The Profusion of Things

The "Transgender Matrix" and Demographic Imaginaries in US Public Health

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Abstract This article argues that activist claims about the erasure of transgender people in public health settings and research studies obscure a profusion of trans- and gender-nonconforming identities, embodiments, and terminology in public health contexts. Using the concept of a "transgender matrix," this work explains how proliferating transgender imaginaries result in differing conceptualizations of sex, gender, sexuality, race, and culture that resonate with similarly variable public health research categorization practices. Demographic categories are double-edged swords in that they are necessary for the redirection of resources toward socially marginalized people; at the same time, they often constitute the conditions of containment of these same people. Drawing on de Certeau's concept of a tactic, this article proposes a mode of evasion through the mobilization of alternate classificatory schemas based on interrelational race- and class-based categorical imaginaries. This is exemplified by an ethnographically documented account of the Trans-health Information Project (TIP), a federally funded public health program. TIP created nonstandard safer-sex outreach packets that employed classificatory mobility in an ongoing process of adaptation and change, mutating in response to specific racial, ethnic, and class-based differences through the use of local vernaculars. This tactical maneuver temporarily circumnavigated administrative capture.
Keywords transgender, trans, transgender matrix, demographic imaginary, tactic, Trans-health Information Project

> I have long been interested in classifications of people, in how they affect the people classified, and how the affects on the people in turn change the classifications.
> —Ian Hacking, "Making Up People"

The phrase "making transgender count" alludes, indirectly and ambivalently, to numerous interrelated problems. On one hand, the phrase gestures to the idea that injustices related to the invisibility, marginality, and neglect of issues

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pertaining to gender-nonconforming or gender-changing people can be addressed by demonstrating, through the enumeration of trans people as part of a general population, that such issues *should* matter, that they *should* "count" or be considered significant. On the other hand, the phrase implies that there is something forced, something coercive, in *making* "transgender" be a category or term through which a heterogeneous array of individuals should be grasped and in making counting be the means through which the injustices experienced by atypically gendered subjects should be addressed.

The project of "making transgender count" thus engages a host of questions. Answering the question, who is transgender? requires a decision not only on what transgender means but also on who has the power to say what counts as transgender and who is in a position to count what transgender has been determined to be. And once such preliminary questions have been answered, the technical question yet remains of *how* to count whatever has been decided regarding what transgender has been determined to be. All of which brackets a further set of questions regarding whether the counters and the counted might not have different stakes in the game and even whether transgender should be counted at all.

Transgender can denote a particular self-defined category of personhood, but it also operates as a catchall term, as in the popular conceptualization of a "transgender umbrella" that references a flexible collective of gender-nonconforming people. This concept can produce what pioneering trans theorist Sandy Stone calls a "bumptious heteroglossia" of transgender speech-acts and effects ([1991] 2006: 230). Critics have noted that by grouping together all sexual and gender-nonconforming identities and expressions under a singular rubric, the category transgender itself elides significant differences between different ways of being gender nonnormative. This is particularly true with regard to people who do not self-identify as transgender, whatever they may understand that word to mean, but are nevertheless captured within an all-encompassing "transgender imaginary" (Valentine 2007). Other theorists assert that transgender functions as a "third gender" category that subsumes non-Western forms of personhood, such as Hijra from India, through linguistic acts of colonization (Towle and Morgan 2006: 672–73). Anthropologist Megan Davidson extends these critiques to the boundaries of movement building, saying: "Different constructions of the category transgender, who it includes and excludes, are not simply negotiations of a collective identity but . . . negotiations about the boundaries of a social movement and that movement's efforts toward social change" (2007: 61). Inclusion, exclusion, and erasure all occur in and through these differing conceptualizations of the category even as such differences are "elided in public consciousness by the category transgender and the notion of a unified umbrella implied within it" (61).

Such critiques of transgender suggest that it is an evolving, flexible, and sometimes internally contradictory category and that there is thus no definitive answer to who can or could or should be counted as transgender. What *is* clear is that applying the umbrella approach—hoping to capture a class of persons already pregiven as "being transgender" in some ontological sense before having had the category applied to them—is a linguistic phantasm that produces material effects, what I call a "social imaginary." Social imaginaries are high-stakes biopolitical projects with the power to enact categories of personhood, construed as a priori material realities, that can either diminish or enhance the life chances of the people interpellated by those categories. They are apparatuses for making transgender count in all the senses suggested above.

While it is beyond the scope of this article to critique positivist social scientific methods through which populations are constructed and queried, others have cogently addressed this topic at length (Bowker and Star 1999; Willse 2008). My analysis extends the work of scholars such as Craig Willse, Geoffrey C. Bowker, and Susan Leigh Star not by focusing on data-driven classification practices that simply capture an existing object—that even "make people up" in the sense that Ian Hacking (2006) has discussed—but rather, following the reflexive process described in my epigraph, by focusing on the ways in which bodies can and do exert an insurrectionary pressure upon the enumerative practices designed to produce and define them. Seemingly subjugated bodies, including collectives of individuals, can push against universal data-gathering practices deployed by various agents of governmentality.

Twin Skins: Categorical Erasure and Proliferative Excess

This article examines the manner by which transgender is imagined and operationalized in different public health research and HIV service provision settings. I began gathering material during fieldwork by asking the simple question, what is trans-health? This query focused on the play of expertise between bodies of experts—medical and HIV/AIDS service providers—and people who modified their sexed bodies (not mutually exclusive groups). Based on previously published literature, I expected to find sex/gender-transition-related medical technologies being strictly regulated by a group of credentialed experts as well as a widespread erasure of trans-identified and gender-nonconforming people within public health systems. For example, Viviane K. Namaste's groundbreaking analysis, *Invisible Lives: The Erasure of Transsexual and Transgendered People* (2000), documents and analyzes the exclusion of trans-identified people from Canadian health care services. While health care in the United States and Canada differs structurally, Namaste's research findings are congruent with US studies such as that of sociologist Anne Bolin, who documents systemic erasures through her

observation of middle-class male-to-female transsexuals (1988). For Namaste, Bolin, and others, accessing medical care is typically predicated on administrative processes that accomplish "the erasure of transsexuals [and other gender-nonconforming individuals] from the everyday social world" (Namaste 2000: 159). During my research I did indeed document similar erasures during multi-sited fieldwork conducted in clinics located in Boston, Philadelphia, New York City, and San Francisco. Systemic exclusionary practices included binary (M/F) gender boxes on clinic intake forms, lack of medical information on exogenous hormone use, and widespread pronoun misuse by receptionists who greeted trans and gender-nonconforming people who walked through a medical provider's door. Such exclusionary practices should not be minimized, because of the ways in which they are embedded within institutions and operate on the individuals addressed by those institutions, but they do not tell the whole story.

During fieldwork, I discovered that erasure was only part of the story. I witnessed a bewildering profusion of trans-related categories, identity terms, and embodiment practices as well as an increasing number of trans-specific initiatives being developed in public health clinics and HIV prevention programs in the early 1990s. In what follows, I discuss alternate classification practices developed in one trans-specific HIV prevention public health program, which made innovative use of street slang. This program engaged its participants along a continuum of identifications not reducible to two sex/gender categories, identifying people instead through various nonbinary racialized gender categories. While the staff of the HIV program under examination routinely applied universal "top down" categories with the goal of (re)shaping individual behaviors, they also mobilized classifications that rose up from the streets, using vernacular terms rooted in counterdominant epistemologies articulated by radically specific social actors. My reading of this program's work thus suggests ways in which socially subordinated individuals can maneuver transversely through biopolitical regimes to leave marks of alterity that disrupt the state-sanctioned administrative categorization and classification of their bodies.

This particular case study exemplifies a trend I witnessed from the mid-1990s forward in urban centers such as San Francisco, New York, Boston, and Vancouver, where a variety of efforts were underway to include the *T* in LGBT by adding trans-specific programs to existing gay, lesbian, and bisexual medical services at public health clinics. Over the past two decades, especially in urban areas, it is possible to witness a flurry of efforts to include transgender in needs-assessment studies, in trans-specific HIV prevention and care services, and in model LGBT public health clinics. Even while the exclusion of trans-identified people continues to occur in medical contexts as a result of institutional practices structured by the male/female gender binary, my investigation revealed a

seemingly paradoxical proliferation of bodies, genders, and categories entering public health systems—driven by the generative capacity of the category transgender itself.

In order to account for this often disorienting profusion of categories, identities, bodies, and social practices, this article conceptualizes transgender not only as an umbrella term that can operate in a reductive manner that flattens and homogenizes difference; it also functions as a productive site of struggle whereby subordinated forms of gender-variant embodied personhood can emerge into social visibility: what I conceptualize as a "transgender matrix." The transgender matrix names a phenomenon of rapidly proliferating embodiments and identities that exceed familiar sex and gender categorization, thus producing categorical excesses. Conventional sex/gender categories and systems are perceived as natural, self-evident, and ontologically given precisely because they are organized according to categorical and aesthetic ideals that remain uninterrogated; the multiplicative effect of transgender excess bursts open these normative classificatory frames. The generative dimension of transgender's excessive quality underpins the ever-expanding mutations of linguistic forms and practices of bodily modifications in trans social worlds as well as the increase of social-service programs designed to serve trans-identified people (or others who get caught in transgender's categorical net) and in the profusion of popular media images and discourses regarding trans identities and bodies. This same proliferation operates across public health research studies and HIV health programming; if we want to understand trans health practices as they have emerged in North American urban locales over the past twenty years, we cannot rely upon the paradigm of erasure alone.

Caution! "New Identity Terms Are Constantly Emerging . . . "

"I'm not supposed to be here . . . forbidden by my employer, one of the major public health divisions of the U.S. government. I'm the girl who knew too much. So today I'm going by the name Doris Dayta, after the movie *The Man Who Knew Too Much* starring Doris Day." These provocative words of introduction were spoken at the first institute on the Future of Transgender/Transsexual Health Research, convened in 2008 at the University of Pittsburgh by faculty of their newly created LGBT Health Studies Program. My longtime friend Doris and I sat next to one another among a group of invited presenters, which included both trans- and non-trans-identified health care providers and health advocates who had collaborated on research studies, health campaigns, and other projects over the span of many years. The group was asked to brainstorm a new research agenda that would advance the growing trans health movement into the next decade. Most participants understood that Doris embodied an uneasy relationship

between an insurgent grassroots health movement and official government bodies that operate as institutional regulatory forces. The fact that she was "the girl who knew too much" and needed to hide her activist identity behind a fictitious name to preserve her job as a public health official simply highlighted the politically charged atmosphere in the room.

The session began with a trans-identified medical doctor who explained the use of "evidence-based medicine" for trans health advocacy. He compared the current state of medical knowledge to a Ford Pinto, saying: "While we would all like to be driving a Ferrari, what we have is the equivalent of an outdated automobile." Doris followed with an epidemiological overview of research statistics on the incidence of HIV infection, substance abuse, violence, and other risk factors that adversely impacted the health status of trans-identified individuals. I closed the session by offering an account of what I called the "transgender imaginary," building upon the anthropologist David Valentine's 2007 *Imagining Transgender: An Ethnography of a Category*.

Social imaginaries can be conceptually hard to grasp. They operate at the large-scale level of nation building, colonization, and globalization while also occurring through local-level everyday practices by which people engage one another to develop a sense of self, or of belonging in the context of collective life. One way trans people have entered the US social imaginary is through public health discourses that define transgender as a "target" or "high-risk population" that can function as a disease vector, especially of HIV/AIDS, for the general population. Such a concept of transgender can suggest a greater level of group cohesiveness than exists in actual fact, and can even can work to co-opt or recruit into it "putative members" who "might *not* imagine themselves belonging to such a community" (Valentine 2007: 103). This could include, for example, fem queen youths of color from the house and ballroom scene who were assigned male at birth as well as male-identified gay men who sometimes do drag and do not think of themselves as transgender. My work extends Valentine's critique to argue that there is not one but *multiple* transgender imaginaries at work in US public health systems that correspond to race, class, gender identity, sexuality, culture, region, and other variations. These multiple imaginaries necessitate an intersectional approach instead of being read through a singular transgender axis of identity.

Structural linguistics teaches us that all acts of categorization are built upon fundamental exclusions that collapse disparate specificities into consolidated generalities. Because such distinctions are true for any type of thing or person, the categorical violences of transgender must be understood as a special case of a more general phenomenon, albeit one whose effects are intensified by its recent arrival and lack of definitional clarity as well as by how it rearticulates and reorders such existing categories as transsexual, transvestite, and drag—all of

which impinge on deeply held cultural beliefs about what constitutes the reality of sexed embodiment and the naturalness of sex dichotomies. These conditions combine to make transgender unstable to the point that it stands in stark contrast to seemingly stabilized and consolidated, if illusory, categories like male and female.

The proliferative capacity of this volatile categorical instability threatens institutional systems with the problem of incoherence, which, in public health research, often results in classifying transgender data as outliers that cannot be properly coded, managed, and analyzed. When Doris presented her work on the challenges of trans-specific data collection, she showed a PowerPoint slide that visually illustrated this problem of classification and outlier status. She called her slide the "blizzard of self-identifications" and claimed that it contained "only *some* of the many types" of people grouped under the transgender label:

> Ag / Androgyne / Basement Transvestite / Bigendered / Bigenderist / Boi / Boss grrrl / Boychick / Butch / Changeling / Clotheshorse / Creatively Gendered / Crossdresser / Dom / Drag King / Drag Monarch / Drag Queen / Fairy / Female Crossdresser / Femme / Femme Queen / Flaming / Former transsexual / Fribble / FTM, F2M, Female-to-Male / Gender Bender, gender-bending / Gender Blender, gender-blending / Gender Breaker / Gender Dysphoric / Gender Euphoric / Gender-fluid / Gender Free / Gender Fuck, Gender Fucker / Gender Illusionist / Gender Outlaw / Gender Queer / Gender Refusenik / Gender Transgressor / Gender Trash / Gender Variant / Grrl / Gynander / Gynadroid / Gynandromorph / Hermaphrodite / Heesh / Hem / He-she / Heterogendered / Heterovestite / Humangendered / Intersex, Intersexed / Invert / Man of transsexual experience / Maricón / Mariposa / Metagendered / MTF, M2F, Male-to-Female / Multigendered / Nelly / Neutrois / No-Ho / No-Op / Nongendered / Non-op / Pangender, Pan-gendered / Polygendered / Post-op / Pre-op / Queen / Queerer / Recast / Shape-shifter / S/he / Shim / Stealth FTM / Stealth MTF / Stone Butch / T* / *T / *TG / Third Sex / Tomboy / Tranny / Trannyboy / Trannyfag / Trannydyke / Trannygirl / Trans / Transfag / Transcendent / Transgender / Transgenderist / Transman / Transsexual / Transsexual Man / Transsexual Woman / Transvestite / Transwoman / Travesti / Tryke / Two-spirit / Woman of transsexual experience (Dayta 2008: slide 4)

At the bottom of this visually overwhelming slide, Doris included a caveat: "This list is *not* exhaustive! New identity terms are constantly emerging. No offense is implied or intended if your term of self-identification is not listed above."

Doris's slide provides vivid evidence of the cognitively disorienting and unruly profusion of identities produced by the transgender matrix. While

qualitative researchers would see in it a rich data set, quantitative researchers find themselves confronting chaotic data in need of ordering and systematization through epidemiological techniques. The fact that "new identity terms are constantly emerging" complicates quantitative data analysis in what Doris claims are "otherwise well-structured" research studies. This is in fact what had happened when Doris tried to include an extensive array of self-reported identity terms in her first trans-specific needs-assessment study. This example of "data gone wild" points toward the inevitable uncontainability of categorical excess and the unresolved, perhaps unresolvable, problem of trans-specific data collection.

Documenting Trans Identities: Analysis of Four Needs-Assessment Studies

During fieldwork in community health settings, I too encountered a dizzying array of gender expressions and bodily modifications as well as new terminology that animated the proliferative effect of the category transgender. Additional analysis of trans-specific health care needs-assessment studies revealed a similar profusion of attempts to categorize these emerging transgender phenomena, which resulted in a great deal of methodological variation. Because needs-assessment studies operate as an interface among communities, on-the-ground social action, and administrative governmental bodies, they have provided a good window onto the impact of transgender categorical proliferation in public health worlds. They are where the research rubber hits the road of direct service provision, where top-down and bottom-up institutional operations palpably and legibly collide.

In this section, I analyze four needs-assessment studies ranging from 1996 to 2007, described below. The demographic sections from three of these survey instruments along with a fourth (to be discussed in the next section) are provided at the end of this article as appendixes 1–4. Because the juncture between community mobilization and governmental operations is my main concern in this article, I will not analyze the statistical results of these studies—the ways in which data are conventionally interpreted in public health research—but will instead read the survey instruments deconstructively to expose the hidden and contradictory demographic imaginaries that undergird the categories of things counted, through which the statistical analyses operate.

One common problem encountered in survey instruments that seek to capture information about transgender people involves the conceptual segregation of sexual orientation from gender identity, a distinction that enables the contemporary alignments of homosexuality with sexual orientation and transgender with gender. Historian Joanne Meyerowitz notes that this distinction simply did not exist before the mid-twentieth century, when the concept of a core

psychological gender identity, understood to be distinct from sex and sexual orientation, was first posited (2002). Anthropologists Evan B. Towle and Lynne M. Morgan (2006) and other cross-cultural researchers similarly demonstrate that the sex(uality)/gender-identity dichotomy is not universal in human culture but is rather specific to Eurocentric modernity. The seemingly commonsensical separation of sexual orientation from gender identity is thus not a simple ontological given so much as it is a recent, and localized, historical and cultural development. Survey instruments organized according to the sex(uality)/gender-identity dichotomy are therefore often at a loss as to how to classify transgender phenomena. On one hand, they routinely conflate and confuse transgender as a gender category comparable with male or female; or else, on the other hand, they problematically list it with sexual identity categories such as heterosexual or homosexual (City of Minneapolis 2002). Such surveys are destined to undercount trans-identified respondents, who are required to choose between legibility as transgender and eliding other aspects of themselves, and who may well privilege a descriptor other than transgender. A transsexual lesbian, for example, might have to choose between checking the gender box—for either woman *or* transgender—or, alternatively, checking the sexual orientation box for either transgender *or* lesbian.

One strategy for negotiating the relatively recent and culturally specific separation of sex (and by extension sexuality) and gender is found in a data-gathering method first developed for a Philadelphia needs-assessment study in the mid-1990s (Singer 1996), which subsequently came to be called the two-step method. This method separates sex assigned at birth from current gender identity in order to detect a discordance between physical embodiment and gender identity that signals the possibility of someone's being trans-identified. This method requires separating sex (as proxy for embodiment) from gender (as a social construct), positing sexuality as yet another dimension by asking a third question about sexual orientation. While the detection of sex and gender discordance can be methodologically useful, this distinction reinforces the supposition that sex (and sexuality) is wholly separable from gender. Feminist theorists have critiqued this false binary, saying that sex and gender operate more like a Möbius strip—an image that figures sex and gender as semiseparable but inextricably bound and mutually created (Fausto-Sterling 2000). Another study using the two-step method, the first of the four I discuss in this section, is the transgender survey project funded by the New York City Department of Public Health HIV Planning Unit (appendix 1). The Executive Summary reads:

> 39 (of 111) participants were assigned male at birth by medical professionals and reported a male primary gender role at the time of the study. They were included

> in this study under the "*transgender umbrella*" because they participated in gender variant activities such as wearing feminine clothing for performance or personal expression. Participants in this group, while indicating their primary gender role was male, also self-selected the gender identity categories of drag queen (47%), transgender/transexual (34%), cross-dresser (32%), transvestite (29%), and bi-gendered (5%). (McGowan 1999: 8; emphasis added)

Despite this survey's methodological division of sex assigned at birth from current gender identity, the principal investigator's explanatory note states that this separation of sex and gender became problematic when counting research participants. Comparing this 1999 study with the second one considered here, conducted in 2005—New York City MTF Transgender Survey Project (Anonymous 2005) (appendix 2)—highlights contradictions between the two methodologies employed. The 2005 survey used participant eligibility questions that disqualified people from the study whose sex assigned at birth and current gender identity were both identified as male. This method would have *excluded* the 39 of 111 participants from the 1999 study who answered yes to the second question, because they did not register a discordance between their birth-sex assignment and current gender identity.

It is possible that the 2005 survey was designed to exclude respondents who did not fit the researcher's imaginary of transgender—for example, people who medically transition versus people who occasionally dress in drag. Having consulted on a draft of this survey, I know that the researchers did not intend to eliminate individuals from their study by way of built-in exclusions. Instead, they wanted to include individuals who did not identify as transgender yet experienced similar health disparities. Research participants were unintentionally excluded because the screening criteria relied on a data-detected discordance between assigned birth-sex and current gender identity. That this survey design resulted in unintended exclusions reveals how social imaginaries and classificatory systems operate most powerfully when they are rendered invisible.

From a quantitative methods perspective, the data derived from these studies are not comparable due to inconsistent classificatory methods: data concordance cannot be achieved because the study questions are not standardized. Whereas comparability of data is a legitimate epidemiological concern, the standardization of survey questions, of identity categories, and of data collection techniques is not central to my research, because data-gathering inconsistencies indicate a more complex and (to me) more interesting phenomenon. Methodological variability symptomatically indexes the category-defying aspect of the transgender matrix that proliferates different, competing social imaginaries.

Indeed, contradictory methods across these studies reveal how individuals, both included and excluded, get caught in the crosshairs of what Mary Douglas calls a "system at war with itself" (1996).

If we focus on the 2005 survey that excluded people for whom sex assigned at birth and current gender identity match, we see that "transgender" operates insidiously to obscure race and class differences. My ethnographic research identifies the disqualified research participants to be gender-nonconforming racial minorities who occupy the bottom rungs of the socioeconomic ladder—people who are less likely to have adopted the sex(uality)/gender-identity dichotomy popularized by mid-twentieth-century social-scientific elites. This unintended exclusion results from the disarticulation of gender identity from sex and sexual orientation, which Valentine identifies as most characteristic of the transgender imaginary of a largely white, middle-class US activist and social-service provider (2007: 103). Whereas separating sex, gender, and sexuality in the search for noncongruence might make some trans-identified and gender-nonconforming people legible, it perniciously obscures the existence of others. From an intersectional perspective, research methods that seek sex(uality)/gender discordance elide the ways in which categories can be constructed otherwise, in ways that better represent the social formation of sex, sexuality, and gender expression as interdependent in the lives of low-income people of color. Research outcomes that result in unintended exclusions thus demonstrate the pervasiveness of a dominant US transgender imaginary that disqualifies racial minorities and economically marginalized gender-nonconforming individuals from health disparity studies. And yet such individuals experience violence, discrimination, and other forms of social exclusion that are at least consistent with, if not more pronounced than, those of trans-identified study participants for whom sex(uality)/gender discordance is detectable. This observation should compel researchers to consider the unintended effects of their research methods and instead conduct critical demography as an alternative practice.

I turn to one final study, conducted by George Washington University's YES Center on "young men who have sex with men—youth of color" (Magnus 2007: 1) (appendix 3). This survey instrument presents an expanded array of demographic choices derived from the transgender umbrella model but with an ironic twist: it is from a survey of young men who have sex with men (YMSM). Non-trans-identified men and broadly defined gender-nonconforming individuals were explicitly included in this study. The demographic imaginary informing this study differs from the previous two by placing "transgender" or "transsexual" among demographic choices that pertain to male-birth-assigned nontrans individuals. This observation is significant because the US Centers for Disease Control

and Prevention has categorized male-born and feminine-presenting individuals (a spectrum that includes nontrans gay and trans-identified people) under the category of men who have sex with men (MSM). The sorting together of transgender women and feminine people who are assigned male at birth confirms what advocates and activists already know, that the primary avenue through which transgender has entered US public health systems is through the back door of the MSM category—a category significantly more heterogeneous and capaciously operational than its name suggests.

Like the previous studies, YES separates sex assigned at birth from current gender identity. This distinction is not made in survey instruments unless it has been informed by the trans-derived methodology that I have been critiquing in this article. The YES survey evinces mixed vernaculars; for example, "femme queen"—a category exclusive to gay or queer communities of color—is placed alongside terms that are often, though not always, associated with a largely white US transgender political movement and demographic. While not a trans-specific survey, this format appears to be influenced by the logic of the transgender umbrella, based on the observation that it offers so many choices of current gender identity, including transgender and transsexual. Categorical imaginaries in research paradigms arrive full circle here in a survey that *includes* those who self-identify as femme queens among the umbrella-like list of identity choices. In this case, however, identity-term choices arise in a study that does not primarily circulate within trans-specific research contexts and social worlds.

YES's demographic imaginary indicates racial and socioeconomic differences regarding classification practices that can only be understood through an interrelational social lens. Specifically, femme queens often, though not always, identify as male-birth-assigned and as currently male-identified individuals. Some may even alternate, depending on the context and/or the audience, between self-identifying as gay and as transgender. Identificatory variability is attributed to the fact that if transgender exists at all in low-income communities of color, it is formed from the inextricable relation of sexuality and gender identity. This makes "femme queen" an identifier of sexuality as much as a gender descriptor. In this context, femme queen literally means: "I am a *different* kind of gay." The separation of sexual orientation from gender identity is subverted here, because transgender signifies a specific type of sexuality, indicating the co-constitutive nature of sexuality and gender for YES Center research participants. The study's focus on "men who have sex with men" further subsumes gender identity and/or trans-specific identity under a sexuality-centered rubric. Notably, individuals who would otherwise have been folded back into the research findings of the 1999 NYC DPH study, or who would have been determined to be ineligible to

participate in the 2005 NYC study, are explicitly *included* on their own terms through the category of femme queen. According to the YES Center's principal investigator, whom I interviewed, their method represents the input of gay youth of color who were engaged in participatory research design. The inclusion of femme queens came about because they were part of these youth's social networks.

While not a trans-specific survey, the YES Center's methodological approach demonstrates the proliferative power of transgender that responds to current sociopolitical demands by spilling over into a study that is not exclusive to trans-identified people. The YES Center's study design arguably thus reaffirms the ever-expanding phenomenon of transgender categorical multiplicity and transmogrification.

TIP Tactics: A Politics of Mobility

While voicing concern over the colonizing effect of transgender-umbrella logic and the data-collection practices derived from it, thus far I have only touched lightly on potential mobilization of the destabilizing categorical excess of transgender toward political ends. To demonstrate that the categorical excessiveness of transgender can be leveraged for antihegemonic work within biopolitical systems, I conclude with an example drawn from my time as director of Philadelphia's Trans-health Information Project (TIP).[1] TIP is a peer-driven harm-reduction program designed to decrease health risks among individuals self-identifying as transgender (or trans) or anyone else who is gender nonconforming. Simplistic notions of umbrella-like inclusion were eschewed at TIP in favor of a tactical, local, and shifting outreach approach.

The first programmatic challenge arose as staff gathered around an office conference table littered with safer-sex street outreach packets borrowed from the Midnight Cowboy Project, a program for men who have sex with men. We faced a pile of "male" and "female" latex barrier packs, coded pink and blue, with gendered images on the labels, including a muscled man wearing a cowboy hat. How could the vast range of identities and bodies engaged by our outreach activities ever be recognized by or orient themselves toward such objects? How could our staff identify risky sexual and injecting practices and then create effectively targeted harm-reduction messages? In response to our conundrum, Rick, a program outreach worker, came to our second staff meeting bearing six color-coded and individually named safer-sex packets. Ideally, we would have placed all the latex barriers (e.g., condoms, dental dams, finger cots) in each packet, but budgetary constraints limited our options, and necessity became the mother of invention. Rick's solution was a customized set of materials he called the "TIP Menu"—suggesting we could order up whatever was needed on a particular outreach

excursion and customize the packs for the venue. He explained the TIP Menu (appendix 4) as follows:

> Because the sexual health needs of our population vary on an individual basis, I have devised 6 different color-coded packs we can make and choose from, depending on where we are doing outreach and who we are doing outreach to.
>
> *We all know it's more complex than this, but it's a start.*
>
> We can pack in advance, so we'll have an idea of what we may need. For example, if doing outreach on 13th Street [a popular sex work stroll], I might need 20 Flygirls, 20 Divas, 5 Daddies, and 5 Stallions. If doing outreach at an event like Transpyre [a local trans-specific nightclub], I might need 10 Divas, 20 BoiScouts, 10 Daddies, 5 Stallions and 5 Sisters. (TIP 2002; emphasis added).

Under a subheading "MtF Menu," for example, could be found the Diva pack, with a purple colored label that read "For ladies who turn it." Meaning, to turn a trick: sex work. Instructions for packing indicated a specific set of latex barriers and their proper labeling.

In the context of public health systems that rely on standardized categories and binary-gendered outreach practices, this recoding tactic was really rather brilliant. The classifications emerging from Rick's social imaginary, derived from direct contact with specific gender-nonconforming people, echo queer studies critic Eve Kosofsky Sedgwick's concept of a "nonce taxonomy": an inventive system of concepts and terms fashioned against social norms for a particular purpose, which are to be discarded or redesigned as utility dictates (1990: 23). They follow a transitive trajectory of intentional impermanence. Sedgwick emphasizes the proliferative and transfigurative aspect of nonce taxonomies, which enact "the making and unmaking and *re*making and redissolution of hundreds of old and new categorical imaginings concerning all the kinds it may take to make up a world" (23).

The TIP Menu is just such a nonce taxonomy. Employing subjugated knowledge derived from peer-based expertise, program staff mobilized street vernaculars in order to nimbly navigate incoherence as an effect of transgender proliferative excess. Theorizing the impact of TIP outreach work necessitates a concession; because public health systems function in normative ways through the use of standardized classification, the Menu relies on categories that it temporarily and provisionally breaks, reframing bodies in nonbinary code akin to a street poetry that riffs on and with standardized public health practices. Faced with the chaos of classificatory proliferation, TIP packs employed a classificatory mobility in an ongoing process of adaptation and change, mutating in response to specific racial, ethnic, and class-based differences through the use of shifting vernaculars.

TIP is not a radical political enterprise operating stealthily within the world of public health like a spy in the house of biopolitical regulation. Rather, the program functions simultaneously as a part of and apart from the system, paralleling Michel de Certeau's assertion in *The Practice of Everyday Life* (1988) that consumers can navigate a capitalist system of exchange by reusing its materials in counterhegemonic ways. De Certeau's distinction between a strategy and a tactic is crucial for my understanding of what TIP was able to accomplish. Whereas strategies are aligned with dominant systems and seek their self-perpetuation, they are relatively uniform, stable, and engaged in the work of imposing order; strategies operating within US public health systems include epidemiological classification practices designed to enforce order in accord with biopolitical imperatives. A tactic, on the other hand, is fragmentary and used by individuals who are incapable of grasping and controlling the whole. Tactics lack a fixed location, thus enabling adjustment and swift travel according to immediate necessity. In this way, a tactic responds to conditions that are not of its own making. For de Certeau, tactics "play on and with a terrain imposed on [them] and organized by the law of a foreign power" (37) and "select fragments taken from vast ensembles of production in order to compose new stories with them" (35). The TIP Menu did precisely this: it took fragments from a vast ensemble, including public health and gender systems, and recombined their elements to compose new stories. TIP re-narrated the origins of sex and gender as a multicolored tale of "Divas," "Daddies," "Girlfriends," and "Boiscouts" that was far more interesting than the blue and pink myth of Adam and Eve, thereby reshaping both concrete institutions and larger social worlds.

Given the practical necessity to support precarious lives, working tactically from within public health systems is just as urgent as revolution from outside. This is tricky business. Performing advocacy in public health contexts necessitates consolidating identity formations like transgender. This is because, advocates argue, categories create places for resources to accrue and enable the redirection of social services toward marginalized people in ways that increase their life chances. This work simultaneously demands that we resist categorizing and classifying operations that advance seemingly benign yet insidious state strategies harmful to the lives of those very people. Programs like TIP demonstrate that state-driven adjurations can and will be circumnavigated. People resist the standardized categories that hail and ensnare them, erupting in unanticipated excesses instead. In charting the treacherous terrain toward making transgender count, our research practices and programmatic responses must focus on the *trans* in transgender rather than the *gender*. Ever in transit, the imperative is to always keep moving and eluding.

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Note

1. The project began in 2002 as a collaboration between the Prevention Point Philadelphia needle exchange and the Gay and Lesbian Latino AIDS Education Initiative (GALAEI), with funding from the US Centers for Disease Control and Prevention, managed through the Philadelphia Department of Public Health.

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Appendix 1A. New York City Department of Public Health HIV Planning Unit—1999 (McGowan 1999)

Identity: The following section asks questions about your gender and sexual identity:

18. How did medical professionals assign your sex at birth?
Male ____ Female _____ Intersex/hermaphrodite ____ Don't know ____

19. What gender role did your guardians raise you?
Male ____ Female _____ Intersex ____

20. What word best describes your primary gender role?
Male ____ Female _____ Intersex ____ None of these _____

21. What is your legal sex today?
Male ____ Female _____

Appendix 1B. New York City Department of Public Health HIV Planning Unit—1999 (McGowan 1999)

22. Please circle the number(s) of terms that describe your gender identity:
1. Transgender
1.a. non-operative (I choose not to have surgery)
1.b. pre-operative (I have plans to have surgery, but haven't yet)
1.c. partial-operative (I have had some surgery)
1.d. post-operative (I have completed "SRS" surgery)

2. Transexual
2.a. non-operative (I choose not to have surgery)
2.b. pre-operative (I have plans to have surgery, but haven't yet)
2.c. partial-operative (I have had some surgery)
2.d. post-operative (I have completed "SRS" surgery)

3. Drag King
4. Transvestite
5. Cross-Dresser
6. Male
7. FTM (female-to-male)

8. Bi-gendered/Third gender
9. Intersex
10. Drag Queen
11. Female
12. MTF (male-to-female)
13. Other _____

(If you choose more than one number, please put a check next to your primary choice)

Appendix 2. New York City MTF Transgender Survey Project (draft)—2005 (Anonymous 2005)

How did medical professionals assign your sex at birth?
1. Male
2. Female
3. Intersex/hermaphrodite
4. Don't know
[IF NOT MALE, R IS NOT ELIGIBLE FOR STUDY]

Do you currently see yourself as "male" in most situations?
1. No
2. Yes
[IF YES, R IS NOT ELIGIBLE FOR THE STUDY]

Appendix 3. George Washington University YES Center—Young Men Who Have Sex with Men—Youth of Color (YMSM) Study—2007 (Magnus 2007)

What sex were you at birth?
1. Female
2. Male
3. Other, specify
4. Don't know
5. Declined

What is your current gender identity . . . (Circle all that apply)?
1. Male
2. Female
3. Transgender
4. Transsexual
5. Genderqueer
6. Realness
7. Butch queen
8. Femme queen
9. Trannie
10. Intersex, specify
11. Crossdresser
12. Other, specify_____
13. Don't know
14. Declined

Appendix 4A. Trans-health Information Project: MTF Menu (packing instructions)

#1. The Flygirl: *An outreach classic*.
Face out with a hot pink MTF resource guide, backed up by a lime green TIP card. Follow up with 2 regular condoms, 1 flavored condom, and 1 lube.

#2. The Diva: *For ladies who turn it*.
Face out with a purple MTF resource guide, backed up by a yellow TIP card. Follow up with 1 "female" condom, 2 regular condoms, 1 flavored condom, and 1 lube.

#3. The Sister: *She's got everything she needs*.
Face out with a baby pink MTF resource guide backed up by a sea green TIP card. Follow up with 1 dental dam, 1 glove, 1 condom, and 1 lube.

Appendix 4B. Trans-health Information Project: FTM Menu (packing instructions)

#4. The Daddy: *He knows how to treat 'em right*.
Face out with a hunter green FTM resource guide, backed up by a lime green TIP card. Follow up with 1 dental dam, 1 glove, and 1 lube.

#5. The Stallion: *For guys who want to take 'em for a ride*.
Face out with a red FTM resource guide, backed up by a lime green TIP card. Follow up with 1 "female" condom, 2 regular condoms, 1 flavored condom, and 1 lube.

#6. The BoiScout: *Be prepared (for anything!)*.
Face out with a blue FTM resource guide, backed up by a yellow TIP card. Follow up with 1 dental dam, 1 glove, 1 condom, 1 flavored condom, and 1 lube.