biological-social change, she writes, drawing upon Derrida's comments as quoted in the epigraph, that “justice is monstrous.” It does not yet exist; it is always a potential. Justice as an aspiration haunts the contingences of living: shaping daily practice and shifting relations of day-to-day social life. She asserts that justice “not only disturbs humanist logic, but also simultaneously and necessarily generates an opening onto alterity...to futures, yet to come” (2006: 564). For Sullivan, justice may begin to arrive upon the recognition that the sovereign, individuated, bounded body of liberal humanism is a fiction and that forms of life emerge from conditions of vulnerable intercorporeality in which one – if a life can even be quantified numerically as such – is always, already given over to and intertwined in a world of fleshy non-selves upon whom one's existence depends.

To do justice then is to reckon with vulnerability as the very constitutive condition of social life, or in Nina's words to “shar(ing) the planet together.” For Nina, a just world emerges from the humane act of recognizing difference – its potential horror, repulsion, and terror – without becoming defensive or turning offensive. Rather she invites us to imagine and practice justice as a kind of being-with possibility, an opening to alterity and irreducible heterogeneity. It

seems then, to live justly, as Nina proposed on our walk home, is dwell in a paradox. It is to risk always being undone, potentially becoming what one is not or has never been: “the human.”

To close with the question of the possibility of justice and the horizons of “the human” is to reopen what has been recorded in this ethnography: how trans* lives are lived in what might seem precarious, if not almost untenable, conditions amid the paradoxical forces of epidemic, during what has been what has been called the “second wave of AIDS” in San Francisco (Cochrane 2003, Gross 1993). I have attempted to bear witness to how the Girls create lives; indeed “*A Life*” in Deleuze’s terms: an imminent existence enmeshed in forces and processes beyond the individual and less than the metaphysical, for indeed a life acquires form only through and because of dynamic, contingent, historical material-semiotic processes and practices (Deleuze 2005). The Girls make lives through “workin it,” a constellation of dynamic and heterogeneous tactics including: actions for creating forms of sociality and publics in San Francisco’s rapidly transforming Tenderloin; practices for making kinship and engaging in practices of care for one another outside normalizing regimes of sex and gender, and genealogical diagrams of descent and alliance; activities for fashioning trans* bodies and becomings utilizing biomedical technologies often in unexpected ways; and conducts for making a life beautiful and ethical when such a life is often deemed strange, foreign, abject, and other. By drawing attention to these everyday and extraordinary practices, mundane and fierce tactics I hope to re-open a set of questions that emerge when the “the human” is not accepted as self-evident but rather turned into a problem. Through what sorts of normative schemes and normalizing processes does the human arise? What is sex and gender, what is their relationship, and what role do they play on defining the parameters of being human? What are family and publics, and who can claim membership and under what sorts of regulatory terms? How are “we” formed in and by social life and at what costs? What counts as a life; and whose lives count?

At the end of it all, I have imagined and pursued this ethnography – a *process* (of conducting fieldwork, analysis, and writing) and a *product* (what has been written here and hoped to be read) – as a form of critique. Critique, as I have learned from Foucault (1997a,b) and Butler (2002, 2005), is a critical, and crucial engagement with “worlding”⁴⁸ that arises from two simultaneous and interrelated ambitious modes: (1) querying the norms and terms under which lives are recognized and regulated, and (2) queering these very norms and terms so that living might become done different; lives opened to other possibilities and potentialities. Undeniably, the girls have taught me that critique constitutes practices of life and for living otherwise.

For weeks after our late night walk home, every time Nina and I would run into each other at “Rani’s” I would thank her for sharing her comments about the cursing guys. I would ask – burden – her to repeat her comments so that I could record them again and again as faithfully as possible in my pocket-sized notebook. Each time she kindly placated me, but on what would be the final attempt, she had clearly had it with me and evaded all my questions with smiles. Finally she broke out in laughter and declared, “Come on Chris. It’s not really not that deep. It’s just common sense. Don’t think about it so hard. Put that notebook away. Get your

⁴⁸ I borrow “worlding” from Donna Haraway (2007) to name the processes and practices through which one comes to take up a position in a social world or, in other words, comes to inhabit a biological-social milieu at a particular time and place

head out of your computer and books. Live a little. It's a lot of fun." She winked and then dragged my reticent self to the dance floor. I asked myself, "well, what good is anthropology, what good is any of this, if I don't dance, get caught up in the 'ontological choreography'⁴⁹ of becoming?" Amid a thumping base, strobing lights, and pulsating bodies, we moved.

⁴⁹ I transliterate the concept of "ontological choreography" from Charis Thompson (2005) who develops the term from research conducted at in-vitro fertilization clinics in San Diego. "Ontological Choreography" describes the dynamically contingent and shifting webs of relationships among people; social processes, and biomedical technologies through which personhood and embodiment are constituted.

Maria's Interlude 7

But I will remember it this way.

“Yes, I’ve lived!” begins Maria. This is how she will always begin, begin again. “I have lived. Like a cat. Nine lives. I’ve beat it back more times than you can count. I’ve survived things you can’t imagine. Don’t even try to. But you know – I know you do – I have lived. Really lived, my life. My life. And you remember that, schoolboy. I have lived. That’s the only way to: live it!” She pauses and strikes a look .Eyeing me eye to eye: “But you ask yourself, have you? Have you really lived? Can you say that?”

I begin. I stammer. I pause. She does not turn away this time. She remains. She smiles. She winks. And so begins Prior Walter, he who speaks after a prior Walter (Benjamin):

The disease will be the end of many of us, but not nearly all, and the dead will be commemorated and will struggle on with the living, and we are not going away...⁵⁰

⁵⁰ These are the concluding lines to Tony Kushner’s epic play *Angels in America*, a “gay fantasia on national themes” [(1992) 1995 : 280].

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[APPENDIX 1]

“WORKIN’ IT”:

SOCIO-CULTURAL DRIVERS OF HIV/AIDS VULNERABILITY
AMONG TRANS WOMEN IN SAN FRANCISCO

FINAL REPORT
2011

Submitted to:
CALIFORNIA HIV/AIDS RESEARCH PROGRAM
(University of California Office of the President)

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INTRODUCTION AND SIGNIFICANCE

Published epidemiological studies report that transgender women in San Francisco and other urban locations in California face alarming rates of HIV and AIDS, and that trans women of color are disproportionately represented among the highest new HIV infections and persons living with AIDS. HIV prevalence rates among trans women in large Californian cities have been documented as follows: Los Angeles 22%, Oakland 54%, and San Francisco 35%, and more than half (56%) of African-American transgender women have been found to be HIV positive. Transgender refers to individuals whose gender identity and expression differs from what would normatively be assumed as follow from assigned natal sex.

Employing ethnographic research and anthropological analysis, this study asked: *what are the socio-cultural factors which contribute to increased HIV/AIDS vulnerability among transgender women?* Study design and analysis integrated individual experiences, local level knowledge, and broader social and structural processes in order evaluate the social, economic, and cultural drivers of HIV risk. Participants in this study, represented a diverse range of ethnicities and cultures, and used a variety of categories to self-identify, including, but not limited to, “transgender,” trans,” “transsexual,” “girl,” “T-girl,” “two-spirit,” “kathoe (lady-boy),” “mahu,” “gender-queer,” and “woman.” (Although the term, transgender women, is used in this report, in keeping with common conventions within public health literature, it is critical that research studies and programs take into account the diverse ways that transgender individuals identify, name, and express gender identification and sexuality .)

This study found that transgender women are placed at elevated risk for a number of poor health outcomes. As a social worker explained, “Risk is what it takes to survive. To be transgender, to be out, is to take a risk. My transgender clients have risked almost everything to be who they are and live their lives truthfully in the face of almost insurmountable difficulties and hostilities, but there are (only a) few programs to meet transgender women they are in their lives and support them in making healthy decisions.” A twenty-six year old Asian-African-American transgender participant described her life with these words: “Well, my whole life has been risky. I left everything – I mean everything – coming here (San Francisco) to live my life, and let me tell you it’s not all hunky-dory in this quote gay haven for TG girls. There’s dangers left and right: No one will hire you, you can’t find work, no one will rent to you, and you wind up out in the streets, without anything and you have to make hard choice; sometimes the wrong ones, but you do what you go to do to survive.” Taken together these two statements underscore the findings of this study: oppressive social, economic, and cultural forces place transgender women in ‘high-risk situations’ in which women’s agency to adopt and negotiate risk reduction is severely limited. As a consequence, vulnerability to HIV/AIDS and related health problems is increased.

To anthropologically describe and analyze the socio-cultural factors and processes which influence HIV risk, the study has identified three intersecting contextual fields which shape beliefs, behaviors, and life experiences. **Material** encompasses basic necessities and resources, including employment and educational opportunities, housing, and access to health care and legal protections. **Social** includes relations with others, such as friends and partners as well as access to social networks and social support. **Symbolic** refers to the field of values and meanings, including stigma, gender norms, and stereotypes, which influence perceptions, attitudes, beliefs, and behaviors.

This Final Report will examine the socio-cultural context of HIV/AIDS risk among transgender women by (I) describing socio-demographic characteristics of the study participants, and (II) discussing anthropological analysis of ethnographic data. Findings and analysis will be connected to the study's four Aims.

STUDY DESIGN, AIMS AND ACCOMPLISHMENTS

The research design incorporated a multi-sited ethnography, utilizing the recruitment and sampling methods of snowball, venue-based, and respondent driven recruitment of peers. Field-sites included medical clinic, social support agencies, social venues and community events, single resident occupancy (SRO) hotels, where many transgender women live, and fieldwork in the Tenderloin, a low-income San Francisco urban neighborhood, which is home, worksite, and social center for many transgender women. The study employed the ethnographic methods of extensive participant-observation, in-depth interviews/collection of life histories, and qualitative analysis of data.

The study was extremely successful in meeting its recruitment goals and did not experience any major barriers. Interviews were conducted with 60 transgender women, 30 members of social networks and 25 providers. As well over 2800 hours of ethnographic research and participant observation activities were conducted over the course of 2-years. In addition the PI volunteered and consulted with the Transgender Clinic at Tom Waddell Health Center (San Francisco Department of Public Health), the Center of Excellence in Transgender HIV Prevention (UC San Francisco & California State Office of AIDS), Transgender Law Center's Statewide Healthcare Access Project (California Statewide Initiative), and EL/LA Program for Trans Latinas (community-based HIV/AIDS prevention program in San Francisco providing services to mono- and bi- lingual Spanish speakers).

Currently the PI is consulting with Asian Pacific Islander Wellness Project's *CandyShop*, a first of its kind mobile HIV testing program for young trans women of color in San Francisco that provides rapid HIV testing, prevention materials, and linkage to care and services.

The study had four main Aims:

1. To identify the significant social, political, and economic factors that place transgender women at elevated risk for HIV/AIDS.

The study has exceeded its goal of recruiting at least 45 transgender women in San Francisco to take part in interviews, collection of life histories, and participant observation activities.

2. To examine the social support networks of transgender women and assess the impact of these networks on HIV/AIDS risk

The study has exceeded its goal of conducting 20 interviews with members of research participants' social networks.

Describing findings associated with Aim 1 and 2 will be the main focus of this Final Report, and will be detailed more extensively in the section, "II. Anthropological Analysis and Recommendations."

3. *To document the views and opinions of transgender women and their healthcare providers toward current HIV/AIDS programs*

4. *To identify the HIV/AIDS prevention and healthcare needs of transgender women*

Since these two Aims are closely linked they are discussed together. The project was successful in securing fieldsites to conduct participant-observations in key settings where transgender women receive services. As well 25 interviews with healthcare professionals, both locally and nationally, who provide transgender related care were conducted. Interviews with clients and providers underscored that most participants perceive that current HIV/AIDS programs focus on a limited notion of what places transgender women at risk for HIV, for instance individual knowledge and behavioral interventions. Instead participants recommended a “holistic” and multidisciplinary approach to transgender health in which HIV/AIDS was understood to be one issue of many pressing health issues, resulting from economic and social inequalities (as described in section, “Socio-Demographic Characteristics”). Trans women stressed that most programs fail to recognize the diverse ways in which they identify, the romantic and sexual relations they have, which the terms “gay” and “straight” often fail to capture, and the many ways transgender people transition, and not, with the help of pharmaceuticals and medical procedures. Providers explained that in their education and ongoing professional training there was very little instruction on gender and sexual diversity. Many explained that this lack of training has allowed stereotypes to circulate in healthcare settings, leading to inadequate care of transgender patients. Mental health professionals stressed that their education in gender identity issues was much too simplistic and pathologizing vis-à-vis their experiences with clients. For these reasons, the PI collaborated with the Transgender Law Center’s Care Access Project to author *How to Start a Transgender Clinic*, a step-by-step guide for health care providers and community organizers on establishing appropriate and component trans health programs. (http://transgenderlawcenter.org/pdf/hcap_clinic_how_to.pdf)

The study captured participants’ identification of programs that were defined as providing the most accessible, affordable, and competent services. For primary health care and hormonal therapy, participants most frequently cited “Transgender Tuesdays” at the SF DPH’s Tom Waddell Health Center as being the first place they sought care. Many participants described the peer-lead groups, held during “Transgender Tuesdays,” as providing a supportive environment. Participants frequently explained that there was a lack of welcoming and safe spaces where trans people had an opportunity to gather together, meet, and socialize, which often left many trans women feeling isolated and alone. Participants also referred to medical services at Lyon-Martin Health Services as being accessible and competent. For social services, TransThrive (a project of the Asian & Pacific Islander Wellness Center) was frequently described as offering the best well-rounded programs, including a drop-in center, workshops, and support groups. Trans Thrive was regularly named as one of the few places where trans people could meet and socialize outside of bars and medical sites. Also services at EL/LA Para Trans Latina were referred to as providing cultural and linguistic appropriate events, services, and community-building exercises for mono- and bi-lingual trans women and friends. TEEI (Transgender Economic Empowerment Initiative) was described as providing employment-related resources, which most participants identified as a top priority in their lives. However, many participants expressed the belief that eligibility for TEEI trainings and mentoring was restricted, and that preferential treatment was given to those who had prior work experience

and/or education, and were in stable housing. As a consequence many perceived that the program was not reaching individuals most at risk. For legal assistance, such as help in addressing workplace discrimination, accessing health care, and gaining legal recognition of name and gender, participants reportedly cited Transgender Law Center as providing component and afforded services.

In terms of HIV/AIDS programs, participants frequently referenced the SF DPH's citywide condom distribution program as providing free and easily accessed condoms at social venues. Although a majority of participants were able to identify at least one HIV/AIDS program and social marketing material, many women reported that being approached by HIV/AIDS outreach workers was rare.

The study recommends that further research on successful programs be conducted, particularly in the form of patient satisfaction surveys as well as more rigorous evaluation of programs. This research can assist in the development of strong evidence-based and culturally meaningful programs that can be replicated in, and tailored to, other communities.

Major milestones of this study include the PI's successful completion of research goals in terms of the total number of interviews, collection of life histories, and hours of ethnographic fieldwork. The successful completion of these activities have lead to further training for the PI in qualitative methods, particularly how to conduct successful research with a hidden, difficult-to-reach, and stigmatized population whose members are often distrustful of the motives of outside researchers. As well the PI has gained experience in applying anthropological and gender theory to public health research, and he has had the opportunities to write, lecture and teach about new advances in HIV/AIDS research methods and theory. The PI has presented findings at a variety of professional conferences, including *American Anthropological Association Meetings* and *Equity and Parity II: A Statewide Action for Transgender HIV Prevention and Care*. As well the PI has given talks and taught classes on HIV/AIDS, transgender studies, and public health at UC Berkeley, Cornell and American University. The PI has also gained further experience in linking theory and research to the design of evidence-based programs through collaborations with community-based organizations.

The PI is also engaged in a variety of future activities related to this research. His dissertation will be filed in Summer 2011. He is also preparing articles for publication in Public Health, Anthropology, and Gender & Sexuality Studies Journals. He continues to partner with community-based organizations, which includes currently volunteering as a consultant with Asian Pacific Islander Wellness Center in the roll-out of *CandyShop*, a mobile HIV testing program for transgender youth of color.

FINDINGS AND ANALYSIS

I. Socio-Demographic Characteristics

1. Sociodemographic 50% of transgender participants were Latino/Hispanic, 25% Asian/Pacific Islander; 13.3% African American/Black, and 11.6% white. 60% were foreign born, of which 60% were from Mexico, 20% from countries in Central America, and 20% from countries in Southeast Asia (most frequently identified as the Philippines and Thailand). Length of time in the US ranged from 1-month to over 30-years. 35% have been living in SF less than a year. Age of participants ranged from 20 to 61 years of age. 75% were less than 30 and 10% were older than 40. 40% of participants had less than 12-years of formal education, 30% had a

HS diploma or equivalent, 25% had a college education, and 5% have a post-college education. Only 25% were regularly employed, 30% were unemployed, 20% received SSI or disability, 20% received GA or other forms of welfare, and 5% were students. 75% reported sex-work as a source of income at one point in their lives. 80% reported an annual household income of less than \$15,000. 40% reported their current living situation as a single resident occupant hotel (SRO), 25% rented apartments, 15% shelters, 20% friends or family.

HOUSING CRISIS. It is important to draw attention to qualitative findings, describing circumstances of life in SROs (single resident occupant) hotels. SRO hotels are composed of multiple small rooms, usually 8x12, which share bathrooms and kitchens. (Although some establishments lack kitchen facilities, and residents are forced to purchase food at restaurants or convenience stores, and/or cook in their rooms using a microwave and/or hot plate.) A large majority of participants (particularly immigrants) reported living in an SRO at one point in their lives. SROs were frequently explained as being the only housing available for trans women. Reasons for which included that many women lack income, appropriate identification cards, and credit history, which makes it impossible to sign leases and rental agreements. Although living conditions in SRO's were described as substandard, rents were reportedly expensive. Participants explained that the daily rate for a room could be more than \$40 dollars, and that over the course of a month rent could cost more than \$1,200. At the same time, women reported lacking the tenant rights associated with having a signed lease agreement. Many women reported having to find a new SRO room every four-weeks due to SRO management seeking to circumvent housing regulations. Under current law, as the PI understands it, continual residence at a SRO for over four weeks gives the renter some tenant rights, such as eviction protections and rent control. However, participants explained that SRO management were aware of these policies, and many establishments placed a 28-day limit on renters, so that they would not have to comply with City housing regulations. Conditions in SRO's were frequently described as deplorable and unacceptable. Women reported, and the PI observed, that many SROs were dirty, repairs and maintenance were neglected, trash and waste were left uncollected, and some appeared to have housing and health code violations. Moreover, many participants reported feeling unsafe and living in fear in SROs. Some women reported being afraid to leave their rooms due to verbal abuse and physical assault. In summary, the study found that trans women face a severe housing crisis. Most participants are forced into substandard and unsafe housing due to low-income and transgender-based discrimination.

2. Gender and Sexual Identity Participants identified their gender identity as transgender (40%), female or woman (25%), transsexual (25%), and other (10%), including non-gendered, multi-gendered, gender-queer, no-gender. In addition to the terms prompted by the PI, participants named a number of other terms in their self-identification, which were listed in the INTRODUCTION. Participants identified their sexual orientation as heterosexual (70%), gay (15%), and 15% other, including bisexual, pansexual, lesbian, asexual, or unsure. Important to underscore is that when used by many participants – particularly those who identify as Latina – gay means being a female identified individual who was assigned the sex of male at birth who is sexually involved with men. 73% reported being single.

3. Medical Care and Health Issues 65% of participants reported having no health insurance, 20% have MediCal/ Medicare/ MediCaid, and 15% had private insurance or HMO. 50% report receiving healthcare in the past year 6-months. 85% of participants had used hormones in the past 6-months; of these 60% had obtained hormones from a clinic or health center, 22% from the streets/underground supply, 10% from friends, and 8% from other sources.

75% of participants reported having an HIV test in the past 6-months. 10% self-reported being HIV positive; and, all reported receiving care for their HIV-positive status. Participants consistently reported high-levels of abuse and discrimination as a result of their gender identity. 90% report experiencing verbal abuse, 75% job discrimination, 70% physical abuse, 68% housing discrimination, and 55% healthcare and/or social service discrimination. 92% of participants have lost at least one friend or loved one to HIV.

4. *Self-Reported HIV Risk* Participants reported their main HIV risk behavior as unprotected sex. Participants reported low injection drug use, and underscored that syringes for use in hormonal injections are rarely, if ever, shared. This finding of low incidence of “black-market” hormone use and syringe sharing (a finding that has been noted in the literature) is possibly a result of trans individuals having better access to medically-supervised hormonal therapy in San Francisco. Most participants clearly identified at least one trans health program, including public health clinics, such as Tom Waddell Health Center and Dimensions (for trans and queer youth), and two community-based programs, such as Lyon-Martin Health Services and St. James Infirmary. Many participants, who had experienced healthcare elsewhere, explained that there seemed to be more competent, appropriate, and affordable services in San Francisco.

An important HIV prevalence finding is that the rate of HIV infection among transgender women at the Tom Waddell Health Center (SF Department of Public Health), which provides the largest TG medical program in the City, was 13%. This is significantly lower than the 25% when the clinic opened in 1993/94.

II. Anthropological Analysis and Recommendations

A. Contextual Fields

The study has identified three intersecting and interacting contextual fields, which powerfully shape beliefs, behaviors, and life experiences: *material*, *social*, and *symbolic*. In this section, the key features of each contextual field will be described and the ways in which they impact risk will be discussed. As well, recommendations for program development and directions for further research will be proposed. But first the resiliency of transgender and gender non-conforming communities must be highlighted.

RESILIENCY. Over the course of fieldwork the PI has come to learn that transgender women compose a resourceful and vibrant community. In the face of severe material inequities and social marginalization, women recounted stories of creating lives of dignity, grace, and respect. Women described themselves and their friends as being highly capable with diverse skills. Women explained engaging in variety of income generating strategies within both legal and underground economies in order to make ends meet, to survive and persevere, and to create lives of beauty and joy. Women often termed these survival strategies “*workin’ it*” (what became the title of this study). As well participants described, and the PI repeatedly experienced, how trans women created friendships and alternative families to support and care for each other. Women organized community events and artistic performances to raise money for community services and programs, and to care for the sick. Some participants spoke proudly of being politically active, mobilizing in a variety of struggles to extend legal recognition and protections to transgender and gender non-conforming individuals. Indeed the first programs for the trans community were the result of trans people organizing and advocating on behalf of their communities. This includes one of the earliest HIV/AIDS outreach programs for trans women,

as a provider at Asian & Pacific Islander Wellness Center recounted; the opening of the nation's first public health transgender clinic, as a physician at Tom Waddell Health Center explained; and some of the first transgender health studies to be conducted, as an epidemiologist with the SF DPH described. The study has shown that, when designing HIV prevention and care services, it is vital to foster and support these capacities and capabilities through community-based and community-building programs. As a transgender community activist expressed, "the skills it takes to survive on the streets, to survive being trans are extensive and eclectic. If given a chance to use these skills and savvy, in schools and workplaces – and don't you doubt it, the women would be successes. They will be stars! Which of course, they already are!"

1. MATERIAL Participants repeatedly described facing severe financial hardships, and many reported living in poverty. Participants explained that transgender-based discrimination made it difficult to secure steady employment. Some women recounted not being hired or losing jobs due to transgender bias. Other participants described that it was impossible to find employment or housing if the sex, gender, and/or photo on one's identification cards do not correspond to one's gender presentation and expression. Many immigrants reported that lack of appropriate identification, which reflected their lived gender, was a significant barrier to securing employment and housing. Participants also described facing a lack of educational or skill-building opportunities.

Financial hardship led many women to enter the commercial sex work industry or to exchange sex for food, housing or other needs (survival sex). Participants described that negotiating safe sex in these situations was difficult. Clients would often request sex without protection, or would offer women more money to do so. Many women expressed fear of being abused or rejected should they ask a partner to use protection or engage in other risk reduction practices, particularly if a partner was providing money or housing. Some women reported that alcohol and drugs were used as a means to deal with the stressors associated with commercial sex work, particularly the violence experienced in street-based work. This study found that the material conditions of women's lives – such as lack of income and access to safe housing – placed them in situations in which they often lacked agency to negotiate risk reduction practices in their own terms.

Access to healthcare was described as difficult. Both providers and transgender participants reported that trans women faced multiple barriers to healthcare, including lack of insurance and income. Some participants voiced a lack of trust in providers and recounted experiences of discrimination in health settings. Providers noted that in their education and professional training they rarely, if ever, encountered transgender issues. Relatedly, many participants who had, or were receiving care, recounted episodes in which providers lacked knowledge about transgender appropriate care. Since lack of healthcare has been associated with increased HIV-related morbidities, this finding led the PI to collaborate with the Transgender Law Center in their Health Care Access Program and to author "How to Start a Transgender Clinic," a step by step guide for health care providers and community organizers. (http://transgenderlawcenter.org/pdf/hcap_clinic_how_to.pdf)

This study also found that a large percentage of transgender women (and partners) live in San Francisco on a temporary basis. Often the image of San Francisco as a refuge of tolerance and acceptance did not correspond with everyday lived reality. Many transgender women described coming to San Francisco but finding it hard to remain due to the high cost of living, difficulty in finding a job, and surprisingly high rates of trans-phobic violence. Many immigrants and adolescent trans women expressed that moving to San Francisco was not always

voluntary. Immigrants repeatedly described leaving their countries of origin due to persecution and abuse at the hands of family, community members, and authorities. Adolescent women often reported being thrown out of their homes and coming to San Francisco in hopes of a better life. Almost all participants explained that the high-cost of city living made it difficult to access basic necessities without resorting to illicit economies. Undocumented immigrants were made especially vulnerable due to their unprotected legal status, which made securing employment and stable housing almost impossible.

In summary, most participants reported that they face severe socio-economic inequalities and discrimination in their lives, which place them in risky and vulnerable situations, where it became difficult to exercise agency in negotiating risk reduction. Participants explained juggling multiple priorities in their lives, often having to choose between housing, food, clothing, medications, and health care. Many women resorted to illicit economies and sex work to make ends meet. The study recommends that HIV/AIDS programs take into account material and structural factors that influence the agency of trans women to navigate risk reduction within 'high-risk' situations. Successful HIV/AIDS programs have been those that provide multidimensional services either on-site or in collaboration with other programs. Some components of multidimensional services include HIV prevention education and skill-building trainings, employment and educational opportunities as well as access to housing resources and healthcare services. As a key opinion leader stressed, "Jobs, Jobs, Jobs – It's economic justice that trans people need for better health and well being."

This study also recommends that further research investigate the influence of structural forces and material inequalities on individual agency and the ability for individuals to engage in risk reduction practices. Further research would benefit from larger, participatory, mixed-method, and multi-city studies, which would have the advantage of increased sample size, diversity, and variability, and a reduction in sampling bias.

2. SOCIAL refers to the context of relations with others, such as social networks and friends, love and intimacy, as well as access to social support and healthy interpersonal relationships. Participants repeatedly expressed feeling isolated and alienated due to transgender-based bias and discrimination. A majority of participants described being disowned from birth families, and many other participants described experiencing ostracism from both the heterosexual population and the "LGBT" community, due to both transgender bias as well as racial and class related discrimination. Participants described that they frequently felt lonely and experienced incidences of distress and depression which could often make it difficult to sustain healthy, positive, and long-term relationships. Violence was described as an almost inescapable part of everyday day, and participants reported suffering abuse from a range of people in their lives, including partners, friends, neighbors, strangers and authorities. Ostracism, isolation, and violence were described as detrimentally impacting self-esteem and self-worth, and undermined the ability for women to protect themselves in risky situations.

Participants also spoke of experiencing contradictions in their friendships with other transgender women. Most participants described having close friends whom were often affectionately referred to as "mother" or "sisters." Although most participants described these relationships as being supportive and positive, they also explained that there is often jealousy, which could lead to antagonistic and destructive behaviors. Providers explained that lack of resources caused many transgender women to engage in competitive relationships with one another. As well participants commonly recounted that some relationships can be a source of strong peer-pressure to take part in risky behaviors, such as alcohol and drug abuse ("partying")

and as well as engagement with sex work and other illicit economies (the result of *material* pressures). Some participants spoke about how an older more experienced trans woman would take on the role of mentor or mother, lending guidance to a younger woman in her gender transition and helping to introduce her to other members of the community. However, some participants described being initiated into sex work by a mother, sometimes as a means to repay unknown debts said to be owed her, such as for housing, clothes, food, and/or other resources.

All participants reported knowing at least one friend or acquaintance who was HIV positive. This too was described as having contradictory effects. For instance, every participant described feeling vulnerable to HIV and most described knowing how to protect themselves, but many expressed that they and/or their friends thought that becoming HIV positive was almost inevitable. HIV was described as something to fear and protect against as well as something that was perhaps unavoidable. As a twenty-two year old Latina immigrant expressed, “Here (in San Francisco) it’s like AIDS and being a (trans) girl go together.” A health provider remarked that many patients seem to experience “AIDS fatigue.” This study recommends that further research is needed to explore in greater detail how belief of HIV/AIDS inevitability impacts risk behavior.

Participants spoke of the significant role a boyfriend plays in their lives. Many women explained that having a boyfriend was a reflection of being desirable and loved, and that being in a relationship ameliorated feelings of loneliness. For many women having a boyfriend was a mark of social distinction and was means through which gender identity was affirmed (See “*Symbolic*” section). Participants described that negotiating risk reduction in sexual relations with boyfriends was particularly vexed. Having a boyfriend meant that one had entered into a committed and monogamous relationship which reflected that one was valued and loved. In these situations, not using condoms was explained as an affirmation of loyalty, trust and love. For instance, many participants reported that boyfriends would say something similar to “I love you, and if you love me, we don’t need use to condoms together.” At the same time, women reported that they doubted their boyfriends were ever entirely monogamous. Participants described that they and their friends often placed themselves at risk with boyfriends whom they described as having concurrent partners. However, due to a combination of *material* circumstances and psychosocial challenges, it became difficult for women to advocate for, and practice, risk reduction practices in relationships with boyfriends.

ADDITIONAL RESEARCH GROUP: Partners. Over the course of fieldwork, the PI met, gained rapport, and was able to interview a small number of clients and boyfriends, which became an additional study group. Trans participants described their clients and boyfriends in different terms, which denoted distinct levels of intimacy and trust. Clients were commonly described as being “straight guys” who liked to sexually experiment. It was frequently expressed that clients wanted to “get their freak on,” which often included “partying” (sometimes with methamphetamine). In conversations with the PI, clients usually described themselves as heterosexual and often spoken proudly of having girlfriends or wives “at home.” According to participants and PI observations, clients for the most part were older than boyfriends and would cycle in and out of social spaces alone, staying for only a short duration. Participants also described the phenomena of having a “sugar daddy.” This was a client who over time became a regular partner, but who was rarely described in terms of being a boyfriend. Within this transactional relationship, gifts such as clothing, jewelry, and rent money were exchanged for dates and intimacy more often than cash. Boyfriends, on the other hand, were more frequently present at social spaces with trans women, often socialized together with other couples, and were less frequently described in terms of economic transactions. In discussions with the PI,

boyfriends preferred not to identify themselves within dominant categories of sexual orientation. According to participants, in terms of sexual risk, clients, sugar daddies, and boyfriends can be explained as falling along a gradient: condoms were most frequently used with clients, then sugar daddies, and less frequently with boyfriends. However clients would often request or demand sex without condoms, often offering more money. Although women spoke of desiring monogamous relationships with boyfriends, and attempting to enter into them, most described that they were unable to entirely trust their boyfriends to be monogamous.

Since very little research has been conducted with male partners of transgender women (the PI knows of one published study from UCSF), this is a potentially important new area of study. Although partners of transgender women have been described as being secretive or difficult to reach, this study has documented something a little different with regard to “boyfriends.” The men may not share a self identity or a defined community, but they do socialize with one another and share interests. Therefore, this study recommends ethnographic fieldwork and long-term participation-observation as possible tools for gaining rapport and access to partners.

In summary, isolation experienced by transgender community members heightens risk for depression and distress, drug and alcohol abuse, and sexual risk behavior. The study recommends that further research is needed to identify the types of social support and characteristics of relationships that can create social environments fostering risk reduction and health enhancing behaviors. The study recommends that prevention programs continue to collaborate with transgender women in identifying risks involved with different kinds of partners and in building the necessary skills to negotiate risk reduction in a variety of diverse interpersonal and intimate contexts. The findings also support programs that include mental health services in their HIV/AIDS programs as well as provide space to host events so that trans individuals can meet, socialize, build relationships, mentor one another, and collaborate on community projects together. Current programs may increase their sustainability by developing links with other communities, agencies, stake-holders and policy makers through education, advocacy, and organizing, which can also provide further skill-building opportunities for trans staff and volunteers. Finally, these findings suggest that organizations, which respond to, and seek to change, broader social-structural arrangements that give rise to trans-phobic discrimination and violence are a necessary component of risk reduction strategies and a means to foster community health and welfare.

3. SYMBOLIC encompasses the context of meanings, values, and judgments that are ascribed to specific practices and identities (both individual and group). This can take the form of valuing or devaluing certain behaviors and statuses as well as accepting or rejecting individuals of socially defined groups. According to ethnographic studies and anthropological theories, gender relationships are a basic unit of social organization, and constructs of gender are an effect of how meanings and values get made and attributed to particular categories of people. Feminist scholarship has argued that individuals became socially recognizable and gain a social identity through historically specific binary sex/gender systems of male/man and female/women, in which female/woman is often posited as the secondary and devalued term. As well feminist theory and empirical research has examined how gender is constructed – and indeed enacted – through conduct and practice. Furthermore queer and trans studies contend that to deviate from, or transcend, binary categories of man and women – which are assumed to be natural, discrete, and static – often leads to social punishment in the form of stigmatization, oppression, violence, and social abjection.

This study found that transgender-based stigmatization, disempowering gender norms and unhealthy stereotypes strongly influence experiences, behaviors, and life circumstances of trans women. Almost all participants described that transgender identity and expression were stigmatized and degraded by society as a result of the prevailing binary sex/gender system. Even within the broader LGBT community participants reported that trans individuals were often ridiculed and marginalized. Participants described that being stigmatized and devalued led to alienation and isolation, which often became internalized as feelings of low self-worth and self-esteem that ultimately undermined agency to adopt risk reduction practices.

Participants described how dominant gender norms of male and female powerfully influence attitudes, perceptions, and behavior. Many participants described that, like all women, trans women are expected to conform to gender norms, such as being passive, care-taking, and catering to men's sexual pleasure. Participants described that their male partners were influenced by norms as well, such as being sexually promiscuous, demanding, and in control. Repeatedly participants described that male and female gender roles produce unequal power relations among partners, making it difficult to negotiate risk reduction practices. However participations also explained the contradictory force that gender norms have in shaping conduct. Many women described that acting out these gendered roles and expectations even in terms of passivity became a means to affirm and enact, one's gender identity, even though these unequal roles and expectations might limit one's agency.

A majority of participants reported suffering from sexual stereotypes which objectify and exotify transgender women. As many participants explained time and again, "just Google transgender or transsexual and it's all (mostly) pornography." Because of these stereotypes, participants said that they were overly sexualized and that most people only thought of transgender women within sexual terms (including AIDS researchers). As well these stereotypes were described as being inflected by race and cultural stereotypes, which participants identified in the exotified and racialized terms of "spicy Latina," "dragon lady, and "freaks." Participants explained that these stereotypes were degrading and shaped the attitudes and beliefs of others, particularly about the roles transgender women were expected to play in both social and intimate relationships. At the same time, some participants pointed to the contradictory role stereotypes played in their lives. Participants explained that these stereotypes not only shaped how others, particularly partners, related to them, making it difficult to be accepted and appreciated, but that these stereotypes shaped their own behaviors. More than one participant remarked, "If I'm going to be thought of as ONLY a tranny-hooker maybe I should go ahead and make the best of it, and make some cash." Most participants described such stereotype confirming behavior as a result of pressures to conform to societal expectations. At the same time, stereotype confirming behavior was described as means of affirming gender identity such that some participants portrayed sex work as a "rite of passage" or a part of "coming out."

In summary, this study has shown that symbolic factors powerfully shape attitudes, perceptions, behaviors and practices in complicated and contradictory ways. Although for the most part participants agreed that stigma, gender norms, and stereotypes have the effect of restricting the agency of trans women to reduce HIV risk in their lives. As well, gender norms influenced how sexual scripts and roles are enacted, producing unequal power relations among partners, which often prevented the adoption of risk reduction practices. This study suggests that further research is needed to explain how gender norms are translated into specific (individual) beliefs, influence interpersonal relations, and become enacted in behavior and conduct. As well, studies on the health and welfare of transgender individuals should take into account how

internalized stigma and negative stereotypes produce feelings of shame and low self-worth, which can lower self-efficacy in reducing risk.

Finally, as a trans identified social researcher explained, “Counting Matters!” Research studies should pay critical attention to the ways in which way gender is defined, categorized and marked on surveys and questionnaires, since M and F categories, as well as MTF and FTM transgender, limit the sorts of data that are collected and reported. This potentially leads to under-reporting of trans and gender non-conforming individuals, and can produce inaccurate surveillance and monitoring reports. As well, participants explained that many organizations’ policies often enforce a binary gender identification and thus created barriers for trans and gender non-conforming individuals in accessing employment, housing, social services, and legal and immigration resources. As this study has found, transgender women identify through a variety of gender and sexual categories, and engage in a variety of gender and sexual practices. Programs and research studies should be sensitive of the diversity of trans experience, and broaden the way that gender and sexuality is recorded on surveys and in-take forms. Finally these findings support programs that allow trans people the space to critically engage gender norms and work together to re-signify and re-create norms in ways that are empowering and health enhancing.

B. Areas of Further Study

The study identified three areas which could benefit from additional study: (1) “*the guys*” (partners of transgender women), (2) *migrant workers* (a difficult-to-reach group of migrant trans women), and (3) *one condom too many?* (accounts and perceptions of police profiling from trans women).

1. “*the Guys*” Research with partners of transgender women were discussed in section 2. **SOCIAL**. The PI would recommend that future study on the relationships between trans women and partners, boyfriends, and clients take into account the affective dimensions that these diverse relationships play in women’s lives, which are qualitatively different than the purely transactional. Such research would include attention to how women and their partners describe, and the value they place on, affective practices such as love, care, support, companionship and partnership.

2. **Migrant workers** This study has identified a small group of transgender women who travel to San Francisco during high-tourist months to work in nightlife and entertainment industries as well as underground economies or commercial sex work. Women explained coming to the city to work during the tourist season, and then returning home with income with which to help support their families. Most women expressed pride at their ability to help financially care for their families. One twenty-five year old women from Guadalajara described how she was able to purchase a home for her parents and send her nephews and nieces to private school. The majority of women reported living in northern Mexico, though other countries and regions were represented, including Central and Southern America, and South-east Asia. Some women explained taking part in these migration-employment pattern multiple times, and described a well-know travel itinerary between San Francisco, Tijuana and Guadalajara, and less frequently Bangkok. Few migrant women were aware of trans specific HIV/AIDS programs or other health services, and many described being fearful of authorities and providers due to their immigrant

(and frequently undocumented) status. In conversations, most migrant women did not know or believe that San Francisco had a sanctuary city policy in place, and most women reported they do not access services due to fears of deportation, arrest, and incarceration. These fears were portrayed as being exacerbated by public debates on federal and local immigration policies. This study proposes that this under-studied and under-served community of women might potentially comprise a vulnerable group, due to their isolation and lack of access to services. The study recommends that further research be conducted to determine the health needs, risk experiences, and HIV/AIDS vulnerabilities of this community. Moreover, this study found that programs such as EL/LA Para TransLatinas and the Transgender Program at Instituto Familiar de la Raza provide vital outreach and social services to members of this often difficult-to-reach community.

3. *One condom too many?* The study has found that many transgender women are under the perception that having more than one condom in one's possession is cause for citation or arrest for prostitution. Some trans women reported being afraid to carry condoms out of fear of citation or arrest, particularly when in the Tenderloin neighborhood of San Francisco. This preliminary finding must be understood within its social and historical context. Consistent with other published studies and reports, this study found that most trans and gender non-conforming individuals report experiencing incidences of discrimination, profiling, and harassment from police and other law enforcement authorities over the course of their lives. It is significant that reports of recent harassment (within the past 6-months) were most frequently described by women of color and immigrants. Women reported being accused of jaywalking, loitering, and/or other quality of life violations. More serious allegations from participants included repeated accounts of being profiled as sex workers and being accused of engaging in prostitution by police when they were walking through particular neighborhoods in San Francisco – specifically the Tenderloin and/or Mission.

Most surprising and disturbing, this study has found that some transgender women report that they have been accused of prostitution by police when they were found to have more than one condom in their possession. The evidence for this preliminary finding, includes (a) testimony from trans women, (b) statements made by social workers, (c) a public statement made by a trans community leader at a political forum on HIV/ AIDS held during the 2010 San Francisco's Board of Supervisors' race, (d) a detailed account from a transgender HIV/AIDS outreach worker who was accused of prostitution, though not cited, for carrying condoms and lubricant in her handbag while doing outreach in the Tenderloin, and (e) an account of a manager of a business that functions as a social and entertainment space for trans women and their friends. The manager reported having to hide a basket of free condoms behind a counter because the State Alcoholic Beverage Commission (ABC) cited the public display and free availability of condoms as evidence that prostitution was occurring in the venue. (However the SF DPH supplies these condoms to gay, queer, and trans establishments, as part of a city-wide HIV/AIDS prevention program.)

IT IS IMPORTANT TO NOTE, the only evidence that the PI for this preliminary finding – that law enforcement authorities are linking possession of more than one condom to prostitution – is reports from study participants. The PI has not interviewed law enforcement officials during this stage of research since they were not originally identified as a group of study participants. (As well the PI has not sought Human Subjects approval for this additional study population.) However that a similar account has been repeated across different cases, situations, and times leads the PI to propose that this claim constitutes a “social fact” and requires further

investigation. The study recommends that additional research include, at least, the following three goals: (1) determine the validity of these claims and identify incidences of their occurrence, (2) examine how beliefs about the validity of these claims and incidences shape trans women's behavior, particularly around possession of condoms and related risk reduction practices; and (3) organize a public forum with police, trans community leaders, and city public health officials to discuss how various stakeholders can collaborate to ensure public safety for all. In short, what these perceptions and accounts among participants reveal is that many transgender women have a fear of law enforcement officials and report being harassed by police, which can have the effect of undermining well-proven risk reduction strategies. Thus, in order to better foster community health, trans people must be franchised with legal and citizenship rights so that they can be empowered to act in their own terms and live lives without fear.

CONCLUSION: High-Risk Situations and the Shape of Agency

This study has investigated the contextual influences of HIV/AIDS risk among transgender women. It has identified and analyzed material, social and symbolic forces which constrain the agency of trans women to reduce risk in their lives. It has found that social-structural forces place participants in "high-risk situations"⁵¹ marked by a lack of material resources as well as increased social isolation, stigmatization, and violence. Although transgender women are a resistant and resourceful community, material conditions, including low-income and lack of safe housing, often force trans women to exchange sex for money, food, a place to stay, and other basic necessities. Social conditions of isolation and loneliness, combined with symbolic influences of disempowering gender norms and oppressive stereotypes, lead many women to enter into relationships with male partners where they often lack the necessary self-efficacy to negotiate risk reduction. In short, this research has shown that the two behaviors that place trans women most at risk for HIV infection are *unprotected survival sex* and inconsistent condom use with *boyfriends with concurrent partners*.

This study has drawn attention to the ways in which behaviors always take place in a context and how, in turn, material-social-symbolic contextual factors shape the forms of agency that are available. The study recommends HIV and AIDS prevention and care efforts take into account the factors within all three contextual areas when developing multi-dimensional programs that are culturally appropriate and linguistically competent. Such efforts necessitate that researchers and providers work in partnership with trans communities to transform oppressive social forces and contextual factors. This means working to increase access to material resources, to help empower trans women in their relationships, to transform gender norms to reflect the diversity of gender expression in the world, and alleviate oppressive structural forces and social pressures.

If context shapes the contours of agency as this study has found, then reshaping the contexts of life makes other forms of agency and health-enhancing behavior possible. And so, in

⁵¹ I have borrowed "high-risk situations" from Zwi & Cabral (1991) who developed the concept to "describe the range of social economic, and political forces that place groups at particularly high risk for HIV infection." These forces include social disruptions such as racism and segregation, impoverishment and disenfranchisement, migration and displacements, and structural and everyday violence. In these situations daily survival becomes precarious and social bonds are loosen, leading to lack of access to healthcare, diminished attention to health needs, increased risk taking, and pessimism about the future.

coalition, we might bring about worldly contexts in which trans women might live less risky, and achieve more healthy and vibrant futures.

[APPENDIX II]

HOW TO START A TRANSGENDER HEALTH CLINIC
(Transgender Law Center Health Access Project)

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Transgender people are severely underserved by current health services. In many health care settings, trans-gender and gender non-conforming individuals experience discrimination, mistreatment, and overall lack of knowledge about transgender related medical issues. These factors place transgender people at increased risk of serious health problems.

Fortunately, we find ourselves at a time when greater access to transgender-appropriate care is becoming possible. In communities across the nation, transgender individuals, family members, health care providers, and local leaders are working together to develop health programs that are affordable, comprehensive, and culturally competent. It is in this spirit of possibility that this booklet is created.

After interviewing community members, advocates, and providers, we have developed a series of guiding questions and answers that have proven helpful in the initial planning of transgender-appropriate health services in the United States. We recommend a community-driven model of care that is comprehensive and multi-disciplinary. This approach unites primary care, transgender specific medical care, and psychosocial services with active community participation in program development.

We offer this booklet as a tool. We hope it will enable communities to organize their unique capacities in order to provide affordable, quality health care to transgender and gender non-conforming people, a community that has long lacked access to adequate care.

I. PREPLANNING

What is transgender health care?

Comprehensive transgender health care encompasses two approaches: primary care and medical care specifically related to transgender issues, such as hormonal therapy and surgical procedures. Primary care includes screening for common diseases (cancer, diabetes), assessing symptoms and diagnosing illness, treatment of acute illness and the management of chronic diseases. Primary care also incorporates health promotion, risk reduction, and referrals for other health and social issues, including mental health services, housing, and employment.

Hormonal therapy has been shown to profoundly increase the quality of life for transgender individuals. For many transgender people, hormonal therapy is a way to bring the body into greater congruence with gender identity. Integral components of hormonal therapy include assessing the patient's health status, needs, and values as well as prescribing appropriate hormones and monitoring any potential side-effects.

Providing competent transgender health care also means being aware of the diversity of ways in which trans-gender individuals identify, often outside the binaries of male and female. This means being aware of the many ways in which gender transition may occur. This includes people who take hormones or have surgeries as well as those who do not.

It is important to underscore that transgender populations experience severe social inequities. Many trans-gender people are economically and socially vulnerable and experience multiple forms of oppression and discrimination, particularly transgender people of color, immigrants, sex workers, and those who have a gender expression that is fluid or outside the gender binary. It is important that providers take into consideration the constellation of life factors which may impact patients' health and wellbeing.

CASE EXAMPLE The Transgender Clinic of Tom Waddell Health Center, run by the San Francisco Department of Public Health, has been in operation since November 1993. The Transgender Tuesdays program is a four-hour per week primary care clinic providing quality integrated health care and hormonal therapy in an atmosphere of trust and respect. Eligibility for the clinic is open to people who self-define as transgender and who are San Francisco residents. The clinic operates under a harm reduction philosophy of care with the aim of optimizing patient's health and functioning as well as helping patients to reduce harm in their lives. Health care is delivered using a comprehensive and interdisciplinary team of nurses, nurse practitioners, physicians, and social workers. In addition to regular visits with a primary care provider, clients may take advantage of on-site auxiliary services including urgent care, acupuncture, massage therapy, a transgender library, and ongoing peer support groups. At times, researchers are on-site providing an opportunity for patients to participate in research studies. Also the clinic has a large network of collaborating organizations to which patients can be referred for case management, housing, and employment issues.

What are your community's health needs?

Perhaps the most important step in establishing relevant transgender health services begins with a community health assessment which identifies the health needs of the local community, the resources that are available, and the state of current programs. A community health assessment enables providers to develop a targeted and appropriate program while preventing duplication of services. Also identifying existing organizations that offer transgender related programs can facilitate the development of collaborative partnerships necessary for sustaining community-wide participation in the delivery of relevant health and social services.

There are a variety of ways of conducting community health assessments ranging from interviews with key leaders to more comprehensive epidemiological studies. Attached examples of needs assessments can be found in Appendix A.

CASE EXAMPLE The Alameda County Transgender Health Care Access Project (HCAP) sponsored a community town meeting, the first of its kind, to discuss the health care needs of the local transgender community. Over 100 community members, relatives, advocates, and allies opened a dialogue with local, county, and state officials. Members of the transgender community as well as provider allies shared their health related experiences and concerns. Many called for an increased County-wide investment in health care available to low-income, uninsured, and underinsured transgender community members and their families. The town hall meeting allowed community members and policy makers to identify the needs of transgender residents and collaborate on the development of relevant low-cost, culturally competent health and social services.

II. PLANNING & DEVELOPMENT

What kind of medical care and health services will you provide? What sorts of referrals to other organizations will be necessary?

After assessing the demographics and health issues of the local community, consider what kind of programs will best fit your local needs and resources. Successful program models typically combine primary care, hormonal management, and basic psychosocial services that emphasize the broader health and transition-related concerns faced by transsexual, transgender, and gender non-conforming persons. given that many health-related studies have documented that transgender (MTF) women represent a community particularly at-risk for HIV/AIDS, it is highly recommended that clinics include active HIV prevention and AIDS care services; in addition, providers should explore targeted programs to address the health care needs of transgender youth and adolescents.

Pre-planning should also consider how patients will be referred to outside organizations for services the clinic may not be able to provide, such as mental health services, case

management, housing, employment, and surgical procedures. The local community health assessment will prove helpful in identifying and building relationships with other organizations offering relevant services.

CASE EXAMPLE 1 Dimensions, a clinic run by San Francisco’s Department of Public Health, offers low-cost health services for queer, transgender and questioning youth ages 12 to 25. Its mission is to increase the physical and mental health and wellness of LGBTQI young people in a culturally competent environment. Their staff, comprised of medical & mental health professionals, provides primary care, hormonal therapy, and psychosocial services in a comfortable, respectful environment. They also have weekly transgender and gender variant peer-led support groups. Topics commonly discussed include gender identity issues, transitions, coming out, relationships, substance abuse, and HIV/AIDS. The clinic also has a network of organizations to which they refer clients, such as youth support groups, safe housing, and substance abuse treatment.

CASE EXAMPLE 2 TransVision, a program of Tri City Clinic in Alameda County, provides a range of medical services, which include: mental health social support, including primary care, HIV/AIDS & STD screening and treatment, and individual and group support. For hormonal therapy, they have a network of private and county providers to whom they refer patients.

Where will transgender services be provided?

It is important to consider how transgender services will be organized and what kind of space these services will occupy. Current transgender health services are offered in one of two ways, either as a transgender-specific clinic or integrated into existing programs. The latter includes stand-alone clinics within local public health departments as well as services offer by LGBT, HIV/AIDS, and family-planning organizations.

CASE EXAMPLE 1 Transgender Tuesdays is located at the Tom Waddell Health Center, a large community health center that provides care to low-income and homeless residents in San Francisco. The transgender clinic takes place for four hours on Tuesday evenings so as to be accessible to commercial sex workers and others in the inner-city location. Due to its evening hours, the transgender program is the only clinic open, which allows for a safe and confidential environment for clients.

CASE EXAMPLE 2 In Santa Cruz County, transgender health services are offered by Planned Parenthood as part of their mission to provide a broad range of reproductive and general health services to the local community. They do not offer a transgender-specific clinic. Instead, transgender services are integrated into the larger mission of the organization. Transgender clients are offered appointments with providers who are particularly knowledgeable about hormonal therapy and transgender-related health care.

How will services be funded?

Certainly one of the most vital issues facing any clinic is the question of how to fund services and programs. A number of strategies are available to finance transgender health services, including funding as part of a broader public health department at the city or county level, financial support from foundations, funding as part of a larger not-for-profit organization such as Planned Parenthood, or a combination of approaches. Many programs offer sliding scale payment for low-income individuals as well as include third party reimbursements, such as payment from private insurance companies and Medi-Cal.

CASE EXAMPLE 1 Both Transgender Tuesdays and Dimensions Clinic are funded by San Francisco’s Department of Public Health as part of a broader effort to provide care to under-served populations in the city. In particular, Trans-gender Tuesdays was started as a response to the HIV/AIDS epidemic which was disproportionately impacting trans-gender (MTF) women in the city. Services are provided free or on a sliding scale

according to one's financial need. Medicare and Medi-Cal clients are accepted, though those with private insurance or who reside outside the city might be directed to other programs in the area.

CASE EXAMPLE 2 In San Diego County, transgender services at Family Health Centers of San Diego are funded through a combination of sources including county, HIV/AIDS prevention, and community fundraising. Transgender services are part of a larger community health model that emphasizes multidisciplinary health services and HIV/AIDS care.

What will the hormonal treatment protocols be?

Hormonal therapy, such as estrogen, anti-androgens, and testosterone, is often a significant part of gender transition. The effects of hormones allow transgender individuals a sense of congruity between internal understandings of gender identity and the body. For these reasons, it is extremely important that transgender health programs develop guidelines for the administering of hormones. Issues to consider include what kinds pharmaceuticals will be used, at what dosages, when hormonal therapy may begin, and how informed consent is given.

In our review of peer-reviewed literature and clinical guidelines, there is agreement on the basic guidelines for hormonal therapy. Examples of treatment protocols and list of peer-reviewed studies which have examined hormonal regimes and sides effects are included as Appendix B.

In general, hormonal therapy is best administered in the context of a complete approach to health that includes comprehensive primary care and coordinated psychosocial services. However, we do not recommend a one size fits all approach for transgender patients. Instead, medical care and hormonal therapy should be flexible, taking into consideration each individual's preferences, goals, and values. Also baseline protocols should be modified to address changing conditions, emerging issues, and clinical research.

CASE EXAMPLE When Transgender Tuesdays opened at TWHC it was the first program of its kind to provide primary care and hormonal therapy to self-defined transgender individuals. Their approach to hormonal therapy is part of a broader evolution from less rigid standards of hormonal therapy to guidelines that reflect the social and economic realities of transgender individuals. Their protocols, which have been used by providers across the country, are based on available clinical evidence and their experience in treating over 1200 patients. Their protocols can be found at:

<http://www.dph.sf.ca.us/chn/HlthCtrs/HlthCtrDocs/Transgendprotocols122006.pdf>

What kind of patient intake procedures will you use?

As infrastructure and clinical guidelines are developed, it is important to consider what kinds of administrative practices are necessary. How are patients going to be enrolled and what kinds of intake processes you will have? Intake processes usually include a general health history with attention to urgent needs.

Initial assessments may be conducted by a semi-structured interview, standardized questionnaire, or a combination of both. We recommend a flexible approach that first identifies immediate risks to the health and safety of the patient, such as abuse and or violence, unsafe living or working conditions, hunger, suicide, and untreated physical/mental health conditions.

Experience has shown that patients should be allowed to use their chosen name, which might be different than their legal name, and to self-identify their gender and sexual identities, such as male, female, MTF, FTM, gender-queer, straight, lesbian, gay, etc. Thus, intake forms might need to be rewritten in order to include "chosen name" in addition to legal name, as well as a third blank option for sex/gender where someone can more accurately describe their gender

and sexuality. These practices will allow you to create a welcoming environment for your transgender and gender non-conforming patients.

We have attached a sample intake questionnaire in Appendix C.

CASE EXAMPLE During drop-in hours at Transgender Tuesdays prospective patients meet with a nurse or social worker for an intake interview. During this meeting the provider assesses health needs, identifies high risk patients (those with immediate illness or homelessness), and describes how the clinic works. After this interview, a patient will have a follow-up appointment with a social worker for a psychosocial intake interview. The purpose of this assessment is to identify the patient's general health needs and concerns as well as determine each patient's ability to consent to hormonal therapy if desired. Preliminary blood tests are done as part of standard intake and follow up visits with a physician or nurse practitioner are scheduled. On the next visit, a patient will meet with a clinician who will be the patient's primary medical provider. At this time, a medical history and physical exam are conducted, and prescriptions, follow-up appointments, health education and medical referrals are given.

What kinds of sensitivity training will be provided to staff?

Along with the development of transgender appropriate intake and administrative procedures, it is important to develop guidelines for the training of staff to ensure that a non-discriminatory and welcoming environment is provided. This is especially important for front-line staff members who are the patients' first contact with clinic services. Staff should be able to interact effectively with transgender people, families, and friends. They should have familiarity with commonly used terms and the diversity of identities within the transgender community and allow individuals to self-identify their gender and sexual orientation. As well, they should be able to respond appropriately to the disclosure of gender concerns, personal names, and pronoun usages. The Transgender Law Center offers provider education and literature, see Appendix D.

Of particular concern for many transgender patients is the confidentiality of their gender status and related health issues. Thus, all staff should maintain the privacy of their transgender and gender non-conforming patients, and not disclose the gender status of patients unless it is directly relevant to care.

We recommend that ongoing training about emerging issues within the transgender and gender nonconforming environment be part of regular staff education.

CASE EXAMPLE The Transgender Law Center has conducted workshops for providers and offers copies of their 10 Tips for Working with Transgender Individuals to help organizations and business create a transgender positive environment.

What kinds of things can your clinic do to provide a welcoming environment?

It is important to display transgender-positive cues at your site. Posters, buttons, stickers, and literature about transgender people can demonstrate that you are a transgender-friendly organization. Transgender Law Center has many brochures and pamphlets available to providers, and the Massachusetts Department of Health's LGBT Health Access Project has samples of posters that promote an inclusive and welcoming environment. See:

[http:// www.glbthealth.org/HAPMaterials.htm](http://www.glbthealth.org/HAPMaterials.htm) and Appendix E for examples of transgender-friendly outreach materials.

CASE EXAMPLE 1 The Transgender Tuesdays program provides pamphlets and literature to their clients, as well as a bulletin board where community members can post flyers describing community services and upcoming events. The center has pictures of clients at various events including the program's tenth year anniversary party. Also the clinic provides a library, staffed by volunteers, which offers nonfiction and fiction books on gender-related topics.

CASE EXAMPLE 2 In Santa Cruz County, Planned Parenthood has integrated artistic images of transgender individuals as part their effort to create a welcoming and inclusive environment. In public areas of the clinic, they have placed pictures from the Transfigurations Collection, a set of portraits of transgender individuals along with their reflections.

Information on the collection is available at <http://www.janamarcus.com/docus/transfigurations/project1.html>.

III. EVALUATION AND SUSTAINABILITY

How are you going to evaluate your services?

Evaluation is a way to measure the success of your services, identify unmet needs, and characterize the health and needs of your clients. It enables you to determine if your program is working, in what ways, and with what kinds of consequences.

Program evaluation can be conducted in a number of ways, ranging from interviews with key leaders to patient surveys.

We recommend that the evaluation process solicit active community participation. Members of the community should be included in the design, implementation, and analysis of the evaluation. By so doing, the skills and knowledges that transgender people bring to the table are acknowledged. In addition, involvement in the evaluation process can a further train and empower community members. These activities can build community capacity and contribute to the sustainability of your program.

What are the ways in which the success of your clinic be guaranteed over the long run?

Some of the last issues to address concern how to maintain funding for your programs, how to increase community participation, and how to sustain collaborative partnerships with other organizations and service providers. Addressing these three areas – funding, participation, and partnerships – will go a long way in helping your services flourish over time.

We have found that services incorporating a community-based, peer-driven model of care have been the most successful and viable. A network of advocates and organizations focusing on social change has created safe and healthy environments for transgender and gender non-conforming people while providing a base of grassroots advocate support needed to secure public and private funding for transgender-specific services.

IV. CONCLUSION

Although transgender people are chronically underserved within current healthcare systems, awareness of transgender health needs and culturally appropriate standards of care are steadily increasing. Transgender clinics provide an important vehicle to meet the targeted needs of this emerging community. For additional information about starting a transgender clinic, please contact the Transgender Law Center.

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