



MOBILE
SUBJECTS

TRANSNATIONAL IMAGINARIES
OF GENDER REASSIGNMENT

AREN Z. AIZURA

MOBILE SUBJECTS

PERVERSE MODERNITIES

A Series Edited by Jack Halberstam and Lisa Lowe

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AREN Z. AIZURA

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TO ZOE BELLE,

whose frankness and wit stay with me

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INTRODUCTION

PROVINCIALIZING TRANS

The following text sits on the front page of *TS Roadmap*, a US-based self-help website:

Welcome! Transsexual transition is simply a journey. Just like a trip, you decide on

- your destination
- the time you'll need to get there
- the money you'll spend

This road map is a travel guide to set priorities and choose your route.

It's about making informed purchasing decisions and setting realistic, achievable transition goals.

First time visitors should start here.¹

Created by the trans advocate and celebrity Andrea James, *TS Roadmap* is a beacon of transgender self-help online. The website offers free advice, information, and resources for trans women who are “on the road” to gender transition.

Gender transition, affirmation, or reassignment—the process of modifying social identity and/or physical embodiment to confirm a

gender identity different from the gender assigned at birth—is often articulated in English-language trans culture as a “journey.” *TS Roadmap*’s pedagogy of transsexuality tends to valorize passing as a man or woman. Its target audience appears to be mainly trans women. The table of contents below the text quoted above illustrates what James’s imaginary of gender reassignment looks like: a section called “Getting Started” lists “Customizing your transition timetable” before sections on finding information, “Real World” issues (such as legal and workplace transition), and information about physical transition and appearance, such as hormones, surgery, clothing, and reproductive options. Historically, *TS Roadmap* has sustained a large community of people who identify as trans and who are looking for guidance about transition. “We need to map a course of the transitions of those brave people who came before us, to guide those who will come after,” James’s welcoming text advises. This journey narrative frames gender reassignment as a move from one gender or another—and sometimes as a move from liminal space to returning “home” in the desired sexed embodiment.

Trans studies scholarship has recently explored how trans narratives are governed by temporalities: Kadji Amin shows how medical, autobiographical, and popular accounts of transsexuality legitimate trans experience through what Elizabeth Freeman calls “chrononormativity,” the temporal form that organizes embodiment into hegemonic temporal patterns.² Laura Horak identifies “hormone time” as the linear and teleological timeframe through which trans subjects anticipate progress toward “harmony between the felt and perceived body.”³ Meanwhile, Trish Salah outlines the stakes of accounting for trans chrononormativity: not only temporal frames that regulate the time of the individual subject, but also temporalities attached to gender systems imbricated in colonial modernity and capitalism, which can act to enable or terminate different forms of trans and gender non-conforming life.⁴

As crucial as this work on temporality has been to challenging trans normativity, such a focus on temporality risks losing sight of the spatial and geographical figures that animate understandings of transition and gender reassignment. Eli Clare points out that we think of trans as “a suspension bridge between negatives.”⁵ This figure of the bridge is spatial: it emplaces male and female as separate, originary territories and depicts the trans subject as one who moves between these territo-

ries in order to transform gender. In this way, gendered personhood itself is made possible by mobility. Yet as Salah shows in relation to time, that seemingly isolated figure of the bridge or border between genders also relates to how trans functions within transnational geopolitics.

In this book I contend that tropes of transnational geographical travel are central to the cultural and political intelligibility of gender reassignment. What I call “gender reassignment” in this book goes by many names: *transition*, *gender confirmation* or *affirmation*, and others. I scrutinize transnational imaginaries of gender reassignment that emerge in trans cultural productions—autobiographies, documentaries, online journals, and graphic novels—and also in persistent cultural understandings about transsexuality and transgender. Popular ideas about gender reassignment reflect the assumption that transness is the same for most people (we often assume that trans people desire hormones or surgery, for example). Yet these accounts are also socially, geographically, and historically specific: they occur in narratives that tend to understand gender itself as binary to begin with, and from within the cultural landscape of European and North American colonialism. Representations of transnational mobility, in particular, appear in English-language trans historical narratives, autobiographies, novels, and films as metaphors for gender transformation.

If we accept that accounts of transness as movement across borders both dominate the landscape of trans culture and emerge from specific cultural locations, we must take seriously how travel and mobility themselves are concepts freighted with the history of global and transnational travel and its representation: colonial and imperial exploration and settlement and migration by sea, land, and air. We must also investigate how travel and migration have opened up capacities for particular subjects but closed down possibilities for others. Imaginaries of transness as movement carry the freighted meanings of transnational mobility with them, colonial and imperialist imaginaries as well as stories about how geographical mobility maps onto social mobility, self-transformation, and possibilities for reinvention. I argue that transsexuality, the normative Euro-American category of trans subjectivity, becomes intelligible as a modern concept through its staging as a journey through “elsewhere” spaces: spaces in which it is necessary, momentarily, to inhabit a gendered indeterminacy that is intolerable under the law of heteronormative binary gender but also necessary for narrating the seeming impossibility of gendered transformation.

Displacing gendered indeterminacy to an “elsewhere” makes the impossible possible. This is a normative imaginary of gender reassignment. This imaginary of gender transition proceeding spatially is by no means the only available imaginary to narrate transness or transition, yet it shapes the expectations and experiences of actual gender non-conforming people who find themselves traveling—as well as revealing how specific that narrative is to a Euro-American geocultural mapping of the world. A tension lies at the heart of gender reassignment imaginaries: if a physical journey is necessary to confirm one’s gender identity and to gain autonomy, that journey is always already imbricated within and facilitated by formations of political economy and post- and neocolonialisms.

The Necessity of Trans Mobility

The ideas for this book germinated during my own and others’ struggles to access body modifications in my hometown of Melbourne, Australia. It began in 2003, when I visited a psychiatrist to request a diagnosis of gender dysphoria, which would allow me to obtain chest reconstruction surgery. Like most trans visits to a psychiatrist, previous accounts of similar appointments shaped my response to the space before I arrived. The primary care provider who referred me to the clinic gave me a brochure, which cautioned that the clinic treated only people diagnosed as “true transsexuals.” Others could not be helped. The psychiatrist’s waiting room had retro green carpet and dark wood furnishings and a secretary was typing on a manual typewriter: these details cemented a feeling of going back in time. The psychiatrist, Dr. K., was in her seventies. She peered at my referral letter and asked why I had begun taking hormones under the care of a gay doctor. “The gay community is not very *supportive* of transsexuals,” she said. “They don’t care much, you see.” She smiled regretfully, as if telling me this for my own good. She asked me predictable questions about my sexual history and what kind of toys I’d played with as a child. I had, in fact, climbed trees and ridden a BMX bike, but these answers seemed to disappoint her. All very well, dear, but had I played with *trains*? And why was I teaching something as bizarre as gender studies? She offered no diagnosis then, but told me to return in three months. As I was leaving her office, she waved her arm and commanded me to “write something

for her.” What should I write? “About how all this,” with another wave of the arm, “makes you feel.”

I was a white person in my late twenties, educated and articulate. I felt that these privileges protected me, and thus I did write about how the appointment made me feel—on a public blog. I critiqued the indignities of the medical-industrial complex and the narrative of transsexuality I was unwilling to provide. At the next appointment Dr. K. told me she thought I really was a transsexual (“It’s genetic, you know!”). However, a “concerned person” had sent her a link to my blog post. She said I shouldn’t write publicly about what happened in appointments with her. Given my bad behavior, she would not give me a diagnosis. I had disobeyed her unwritten rules and must be punished. I was also a legal liability: What if, in my angry recalcitrance, I decided to “reverse” my sex change and sue her? This was paranoid but rationally so: two previous patients were suing the clinic after retransitioning to their birth-assigned genders; the lawsuits were financed by evangelical Christian groups.⁶ At that time no other health professionals in the state would diagnose gender dysphoria or refer patients to surgeons.

As evidenced by this experience, access to surgical and hormonal gender reassignment in Australia is overwhelmingly medicalized. Euro-American medicine understands transsexuality as a psychiatric condition called gender dysphoria (previously gender identity disorder), listed in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the World Health Organization’s International Classification of Diseases. This medicalization framework categorizes gender non-conforming behavior as a psychiatric disorder that professionals must diagnose. Access to body modifications—surgery or hormone therapy, among other forms—is usually contingent on diagnosis but also on the patient’s meeting a number of eligibility requirements. However, specific health systems produce very peculiar interpretations of these protocols. In the United States transgender health emerged within universities and teaching hospitals, which were medicalized, but also within community and nonprofit health clinics (often focused on HIV or LGBT health) that pioneered harm reduction and informed consent approaches to transgender health. Private surgeons offered gender reassignment surgery (GRS) and were known to exercise individual discretion in regard to protocols.⁷ In Australian trans communities it was well known that North Americans could generally access hormones

and surgery, as long as they could afford it. Australian medical practitioners tend to follow these protocols in a more conservative fashion. Although individual clinicians in Australia might prescribe hormones on the basis of informed-consent or harm reduction models, access to GRS is generally restricted to those who obtain a diagnosis of gender dysphoria.⁸ The clinic where I encountered Dr. K., Monash Gender Dysphoria Clinic, is the only clinic in Australia that both diagnoses gender dysphoria and has surgeons on staff.⁹ With few exceptions, doctors across Australia refer patients there for a diagnosis of gender dysphoria so they can then access GRS.¹⁰ In general that also means obtaining surgical procedures from the surgeon employed by the clinic. The few surgeons who perform gender reassignment procedures privately require a diagnosis of gender dysphoria and letters from qualified psychiatrists or psychologists, so their patients often seek a diagnosis from the Monash Clinic.¹¹

The Monash Clinic flyer given to me in 2003 reads thus: “If a patient is considered on our assessment to be a true transsexual who might benefit from reassignment surgery, then a minimum period of two years living full time in the chosen gender role with regular supervision by clinic members occurs.”¹² This language of true transsexualism reflects the diagnostic criteria Dr. Harry Benjamin developed in the mid-1960s; Benjamin thought that people requesting hormones, GRS, and social recognition as a different gender could be divided into “true” and “nonsurgical” transsexuals.¹³ “True,” or primary, transsexuals were those whose case histories demonstrated a strong cross-gender identification from a very early age, the ability to pass as a member of the desired gender identity, a complete disidentification with homosexuality, and the desire to engage in heterosexual relationships posttransition.¹⁴ This limited the approval of surgical candidates to those who could pass as respectable and upstanding members of society.¹⁵ Beginning in 1979 the Harry Benjamin International Gender Dysphoria Association (HBIGDA) published and revised a document, “Standards of Care for Gender Identity Disorders,” which medical practitioners adopted by international consensus. (Trans activists regarded this protocol as conservative.) At the time I saw Dr. K., even practitioners within HBIGDA regarded the precepts of “true transsexuality” as outdated.¹⁶

I did not consider myself a “true transsexual,” however, or a transsexual at all. The term *transsexual* was invented by medical professionals to describe a binary system wherein “transition” involves a straight-

forward move from male to female or vice versa, requiring surgery and hormones. I rejected the fixity of binary gender scaffolding this ideology and instead identified more with *transgender*. I wasn't interested in totally rejecting femininity, and I certainly wasn't invested in being a masculine *man*. What could I do? I talked to trans people in the United States online and fantasized unrealistically about flying there for top surgery. But how could I save the \$17,000 needed for plane tickets, accommodation, and the cost of surgery? At the time I was living on welfare; it was impossible. And as I already knew, experiences like mine were common. As the convener of a trans and genderqueer support group in Melbourne between 2002 and 2007, I heard many similar stories. The people who called our support line and attended meetings often had difficulty finding trans-literate doctors to begin with, but at least primary care was state-funded and easily accessible. When they tried to access surgery, they hit a wall. Dr. K. was rumored to recruit her patients to spy on others she deemed insubordinate. In fact I discovered later that another trans man patient had sent her the link to my blog. This entrenched bitter divisions within the Melbourne trans community. Some trans people seemed to echo or internalize the gender dysphoria clinic's logic of true transsexuality. One support group worked with the clinic to unofficially sort trans women who fit the true transsexuality model from those who didn't. Patients who did not fit the criteria were penalized or ejected from the support group. Some tried and failed to get diagnoses; others carefully navigated the clinic's guidelines and Dr. K.'s temper to "win" the coveted gender dysphoria diagnosis. Other trans people in the community expressed desires for body modifications of various kinds but feared they would be rejected out of hand.

Many Australian trans women I knew hoped to avoid the gatekeeper model of the Monash Clinic by obtaining GRS in Thailand or in the United States. Thai surgeons had created a niche market providing GRS to non-Thai visitors within the larger Thai medical tourism industry. In the United States GRS was privately available based on surgeons' discretion. As I began graduate research, I interviewed trans women from many countries who were accessing GRS in Thailand. I became the researcher, a position of relative empowerment and ostensible objectivity, detached from the scene of trauma. Some of these women bypassed Dr. K. by traveling to Thailand. While many had found supportive primary care, their appointments with Dr. K. often sounded

far worse than mine. Dr. K. stalled one trans woman's request for surgery for two years because she wore jeans rather than skirts to appointments. "Women only wear skirts," she said. Another patient said she had been stalled for four years because she told Dr. K. she wanted to undergo surgery in Thailand.

As these stories illustrate, individual negotiations with health care providers take place against a backdrop of discontinuities between local or national medicojuridical regulation of gender reassignment (sometimes within the same nation-state, but equally often among nations). Many trans and gender nonconforming people are experts at cobbling together adequate health care and treatment from disparate locations or gravitate toward living in particular locations based on the availability of health care and gender reassignment technologies. Historically, GRS has often been a matter of transnational travel, contingent on the locations in which surgeons practice and the fact that relatively few surgeons specialize in such a field. Particular locations—Bangkok, Thailand; Casablanca, Morocco; and Trinidad, Colorado—have become known as centers of GRS. This relates to and often coincides with the practice of lesbian and gay migration to queer-friendly urban centers, but trans and gender nonconforming trajectories of flight from and gravitation toward certain places are based on different configurations of health care, legal recognition, population density, and all kinds of other indices of livability and survivability.¹⁷ As I continued research it became clear that traveling to access health care and a wide range of social "goods" was central to a twentieth-century model of Euro-American transgender life, and that model is shifting in the twenty-first century along new geographical trajectories aligned with the globalization of health care, gender nonconforming subjectivities, and other trends. Tracking these historical and geographical shifts became a crucial part of the project.

These historical shifts have occurred within a larger history of colonial discourse that understands the West as the center of everything and the originator of new identities, cultures, and ideas, including transsexual and transgender identities. The imaginaries of gender reassignment I write about in this book also reflect colonial discourses that pit the modernity of medically facilitated transsexuality against the alleged premodernity of the non-West. I use the term *provincializing* to point to the origin stories of transgender mobility and to question the narrative equating gender transition with geographical mobility.¹⁸

Such a narrative draws from modern European liberalism to frame the transsexual subject as autonomous, self-inventing, and enabled by the division of the world into a domestic or national *here* and an unfamiliar or unimportant *there*. Provincializing allows me to trace the circuits of value that reproduce that claim to inevitability and to critique the arrogation of the outside of Europe to the status of modernity's other. This also involves rejecting the concept of the non-West as a homogeneous site with similar dynamics and histories of imperialism.¹⁹ Thus I draw attention to how transgender studies has foregrounded the experiences of diverse gender nonconforming bodies and subjectivities within the Global North. However, the Euro-American specificity of the category "trans" too often remains invisible. Provincializing incites transgender studies to interrogate the universalist assumptions that underpin it as an emergent discipline.

In 2006 I returned to Dr. K. If I apologized for my past behavior, I thought, perhaps she would give me a diagnosis and I could finally get the flat chest I wanted. At this new appointment Dr. K. proposed I write good reports about the clinic on social media and become an ambassador for her. In return she would write me a referral letter to the surgeon of my choice. I agreed. She wrote the letter. I wrote something very vague on the local trans listserv explaining that Dr. K. had approved me for top surgery and that she wasn't as bad as I previously thought. I had surgery the following February. I never returned to the clinic, and they never contacted me again. Dr. K. died in 2011. On a local trans message board people shared memories of her and details of her memorial. Although some people remembered her as an inspiration, the last post was titled "Ding, dong, the witch is dead," referencing the Wicked Witch of the West in *The Wizard of Oz*. This scathing farewell captures how cruel and arbitrary some of Dr. K.'s patients found her care, the clinic, and the pathologization of transsexuality. As should be evident in my recounting of this story, transgender resistance to medical authority manifests in myriad forms. It can be individual and collective, or both, directed toward individual care providers and the institutions they work in; it can be direct and indirect, including strategies aimed at legal recognition, creative and informal tactics, or affects such as humor and irony.

Yet work in critical trans politics reminds us that medicalization is only one of the issues trans people face. Demands for the depathologization of trans and gender nonconforming identities founder when

they uphold the entrenched inequality of private or income-based health care provision. Disability studies also teaches us that depathologizing gender dysphoria is meaningless without engaging the classification of all mental disorders as a form of biomedical regulation.²⁰ As transgender visibility grows globally, trans people face rising levels of violence. This violence especially targets trans women of color, leading many to argue that poverty, racialized violence, and police criminalization of and brutality toward trans women of color are issues just as important as, if not more important than resisting medical authority. It's a principle of this book that colonial and racial violence set the scene for knowledge production about transgender subjects. In a similar way transgender political demands for legal and social recognition risk naming transgender as an identity that exists independently of race, class, ability, or geographical location and heralding white, middle-class transgender subjects as the only subjects of transgender political movements. This identity-based movement, which Dean Spade calls "liberal trans politics," often demands legal and social recognition that consolidates the institutions that create injustice rather than deep social transformations. Until recently many transgender theorists of rights and recognition had viewed them as necessary evils, to be approached cautiously yet ultimately embraced.²¹ Spade's work reveals the stark insufficiency of trans campaigns for hate crimes laws, antidiscrimination legislation, and military inclusion, while offering an account of what he names a critical and intersectional trans politics, one that sees prison abolition, wealth redistribution, and organizing against border securitization as central to trans political gains.²² In that spirit, this book pushes at the individualized strategies of negotiating inadequate health care by sidestepping or fleeing it, while asking how this negotiation affects people who are unable to harness geographical and economic mobility to sidestep or flee injustice.

Defining Transgender and Gender Reassignment

In this book I focus on cultural texts and ethnographic research featuring trans women because of their hypervisibility in the historically specific narratives I'm tracing. In the current context of North American trans culture, trans women are still most visible in popular culture as objects of representation or critique; trans men and trans masculine people tend to occupy positions of researcher or professional ex-

pert. I see this not as an indication of the invisibility of trans men, as some have argued, but of the hypervisibility of trans women and trans femininity. Often this hypervisibility is actively transmisogynist, evidenced by a mainstream cultural preoccupation with trans women's performance of womanhood that extends from pop culture to porn.²³ I have no desire to reproduce that transmisogyny here. However, precisely because trans women are so visible, their narratives tend to carry a cultural weight that transforms both trans culture itself and dominant cultural attitudes toward transness.

Speaking about trans and gender nonconforming practices and identities also involves careful deployment of terminology. The political struggles around terminology even within English-speaking gender nonconforming cultures and communities are complex. Even for a researcher who identifies as transgender those debates often defy one's ability to condense them into a neat précis. Historically it has been common for researchers writing about this topic to universalize very specific terms across a wide gamut of experiences. In contrast, when I use *transsexual* or *transgender*, I deploy those terms to describe culturally and geographically specific lexicons. For instance, *transgender* was first used in the 1960s by Virginia Prince to speak of a nonoperative trans person, and later emerged in the early 1990s as a political rallying cry and umbrella term for many gender nonconforming practices and cultures.²⁴ Precisely as the term was becoming representative of a political movement, many trans and gender nonconforming individuals disidentified with transgender, particularly outside of the mostly white, intellectual-activist class milieu where the term had become popular.²⁵ Even as *transgender* travels outside of that milieu, this genealogy reminds us to remain cognizant of its potential to erase other lexicons of gender nonconforming life. *Transsexual*, meanwhile, emerged within sexology and psychiatry as a term to describe individuals who wished to alter their bodies surgically and hormonally. This term carries with it the weight and violence of pathologizing medicalization. For that reason I caution readers to remain alert to the political significations attached to such terms.

There is no politically neutral category to describe the practices and identities that have been called *gender crossing*, *trans*, and *gender diverse*. *Trans* and *gender nonconforming* have recently become shorthand within North American academia and social services to describe a diverse gamut of experiences, identities, practices, beliefs, and subjectivities

that are unintelligible within a logic that understands gender (or sex) exclusively as something naturally evident at birth, based on genitalia. The term *gender nonconforming* attempts to ameliorate the Eurocentrism of *trans*: as I interrogate the cultural and genealogical specificity of transgender's geographical imaginary, I can hardly deploy *trans* elsewhere as a blanket descriptor. However, I do use *trans* as an adjective to speak about English-speaking communities who might recognize in *trans* a category they inhabit. Thus *trans people* refers to gender nonconforming subjects in these particular contexts without specificity. *Trans woman* and *trans feminine* refer to what has been described elsewhere as *male-to-female* or *MTF*; *trans man* and *trans masculine* refer to what has been described elsewhere as *female-to-male* or *FTM*. I am also aware that many trans and gender nonconforming people do not identify with these terms. In other words, many gender diverse communities actively disidentify with the logic of passing wholly from one gender to another, just as they disidentify with the term *transition* to describe body modification processes in pursuit of presenting as a different gender. However, the pursuit of finding the precisely correct labels with which to identify gender nonconforming populations will always fail. Thus one has to make do with the insufficiency of language, even as one remembers the violence of that insufficiency.

In its focus on gender reassignment, *Mobile Subjects* spends a lot of time analyzing gender reassignment technologies, in particular surgeries. I take gender reassignment seriously as an object of transnational materialist analysis; this is crucial to a political vision of making trans health care provision accessible and equitable. Some trans studies scholars refer to “gender affirming health care” or “trans health care” to avoid reproducing a public preoccupation with surgical procedures.²⁶ Although this is important, the medical obsession with genital transformation as the “truth” and logical endpoint of gender transition means that surgery attracts particular forms of attention, circulation, and importance. In this book I refer to *gender* reassignment surgeries and somatechnologies rather than *sex* reassignment. Using *sex* as a self-evident category reaffirms gender normative preoccupations with the body (especially genitalia) as providing some proof of sex or gender.²⁷ However, the term *reassignment* is itself vexing. In recent years some have begun using *gender affirmation* or *gender confirmation* as a way to signal that trans body modification brings the body in line with an individual's true gender identity. Although these terms' cultural

ascendance reflects an increased acceptance that body modification is necessary to trans mental health, I question whether the language of affirmation/confirmation invests in the idea that everyone has a “true” gender identity that has always been, and that surgery merely reflects that inner, lifelong identity. Hormonal and surgical body modifications should be available without the need to affirm a primary gender identity. Thus I have retained *gender reassignment* as a term while acknowledging its inadequacy to describe the complexity of the embodied, psychic, and social practices to which it refers.

It is equally important to define what counts as gender reassignment somatechnologies. By understanding trans and gender nonconforming body modifications as somatechnics or somatechnologies, I emphasize how such body modification practices lie at the interface of embodiment, technology, and bodily practice.²⁸ Often genital surgery stands in as representative of “gender reassignment surgery.” However, materially this is not the case. In the few statistical studies that exist, only 17.4 percent of people identifying as trans men or trans women reported having genital surgery in a 2011 US survey.²⁹ In this book GRS includes a range of procedures that work on multiple areas of the body, for instance, facial feminization surgery, including tracheal shave, facelifts, brow lift, and forehead contouring; hairline work and hair regrowth; and bilateral mastectomy and breast reduction or augmentation. Some of these procedures are understood as aesthetic or cosmetic surgery in different contexts (and sometimes in the context of GRS itself). GRS may also include a range of genital modifications and reconstructions, including procedures aimed at constructing neogenitalia such as vaginoplasty, metoidioplasty, and phalloplasty, as well as procedures that remove or transform reproductive organs and genitals, including orchiectomy, vaginectomy, hysterectomy, and oophorectomy.

Conceiving of gender reassignment somatechnologies in this way requires rethinking assumptions about the affordability and accessibility of various procedures. Precisely because of this, rethinking it involves exploring how GRS alternately behaves as a commodity, a right, and a service. Literature on transnational medical travel, health economies, and biomedicalization is enormously useful here to contextualize the transnational economies of GRS and how it signifies differently in different contexts.³⁰ In terms of actors this involves looking at the people who demand particular procedures and somehow produce the

necessary money to pay for them; those with the technical skills to perform particular procedures (surgeons, but also people in paramedical professions and sometimes peers); and those who make up the web of care, both medical and nonmedical, that surrounds surgical procedures requiring recovery time, including nurses, psychiatrists, care workers, clinic administration workers, financial officers, and travel agents.³¹

Questions of economic access to health care also throw into relief GRS as a comparatively privileged resource. To access GRS in the first place means being able to access economic resources in the form of private savings, debt, or (rarely) health insurance benefits that will pay for transgender-related claims. (Increasingly US health insurance companies are honoring transgender-related claims, which is transforming the availability of US trans health care.) At every scale—transnational, regional, national, and local—trans and gender nonconforming people struggle to access affordable basic health care, including trans-literate general health checkups, reliable access to hormone therapy, and sexual health care such as sexual health testing and HIV prevention and treatment. Trans health care is complicated by the gatekeeping model, which also presents a barrier to health, despite feminist, queer, and community health activists' attempts to train, provide, and reproduce sustainable and accessible trans-literate health care. Predictably these barriers to adequate health care fall disproportionately on trans and gender nonconforming people of color and on trans and gender nonconforming people living in poverty.³² From the perspective of a trans health philosophy aimed at reducing inequality and dismantling those barriers, research on GRS might seem to include in its frame only elite trans people. However, surgical procedures are desired and practiced by a diversity of populations. As feminist studies of biomedicalization show us, studying the classed and racial stratifications within gender reassignment can complicate this narrative and provide a better overview of how to make all trans health care, including the most expensive procedures, accessible.

Following as Method

The sites I examine in this book constitute an archive documenting traces of past narratives, assumptions, and power relations that are still circulating within the contemporary moment. The archive is not static or enduring, as historical archives are sometimes assumed to be.³³ Read-

ing an early draft of this book, Heather Love called my practice “following the actors.” Following the actors could be read as archaeological labors of tracing, discovering footprints, or as an act of tuning in or listening.³⁴ Thus my research design has been to follow the actors, both human and nonhuman, across the lumpy space of this archive, where disparate discourses fold into each other in contingent and messy ways. I trace the intersections between geographical mobility and trans and gender nonconforming life across a dozen categories of texts and their discursive frameworks, including literary texts, films, autobiographies, historical documents, photographs, online journals, corporate employment policy, trans employer/employee handbooks, and others. I am most concerned with narratives that circulate about trans mobilities within trans and gender nonconforming cultural productions. Self-made accounts form an archive of trans cultural production that has existed between the cracks of the sexological, medical, legal, and academic discourses that produce trans and gender nonconforming bodies and practices as the objects of a rational scientific-juridical gaze. Alongside these discursive formations I have adapted ethnographic methods from anthropology and cultural studies: interviews, field observation, autoethnography, and the obsessive collection of anecdotes from friends, relatives, fellow researchers, and random strangers about trans mobility. These research methodologies are unrepentantly and ambitiously interdisciplinary. I undertook extensive fieldwork in Thailand and Australia between 2006 and 2009, interviewing not only trans people who underwent gender reassignment surgeries in Thailand but also surgeons, nurses, clinic managers, and workers in Thai gender reassignment clinics.

Following also has other meanings: to trace the thread of an idea across the archive of imaginaries of gender reassignment also indexes the transnational scope of this book, which harnesses the sometimes unwieldy category of the transnational to juxtapose multiple local scenes, routes, and individual practices. The rich tradition of critical ethnography guides me in finding strategies to document the inchoate but extraordinarily complex practices of trans people who travel overseas to obtain GRS. This project traces what might usefully be framed as looking at what James Clifford has called “traveling cultures”—in the sense of transnational cultural movement and cultures that are concerned with modes and economies of travel.³⁵ Nonetheless, situating this project as an investigation of culture is still insufficient. Ethnographic

methods that move beyond fetishizing culture, such as multisited ethnography, have been extremely useful. For George Marcus, multisited ethnography allows a researcher to juxtapose locations of material and cultural production that have not been thought in relationship to each other, “creating empirically argued new envisionings of social landscapes.”³⁶ Multisited ethnography is not defined by multiple field sites but by the process of creating what Kaushik Sunder Rajan calls a “conceptual topology” that asks different analytical questions of the world, necessarily involving different methodologies, sources, and narrative strategies.³⁷ Moreover multisited ethnography does not begin and end at a cross-cultural analysis that assumes comparison between regions, nations, or communities as the central hermeneutic. Particularly in relation to anthropologies of sexuality and gender, focusing on cross-cultural analysis means that translation of sex/gender/sexuality systems attains a rhetorical importance that supersedes other modes of analysis.³⁸ Even if that translation involves tracing the historical shifts of such systems, the very historicity invoked means making an assumption of past stability. For example, to trace transnational GRS markets is irreducible to a discussion of identity categories or sexual practices, although GRS markets exist in the forms they do precisely because of contradictions and inconsistencies among sex, gender, and sexuality systems.

The term *following* also indexes feminist science and technology studies and anthropologies of medicine and technology that map the disparate contexts of (concepts’) transnational materialization, as Adele Clarke writes, “to understand [their] networks and broader situation or arena of action.”³⁹ Closer to home I draw influence from David Valentine’s work in *Imagining Transgender*, in which he constructs an ethnography not of a geographically bounded community but of the term *transgender* across a number of different cultural scenes. Readers might assume that *following* also means a labor of translation: translating trans and gender nonconforming practices, vernaculars (language and also knowledge) to make them intelligible for uninformed readers. However, to frame this labor as translation risks objectifying the people I am writing about, the practices and acts recounted, and separates them as objects from the flows of data, institutional forms of life, knowledges, and coercions they need to negotiate to survive or thrive. In effect this is what every institutionalizing tendency does: to separate out individuals and their “choice” to remain in states that are

antithetical to optimism. Moreover I reject the terms of a conversation in which I, as author and expert, translate and mediate the acts of my interlocutors for a remote audience. Appropriately for a book about mobility, *following* also presumes that the target is always in motion. To follow is thus not simply to be a reader but to engage in a reciprocal flow of words, affects, and transformative shifts, to abandon proprietary language and accede to languages one might not be able to comprehend in advance.

Theoretical Genealogies

Mobility is a key term I use in this book to pivot between analysis of spatial or geographic and social or economic spheres. *Mobility* has multiple meanings: it can signal geographical movement as well as movement between different spaces within a given architecture (a city, nation, or region). Yet *mobility* also traditionally signifies transcending the limits of class identity or background. Both meanings rely on and mutually support the other: the politics of individual mobility within contemporary liberalism dictate that movement does not signify the mere traversal of space. Individuals are exhorted to move “up the social ladder” by relocating themselves spatially: migration from the slums to the suburbs, from the third world to the first world. However, the markers of upward mobility are not limited to geographical relocation: upward mobility also involves assimilation and normalization through a range of disciplinary and biopolitical practices that encourage individuals to transform their inner and outer selves. Both forms of mobility are supposed to confer something important: identity, self-transformation, and reinvention.⁴⁰ A consideration of this double meaning opens the way to understanding mobility’s central relationship to the workings of capital.

Mobility as an object of scholarship has emerged relatively recently within the social sciences, following the preoccupation of anthropology, literary studies, and cultural studies with global hybridity and traveling cultures.⁴¹ In this book I maintain an alertness to how the circulation of *mobility* as a term is subject to divisions of ethnicity, class, geography, language, gender, and sexuality, as are its different significations in such widely disparate terms as *travel*, *migration*, *displacement*, and *tourism*. Caren Kaplan observes that within the circulation of travel tropes, “immigrants, refugees, exiles, nomads, and the homeless also move in and

out of these discourses as metaphors, tropes and symbols but rarely as historically recognized producers of critical discourses themselves.”⁴² The imaginaries of gender reassignment I examine are often specific to gender nonconforming life, but they echo and reproduce particular discursive structures in mapping desires onto geography. Mapping itself began as a colonial project related to the exploration and annexation of land for Europeans to settle. Geographical imaginaries, as Mary Louise Pratt observes, are (almost) always seen through imperial eyes. The historical production of travel narratives has therefore involved both constructing *place* in the imagination and embedding its narrators in particular subjective locations. If maps are shaped by their conditions of existence, they also shape the minds of those who read them.⁴³ Imaginaries of gender reassignment emerge within the configuration of transnational queer and transgendered cultural practices based on the consumption of particular services, technologies, and experiences. Queer of color critiques of tourism also enable me to critique transgender medical travel. As Jasbir Puar cautions, queer tourism discourses privilege white, middle-class, and affluent queer tourist practices while relegating the specter of the (nonwhite) other to the status of the desired object.⁴⁴

Mobile Subjects also situates itself within a transgender studies that is both critical and transnational. Much of it was written prior to the consolidation of transgender studies as a field and in conversation with scholarship that was just coming into being. One of the most important efforts was Jack Halberstam’s queering of geography and temporality through asking how transgender itself functions in relation to time and space.⁴⁵ Spatial metaphors abounded in 1990s-era queer and transgender theorizing, yet remained figural fabric to account for skirmishes between gender identities. For instance, the “butch-FTM border wars” mapped lesbian and trans conflicts onto the popular idea of the borderlands.⁴⁶ In one of the earliest engagements of trans theory with transnational geography, Jay Prosser draws attention to how geographical mobility has always been associated with transsexuality in a popular lexicon and in autobiography in particular. Showing how exoticism and orientalism in these mainly white, European trans autobiographers’ descriptions of Casablanca relate to a sense of gendering through place.⁴⁷ While Prosser considers this exoticism problematic, he contends that the process it represents integrates the subject’s sense of her gendered or psychic “self” with her sexed or corporeal “other” and

thus is necessary to the transsexual subject's identificatory stability. This book builds on Prosser's insight but turns it toward interrogating the racializing aspects of liberal transgender culture writ large. More recent work has pointed out how analogies that equate gender with national belonging persist in cultural understandings of transgender, but without dwelling on the historical origins or consequences of this.⁴⁸

A more wide-ranging exploration of transgender mobility and migration has appeared since, denaturalizing the transgender subject and asking in what spaces trans subjects of all kinds circulate differently. Trystan Cotten theorizes transgender migrations as "movements of desire, agency, and generativity without unitary subjects or foundations. They are heterotopic, multidimensional mobilities whose viral flows and circuits resist teleology, linearity, and tidy, discrete borders."⁴⁹

No matter how we understand the potential of trans movement, however, we need to contextualize it within the historical and socio-economic conditions of the world right now. This means a substantive responsiveness to both political economy and racialization, which manifests in an analysis of neoliberal capital (or, as some would have it, late capitalism or post-Fordism). As I show in this book, the historical conditions of neoliberalism are central to the imaginaries by which trans people plot their own access to health care, survival, and the good life, as well as central to how many trans subjects are unable to access something that looks like the good life at all. Neoliberalism is generally defined as a set of policies aimed at different social institutions that increase the gap between rich and poor and increase securitization to consolidate wealth among an ever-decreasing minority of owners and managers.⁵⁰ I argue that transgender and gender nonconforming subjectivities do not exist independently of historical formations of capital and labor but are shaped by and in response to them. In doing so I draw on a tradition of historical materialism.⁵¹ Further, I theorize sexual and gendered subjectivities as deeply imbricated with what Marx calls the "real subsumption of labor." Real subsumption names how capitalism appropriates labor not only in its formal setting (i.e., the factory floor, during working hours) but also through social practices and everyday life outside the workplace or the social factory.⁵² Queer and trans embodiment and identity might be read as part of the production process of this social factory, formed by, resisting, always already reappropriated back into but simultaneously always exceeding capitalism's cycles of value extraction. In this way we see how technologies

intended to make life livable for transgender people are also commodities that function within historically specific transnational markets, and how transgender subjectivities (like all gendered subjectivities) also rely on forms of intimate or affective labor that validate and affirm transgender embodiment.⁵³ This becomes particularly important in chapter 5, when I examine how practices of care in gender reassignment clinics perform gendering and racializing functions.

To locate transgender theory as a site of critique of capital requires historical materialism to bend to the social formations that expose naturalized gender normativity as a myth. Simultaneously queer of color critique begs attention to the racializing contortions through which liberal tenets of freedom include and incorporate white or upwardly mobile and aspirational queer and transgender people, while further cementing a foundational state violence that criminalizes and renders monstrous those who cannot aspire to the social capital of whiteness. This methodology calls to account the silences of Marxian materialist analysis and poststructuralism on queer and trans people of color through reading them against woman of color feminism and subaltern queer theory. For Roderick Ferguson this means dispensing with the liberal ideology that “race, class, gender, and sexuality are discrete formations, apparently insulated from one another.” Further, queer of color critique models a form of historical materialism that acknowledges the co-constitution of gender, race, sexuality, and political economy by accounting for how capitalism itself engenders “emergent social formations” that destabilize and exceed racialized heteronorms.⁵⁴

I also heed Gayatri Spivak’s warning that theorizing immaterial labor without attending to racialized and gendered international divisions of labor may result in “a mere political avant-gardism.”⁵⁵ Transgender and gender nonconforming life in the Global North is enabled by asymmetrical transnational divisions of labor and histories of racialization and primitive accumulation—histories of settler colonialism, imperialism, slavery, and colonial occupation—and struggles to decolonize land, nations, and thought. This becomes starkly evident when we look at trans and gender nonconforming subjects who are racialized as nonwhite and whose embodiments are mediated by their locations in biopolitical categorizations of disposable or surplus life or of devalued and low or unwaged labor, as I do in chapters 3, 4, and 5.

At this historical moment transgender subjects are being positioned internationally as the newest recipients of civil rights. In the United

States this has played out via trans rights claims echoing a nationalist exceptionalism particularly directed at transgender military inclusion. Transgender exceptionalism tracks a logic through which the US nation fantasizes its superiority and tolerance toward transgender life, against other nations and cultures deemed to be intolerant, barbaric, and transphobic or homophobic.⁵⁶ This work owes significant debts to trans of color scholarship showing how trans of color bodies are placed in an impossible dilemma within nationalist trans rhetoric. Chandan Reddy posits that the freedom demanded by mainstream queer and transgender politics conceals a foundational racial violence that reaffirms the US state's commitment to violence against those named "irrational" or racially deviant.⁵⁷ And as Jin Haritaworn and Riley Snorton observe, when campaigns against transphobic violence identify migrants and racialized others as the uncivilized or intolerant subjects who are responsible for violence and must be reeducated or further criminalized along with efforts to securitize and gentrify communities of color, trans people of color and trans immigrants are also subject to the same efforts to securitize, gentrify, and criminalize.⁵⁸ Meanwhile the "utterly unremarkable and uneventful exploitation to which poor, racialized people and sex workers are regularly subjected" goes unnoticed.⁵⁹

Transposing the different local, regional, and state forms through which racializing discourses erupt in different locations forms a key part of the theoretical agenda for this book. Merely speaking of neoliberalism or racialization as if they are the same object transnationally elides how institutional discourses circulate transnationally, transform according to the contingencies of time and space, and emerge looking different. This is equally true of the term *transgender* itself. Much of this book is concerned with how migrating and mobile gender non-conforming subjects take up or are taken up by these shifting terminologies. The global universalization of sexual and gender categories such as *gay* and *transgender* within rights discourses acts as a method of modulating distinctions between civilized subjects who can be included in the Western liberal citizenship and those deemed barbaric or not worthy of saving.⁶⁰ Inevitably trans migrating subjects attain a spectacular value as examples of Global North states' tolerance but remain caught in the same structures of poverty, violence, and criminalization that affect other racialized populations.

In assembling a transnational methodology I draw on transnational queer studies, in particular Gayatri Gopinath's contention that

discourses of sexuality are “inextricable from prior and continuing histories of colonialism, nationalism, racism, and immigration.”⁶¹ Inderpal Grewal and Caren Kaplan’s methodology of transnational gender and sexuality studies invites us to map different medical traditions and conceptions of the body in relation to the historical effects of globalization, colonial and postcolonial formations, and the contemporary asymmetries of transnational capital.⁶² Along with showing how queer subjects and objects of analysis may subtend acknowledgment of colonial and racial power, transnational queer studies has also interrogated the racial and transnational divides that structure globalized lesbian and gay modernity and the contemporary formal and political recognition of queerness. However, this line of critique founders on a simplistic understanding of the transnational spread of *LGBT* as relentlessly imperialist and homogenizing of indigenous and local sexual cultures. Twenty years ago Dennis Altman wrote nostalgically that globalization in the form of an expansion of American capitalism was transforming diverse sexed and gendered subjects in the non-West into “gay” subjects.⁶³ As critiques at the time pointed out, this analysis misses the complex hybridizations and interactions of local, regional, and global queer cultures evident when we understand the globe as more than a division between West and non-West, as well as the diasporic and decolonial formations of queer culture that emerge in immigrant communities within the Global North itself.⁶⁴ Like Chakrabarty’s provincializing technique, queer transnational scholarship has actively worked to complicate the monolithic concepts of modernity that condition such assumptions, posing modernity as both fantasy and differentiated according to region.⁶⁵ This attempt to track both the fantasy and material-historical iterations of modernity while sitting with the complexities of sexuality, gender, race, colonization, and capital encapsulates my approach in *Mobile Subjects* and offers a model for the kind of transgender scholarship this book imagines into being.

Chapter Outline

This book is in two parts. Part I addresses grammars of movement: historical representations of gender travel and representations in autobiographies and documentary film. I consider how travel relates to historical representations of trans and gender nonconforming life, from the earliest representations of transsexuality to autobiographical texts

from the 1960s to the 1990s and documentary films produced in the early 2000s. Part II considers what I call “material patterns of movement.” These chapters examine trans and gender nonconforming mobilities by asking how gender nonconforming subjects themselves articulate mobility in their everyday lives, particularly in relation to GRS. I investigate how trans and gender nonconforming people use mobility to skillfully negotiate the inconsistencies between transnational, national, and local health care formations to access GRS in Thailand.

Chapter 1 examines the emergence of the transsexual in the 1950s as a personage representing the capacity of the modern or capitalist subject for mobility and transformation. Reading an archive of the first publicly known American transsexual, Christine Jorgensen, I argue that, although the emergence of transsexuality as a nameable category allowed gender nonconforming subjects some self-determination, it was also made possible by the emergence of an emphasis on the modern citizen as part of an international class: upwardly mobile, geographically nomadic, and engaged in a utopian project of technological mastery over the human body and the world. Transsexuality’s twinning with modernity defines it not only temporally but spatially by what it is not: neither the premodern gendered indeterminacies assumed to be the terrain of the non-West nor the hybrid, monstrous indeterminacy of postmodernity.

In chapters 2 and 3 I focus on representations of gender travel in transsexual autobiographies and documentary film, particularly the symbolic topography of Western transsexuality and its imbrication in orientalist and colonialist narratives. Chapter 3 examines transsexual autobiography as a powerful template for the subjectivation of transsexuality within a travel narrative. Reading two autobiographies in depth, Jan Morris’s *Conundrum* and Deirdre McCloskey’s *Crossing*, I argue that each deploys the metaphor of travel in a different way. Morris frames the non-West as the imagined space in which gendered transformations occur, marking it as a space that supplements her femininity through its exoticism. McCloskey appropriates a racialized understanding of the migrant to account for the ways in which gendered transformation seems to be a traversal of space.

Chapter 3 also reads documentary films that present transgender and gender nonconforming subjects engaged in transnational and rural-to-urban migrations, arguing that a central narrative governs trans and gender nonconforming representation in this genre: the

metronormative migration plot. The metronormative migration plot dictates that migrating from rural spaces to urban ones, or migrating transnationally, can offer the possibility of self-fulfillment and the freedom to be who you are: by moving, trans people can find bearable and worthwhile lives in which their gender identity or sexuality (or both) is accepted, even celebrated. Posing questions about the specificity of geocultural location, this chapter examines representations of trans and gender nonconforming travel in which the dominant narrative of a journey elsewhere, followed by a return home, finds limited or no traction.

Part II turns to the contemporary intersection between geographical travel, medicolegal constructions of transsexuality, and the role of states and capital in the commodification of trans subjects as patients and consumers. In these chapters I use ethnography to follow the actors—patients, care workers, surgeons, and so on. Rather than beginning with an analysis of large-scale institutions, following foregrounds how individual trans and gender nonconforming people (including myself) use mobility to negotiate the contradictory, multiple regulatory assemblages that make up the transnational medical, legal, and administrative systems through which we access body modification technologies, health care, and juridical recognition or misrecognition. Where the first part of the book offers a historical and representational context for how mobility inflects the formation of trans subjectivity and critiques its geographical and racial specificity, in the second part I interrogate trans and gender nonconforming mobilities by asking how gender nonconforming subjects articulate their own understandings of mobility in an everyday sense.

In chapter 4 I explore the material obstacles to obtaining decent trans health care by an autoethnographic and ethnographic examination of the differences between Australian welfare-state provision of gender reassignment surgeries and Thailand's growing GRS industry. Just as Casablanca became a center for GRS in the 1960s, so Thailand has become such a center in the later twentieth and early twenty-first centuries. In this chapter I theorize Thailand as a GRS destination in which an entrepreneurial consumer framework of learning about and obtaining surgical procedures appears empowering in contrast with the gatekeeper model of obtaining GRS. Individual trans and gender nonconforming people negotiate the contradiction between the gatekeeper model, in which they are interpellated as a subject of psychia-

try who is dependent on medical authority to approve them for somatechnological body modifications, and a biomedical entrepreneurial consumer framework, in which they are interpellated as consumers of body modification as a commodity. By denaturalizing the figure of the transsexual-as-patient that dominates understandings of transgender health care in the Global North, I map a transnational perspective on gender reassignment and complicate assumptions about medical authority in transgender scholarship on health care and medicine.

In chapter 5 I make a detailed ethnographic account of gender reassignment clinics in Thailand frequented by non-Thais as a form of medical travel. A confluence of factors—including the late 1990s Asian economic crisis, cultural and social attitudes toward gender nonconforming people in Thailand, and minimal medical litigation in Thailand (meaning an increased ability to take risks in generating new surgical techniques)—means that Thai surgeons are among the most in demand in the world for GRS procedures. While it might make sense to assume that this would result in an increased interconnection between Thai and non-Thai gender nonconforming subjects, this is not necessarily so. Most transgender medical travelers to Thailand appear to develop significant relationships with (mainly female) Thai domestic and caregiving clinical workers. These include nurses, carers, and interpreters who are regarded as performing exquisite Thai femininity, often a femininity to aspire to or model. The stereotypical magic of Thailand creates a fantasy subject position of transsexuality as endlessly mobile, able to manage vast amounts of money in the search for the perfect female (or male) body, locatable only in a foreign space that generates femininity through its specificity as non-Western. Thai clinics mobilize the same fantasy to market the exclusivity and cachet, that is, the higher symbolic value of the Thai gender reassignment tourist care package.

NOTES

Introduction

- 1 *Transsexual and Transgender Road Map*.
- 2 Amin, "Temporality," 220, quoting Freeman, *Time Binds*, 3.
- 3 Horak, "Trans on YouTube," 580.
- 4 Salah, "'Time Isn't after Us,'" 17.
- 5 Clare, "Gawping, Gaping, Staring," 260.
- 6 See Christine Hogan, "Man Who Became Woman Wants to Be a Man Again," *Sydney Morning Herald*, August 21, 2003, <http://www.smh.com.au/articles/2003/08/30/1062194756832.html>; Jill Stark, "Sex Change Clinic 'Got It Wrong,'" *Sydney Morning Herald*, May 31, 2009, <http://www.smh.com.au/national/sexchange-clinic-got-it-wrong-20090530-br3u.html>.
- 7 An informed consent approach means that medical practitioners give patients comprehensive, reliable information so patients may decide on a particular treatment. Harm-reduction approaches refer to social policies addressing criminalized behavior such as drug use and sex work. Broadly, a harm-reduction approach focuses on reducing the harms or risks associated with behaviors in relation to drug use: needle exchanges, injecting rooms, and so on. In transgender health harm reduction refers to making body modification technologies more available in the context of regulated health services, reducing the risks associated with black market or privatized body modification.
- 8 I use *obtain* in an active sense here, as a process that trans people must initiate and work at.

- 9 Monash Gender Dysphoria Clinic opened in 1975, was attached to a local public hospital, and was run by a multidisciplinary team including psychiatrists, a surgeon, endocrinologists, and speech therapists. In the 1990s it became an independent entity managed by the Department of Health and Human Services. See Damodaran and Kennedy, "The Monash Gender Dysphoria Clinic." For a critical perspective see Sinnott, "Best Practice Models for the Assessment, Treatment and Care of Transgender People and People with Transsexualism," 21.
- 10 The exception is the state of South Australia, which has legislation governing change of gender marker and medical treatment for transition, and has a gender dysphoria health service modeled on the Monash Clinic.
- 11 A few private practice psychiatrists across Australia are willing to provide gender dysphoria diagnoses, but they are expensive and only locatable through word of mouth.
- 12 Letter reprinted in the *Australian Good Tranny Guide*, a guide to health, legal, and support services for trans people in Australia. After a 2007 internal review and a change of leadership, a new flyer appeared in which mention of true transsexuality was removed.
- 13 Benjamin, *The Transsexual Phenomenon*, 45.
- 14 Benjamin, *The Transsexual Phenomenon*, 54. For an excellent critique of Benjamin on these grounds, see Irving, "Normalized Transgressions."
- 15 The Monash clinic's mention of true transsexuality was removed in 2007, after the clinic underwent internal review (and after Dr. K. had stepped down as director).
- 16 The HBIQDA Standards of Care document had comparatively progressive treatment protocols at the time. The model of primary and secondary transsexuality became unfashionable as early as 1975, as sexology and psychiatry moved toward a theory of gender dysphoria or gender identity disorder. Everyone reading the Monash letter was aware of this fact, including patients, gender clinic psychiatrists, and general practitioners who referred patients to the clinic. The two-year period "living full time in the chosen gender role" mentioned in the flyer reflects a far more conservative protocol than HBIQDA advised at the time. Beginning with Harry Benjamin, medical professionals required a trial period in which transgender people live full time in their "preferred" gender prior to surgery to ascertain whether they could function socially and maintain employment and to prove that other people besides the therapist knew of the person's transition. The HBIQDA Standards of Care refer to this as the Real Life Experience. However, from HBIQDA's earliest version of the Standards of Care, this trial period has always been one year prior to genital surgery, not two.
- 17 Weston, "Get Thee to a Big City."
- 18 In *Provincializing Europe*, Dipesh Chakrabarty critiques the progressivist historical narrative through which the colonized Global South is understood to

have arrived at modernity late, while European modernity is understood as primary, universal, and inevitable.

- 19 For example, it is impossible to apply the theoretical insights of postcolonial theory everywhere outside the Euro-American metropole both because Europeans did not colonize some nation-states and because colonialism and imperialism work differently in different locations.
- 20 Clare, "Body Shame, Body Pride."
- 21 In 2006 Paisley Currah writes, "Taking the legal structures as they find them, not as they ought to be, transgender rights advocates have pursued reformist goals" ("Gender Pluralisms under the Transgender Umbrella," 6–7).
- 22 Spade, *Normal Life*, 1.
- 23 See Serano, *Whipping Girl*.
- 24 Valentine, *Imagining Transgender*, 32.
- 25 Valentine, *Imagining Transgender*, 108.
- 26 Valentine, *Imagining Transgender*, 45.
- 27 This follows Judith Butler's theory of gender performativity in *Gender Trouble* and *Bodies That Matter*.
- 28 Stryker, "Call for Papers."
- 29 Grant et al., *Injustice at Every Turn*.
- 30 See the special issue on medical travel in *Medical Anthropology: Cross-Cultural Studies in Health and Illness* 2, no. 4 (2010).
- 31 See for example Plemons, "Anatomical Authorities"; Plemons, "Description of Sex Difference as Prescription for Sex Change"; Enteen, "Transitioning Online."
- 32 See Spade, *Normal Life*, 5.
- 33 See Derrida, *Archive Fever*. Ann Cvetkovich's idea of a "queer archive," constituted of ephemeral objects and informalized subcultural memories, also influences my thinking here (*An Archive of Feelings*, 23).
- 34 Crawford, "Following You."
- 35 For the phrase *traveling cultures* I am indebted to Clifford, "Travelling Cultures."
- 36 Marcus, "Ethnography in/of the World System," 109.
- 37 Rajan, *Biocapital*, 31.
- 38 My use of "sex/gender/sexuality" is deliberate here and references Gayle Rubin's theorization of the sex/gender system, as well as later anthropological theories including Sinnott, who coined the term *gendered sexualities* to refer to systems in which sexual orientation is understood to be an extension of gender identity rather than independent of it. See Rubin, "The Traffic in Women"; Sinnott, *Toms and Dees*, 28.
- 39 See Clarke, "Thoughts on Biomedicalization and Its Transnational Travels," 393.
- 40 Simpson, *Trafficking Subjects*, xxv.
- 41 On mobility studies, see Hannam et al., "Mobilities, Immobilities and Moorings." On hybridity, see Bhabha, *The Location of Culture*. On traveling cultures, see Clifford, *Routes*; Appadurai, *Modernity at Large*.

- 42 Kaplan, *Questions of Travel*, 2.
- 43 Schick, *The Erotic Margin*, 33.
- 44 Puar, "Circuits of Queer Mobility," 113.
- 45 See Halberstam, *In a Queer Time and Place*.
- 46 On the butch/FTM borderlands, see Halberstam and Hale, "Butch/FTM Border Wars"; Halberstam, "Transgender Butch"; Hale, "Consuming the Living, Dis(re)membering the Dead in the Butch/FTM Borderlands."
- 47 Prosser, "Exceptional Locations," 103.
- 48 Salamon, *Assuming a Body*, 173.
- 49 Cotten, introduction, 2. See also Bhanji, "Trans/Scriptions."
- 50 Here I draw on Spade's summation of neoliberal policies in *Normal Life*, 49–50.
- 51 I follow Louis Althusser here in defining historical materialism as "the Marxist science of the development of social formations" (*For Marx*, 251). The works I cite here are a provisional and incomplete list, but offer a thumbnail sketch of these traditions: Althusser and Balibar, *Reading Capital*; Lezra, *Depositions*; Virno, *A Grammar of the Multitude*; Read, *The Micro-Politics of Capital*.
- 52 I follow Jason Read's reading of real subsumption in *The Micro-Politics of Capital* here. Read's interpretation remains connected to Foucault and offers a route to theorizing racially, gendered, and sexually differentiated subjectivity and labor. Thus social practices and/or consumption processes in contemporary post-Fordist social formations can be understood as forms of immaterial labor in themselves. The concept of immaterial labor has been taken up in useful ways through an engagement with affect, intimacy, and gendered and sexual labor. See Marx, *Grundrisse*, 670–712; Lotringer and Marazzi, *Autonomia*; Virno, "Notes on the General Intellect"; Read, *The Micro-Politics of Capital*, particularly chapter 3, "The Real Subsumption of Subjectivity by Capital."
- 53 Ward, "Gender Labor."
- 54 Ferguson, *Aberrations in Black*, 11. Ferguson focuses on the black trans sex worker in particular to illustrate historical materialism's inability to comprehend nonheteronormativity. Pointing to how Marx understands sex workers as the pathological sign of capitalist social relations, Ferguson instead asks how this imbrication of queerness and capital might critique capital rather than merely embody the dehumanization of labor. While this reading models an indispensable critical relation to historical materialism, it is particularly useful for transgender theorizing. Traditional anticapitalist critiques, from trans-exclusive radical feminism to antipsychiatry, have depicted trans people as dupes or victims of the commercial body modification industry and thus symbolic of capital's worst excesses. For example, Dwight Billings and Thomas Urban frame surgical and hormonal treatment for gender dysphoria as the "illusions of consumerism"; according to them, "transsexuals are in danger of becoming surgical junkies as they strive for an idealized sexuality [sic] via surgical commodities" ("The Socio-Medical Construction of Transsexualism," 276–77). See also Szasz, *Sex by Prescription*, 74–89; Jeffreys, *Beauty and Misogyny*, 29; Raymond, *The Transsexual Empire*, 184.

- 55 Spivak unsettles the terms by which the autonomists understood immaterial labor as a historical opening to the end of work by asking for whom work “ends.” She points out that instead of “ending,” manual labor and factory production have been outsourced to the Global South. See “Scattered Speculations on the Question of Value,” 80.
- 56 Aizura, “Affective Vulnerability and Transgender Exceptionalism,” 126.
- 57 Reddy, *Freedom with Violence*.
- 58 Haritaworn and Snorton, “Transsexual Necropolitics,” 73.
- 59 Haritaworn and Snorton, “Transsexual Necropolitics,” 72.
- 60 Shakhsari, “Killing Me Softly with Your Rights,” 94.
- 61 Gopinath, *Impossible Desires*, 3. See also Manalansan, *Global Divas*.
- 62 Grewal and Kaplan, *Scattered Hegemonies*, 667.
- 63 Altman, “On Global Queering.”
- 64 See the forum on Altman’s “On Global Queering” in the *Australian Humanities Review* 2 (1996), especially Martin, “Fran Martin Responds to Dennis Altman.” See also Manalansan, *Global Divas*; Martin et al., *AsiaPacifiQueer*.
- 65 Instructive texts rethinking modernities within queer transnational studies include Benedicto, *Under Bright Lights*; Wilson, *The Intimate Economies of Bangkok*; Boellstorff, *The Gay Archipelago*.

Chapter 1. The Persistence of Trans Travel Narratives

- 1 For an overview of these events, see Stryker, *Transgender History*, 135–44.
- 2 Feinberg, *Transgender Warriors*, 21.
- 3 See commentary on *Transgender Warriors* in Towle and Morgan, “Romancing the Transgender Native,” 481–83, 487. Consistent with Feinberg’s expressed preference, I use the gender neutral pronouns *ze* and *hir* to refer to Feinberg.
- 4 Feinberg, *Transgender Warriors*, 7.
- 5 Stryker, “Christine Jorgensen’s Atom Bomb,” 100.
- 6 Love, *Feeling Backward*, 31. Other recent work on desire, queer temporality, and history includes Arondekar, *For the Record*; Dinshaw et al., “Theorizing Queer Temporalities”; Freeman, *Time Binds*.
- 7 See, for example, Jason Cromwell’s chapter on the Oregon physician Alan Hart, “Passing Women and Female-Bodied Men.” See also Stryker’s “Transgender History, Homonormativity, and Disciplinarity.” Other debates focus on the risks of claiming figures as transgender at all, for instance Valentine’s critique of historical reclamation in *Imagining Transgender*.
- 8 Love, *Feeling Backward*, 31.
- 9 See Spade, “Mutilating Gender,” 318.
- 10 Prosser, *Second Skins*, 89.
- 11 Prosser, *Second Skins*, 90.
- 12 Thompson and Sewell, *What Took You So Long?*; Ashley and Fallowell, *April Ashley’s Odyssey*; Griggs, *Journal of a Sex Change*.
- 13 Prosser, *Second Skins*, 90.