

Tracing this Body:

Transsexuality, pharmaceuticals & capitalism

Michelle O'Brien , Summer 2003

introduction: the story i'm here to tell

Every morning, when I wake up, I swallow a single pill of Proscar, a 5 mg dosage of Finasteride. Every two weeks I give myself an intramuscular injection of 1 ml of Delestrogen, a synthetic hormone. I do these things because I like what they do to my body. I take these drugs because my body, for as long as I could remember, never fit quite right. And I believe that these drugs will help me find myself, be myself and live as myself.

Eventually I developed a story about my gender to talk about this bad fitting, this mismatch between what I felt and what people saw. This story helped me understand that I wanted to use these drugs, that I wanted to grow breasts and experience their other effects. It's a story that's I've encountered elsewhere, that other people I've also tell about themselves. A story about being trans.

But the story of my gender is not quite what I want to talk about today. Instead, I'd like to tell a story about these drugs. About how they locate my body, in this world. I want to trace how my body fits within structures of transnational capital, the pharmaceutical industries and the state authority of the U.S. empire. How through these drugs I am placed and how I place myself in struggles over race and class. I want to talk about how I relate to technology, biomedicine and the play of power, domination and resistance that crisscrosses the globe.

In doing so, I want to come a bit closer to understanding what it might mean as a body, as a gendered and racialized body, to live right now, in this world. We all, in our own ways, struggle with being a part of things we aren't so happy about. Both my complicity and resistance to the rule of capital happens in every facet of my life. In talking about these drugs and how they locate me in this world, perhaps I'll tell a story where you can find something about yourself as well.

paying for hormones

Despite having one of the best medical health insurance plans my city has to offer, I pay for both of my medications out of pocket. This isn't uncommon. Most insurance plans, including my own, have an explicit exclusion of transgender health care. I end up spending about a third of my income on paying for my basic prescriptions. I manage to get my health insurance to cover my meetings with my hormone doctor, but only because he cites my condition as an 'unspecified endocrine disorder,' carefully excluding the mention of transsexuality.

For poor trans people who are uninsured or on State-funded medical assistance, the exclusion of transgender care in health plans can easily make the costs of transitioning under a doctor's care inaccessibly expensive. About two thirds of trans women in Philadelphia, according to one 1997 needs assessment, end up getting their hormones off the street. The lack of supervised medical care can have many consequences, including severe liver damage. Many women have become HIV+ through sharing street hormone needles.

Many trans people have begun talking about taking on the health insurance companies in demanding access to basic medical care. This will not be an easy task. Health insurance companies are incredibly powerful; they are massive, profitable industries. The third largest skyscraper in downtown Philadelphia is entirely dedicated to the office of the health insurance companies Independence Blue Cross, making them one of the primary employers in Center City. According to their annual report, they cover about four million people in the region, having a net income of about \$120 million in 2002.

One trans woman in Philly has already successfully got Keystone Mercy, her medical assistance HMO, to pay for her hormones. She argued they constituted basic medical care, and medical assistance HMOs were legally required by Pennsylvania State law to cover all basic medical care. It's an exciting and positive sign, and one we will no doubt organize around in the coming years.

These health insurance corporations are defining what medical care they consider to be appropriate, and which they do not. The basic medical needs of trans people are systematically, explicitly and actively excluded from their plans. This reflects and reproduces the overall transphobia of the medical industry. The lack of coverage drastically reduces the number of trans people who can affordably access care. It discourages doctors and drug companies from taking seriously the needs of trans people.

Ultimately, this lack of coverage fuels a widespread institutionalized perception that the bodies and needs of trans simply do not matter. These line-item exclusions from insurance plans are the bureaucratic expression of the brutal violence trans people often face out in the streets - the devaluation of our bodies as worthless.

Health insurance companies often don't even need to rationalize these exclusions. The political movements around trans health care are not yet big enough to successfully take on these corporations, or to even get them to notice us.

When these corporations do justify their denial of basic medical care to trans people, one rationalization comes up repeatedly: the U.S. Federal Food and Drug Administration has not given approval for the use of any medications for transgender body modification. The Federal government does not supervise, regulate, approve or acknowledge the use of hormones to alter the gendered characteristics of one's body. The FDA has never acknowledged, I believe, that trans people even exist.

When I buy my finasteride and delestrogen, they come to me, as most medications do, with small neatly-folded inserts outlining their proper use and potential side-effects. These texts are carefully regulated by the FDA. Nowhere in those long texts am I mentioned. They never discuss their use by transgender people, never acknowledge their potentially transformative effects when used with certain bodies, never even acknowledge that anyone under 50 would ever have a reason to take them. Similarly, I am never reflected in the advertisements for these drugs. Their extensive websites or occasional magazine ads have no trace of trans bodies. In the vast, proliferating world of consumer capitalism, trans people just don't constitute a market niche when it comes to drugs.

I am invisible to my health insurance company, invisible to the FDA, and invisible to the pharmaceutical industries. This invisibility is how these institutions express their transphobia and the hatred of trans bodies. We are not seen. For some, this lack of institutional acknowledgement has dire consequences. Already excluded from the wage economy, many poor trans women in Philadelphia turn to sex work to pay for their hormones. Poverty, police abuse and HIV have taken a severe toll on the lives of trans women in the city. As trans people modifying our bodies, we are using these corporation's drugs towards unapproved and unacknowledged ends: the gendered rebuilding of our bodies. We pay

the bill, and we live with the consequences. For me, choosing to take hormones is the best decision I've ever made.

These medications are on the market for reasons besides their use by transsexual people. If I am an improper, unauthorized user of these drugs, there are others who are thoroughly approved. Other people's bodies are taken seriously as objects of biomedical research and health care industries. It is for them these drugs circulate on the market. In the case of the two medications I take, both were developed to treat medical conditions for people in their 50s and 60s, a main generational age concentration in industrialized countries.

Delestrogen, like most estrogen-related hormones, was developed to ameliorate the symptoms of menopause. Many baby-boomer, non-trans women are reaching ages when their bodies' overall endocrine system goes through the drastic change of no longer producing significant levels of estrogen. The reduced hormonal levels cause a wide range of often uncomfortable and unpleasant effects, including hot flashes, loss of calcium and strength in the bones, sagging breasts, vaginal dryness and redistribution of body fat to the stomach. With a generational concentration of women in their 40s, 50s and 60s in industrialized countries, and the long life-spans of women with access to adequate medical care, addressing the symptoms of menopause has become a major industry. Estrogen-related hormonal therapies are in extremely high demand, constituting one of the major booms for pharmaceutical corporations. Women are eager to hold off the symptoms of menopause, and they and their health insurance companies are happy to pay.

Proscar, meanwhile, has a similar use among non-trans men to manage the more difficult effects of aging. While not as dramatic as non-trans women's hormonal systems, many older baby boomer men are also dealing with conditions related to changing hormonal levels. Elevated levels of testosterone in aging bodies can produce a number of effects. Proscar is on the market to help treat a condition related to enlarged prostates, known as hyperplasia. Proscar reduces the manufacture and circulation of testosterone in a body, treating such conditions. It is a 5 mg form of the drug Finasteride.

In its 2 mg form, Finasteride is sold under the brand name Propecia. Search on any web browser for Propecia, and hundreds of responses will come flooding back. It is a cosmetic medication to treat male-pattern balding, also an effect of testosterone. As a cosmetic medication, many

health insurance companies won't cover the use of Finasteride in its 2 mg form. Many non-trans older men are left, like myself, searching the web for their best buy in getting Propecia. While none of these websites ever mention trans people, they show countless men in their 60s proudly displaying full heads of hair. These men are the idealized, correct bodies that multinational pharmaceutical industries are eager to please.

As I pay for both medications out of pocket, I spend a lot of time looking for the best buy. By far, the best prices I've found are in Canada and Mexico. Most of us, I hope, remember a bit of the massive political battles that surrounded the approval of NAFTA and the FTAA. NAFTA established Canada and Mexico as near economic colonies of United States and transnational capital. It facilitated corporations relocating manufacturing operations to Mexico to pursue cheaper manufacturing costs. Meanwhile, NAFTA made easier the massive resource extraction from Canada in the forms of mining, oil drilling and logging. A long history of coercive, neocolonial economic exploitation allows me to purchase more affordable drugs. Mexico's pharmaceutical manufacturing workers are paid far less than their U.S. counterparts, making for cheaper medications. Mexico has been chronically underdeveloped by exploitative capital, leaving a country struggling with widespread poverty. Coupled with the suppression of independent labor movements, Mexico's constitutes a prime area for manufacturing interests.

Canada offers an equally appealing option for drug purchasing for Americans. The overall inequitable, exploitative organization of US-Canadian economic relations contributes to an exchange rate that favors the US dollar, contributing to cheaper drug costs for American consumers. Further, tight regulation of pharmaceutical costs, price caps and a ban on drug advertising to the consumer all contribute to significantly lower drug costs. As a US consumer, I'm able to directly benefit from differing corporate regulatory practices around the world. In Mexico, a less regulated economy contributes to cheaper products; in Canada, it is increased regulation that makes the drugs affordable. Either way US middle class consumers ? a highly privileged if a bit tenuous minority in the neocolonial world ? directly benefit.

The Proscar I take is manufactured by Merck & Co, Inc. A major transnational pharmaceutical industry, Merck maintains its main corporate office in New Jersey. They have contributed significantly to biomedical research and development throughout Canada, maintaining significant Canadian operations. As a corporation, they are traded on the New York

Stock Exchange, and have a current Market Capitalization of about \$120 million. I'm not entirely sure what this means, but I think it has something to do with how much the company is worth. According to their company website, their profits for the last five years ran over \$51 million. Merck is one of the six manufacturers of HIV antiretroviral medications.

My delestrogen is also manufactured by a major producer of HIV antiretrovirals: Bristol Meyers Squibb Company. Though a BMS subsidiary originally developed and patented the drug, and the continue to manufacture it, they sold it's patent rights to King Pharmaceuticals in 2001. Delestrogen is marketted by Monarch Pharmaceuticals, a wholly owned subsidiary of King. The names seem somehow appropriate in the world of corporate control that increasingly resembles some new revisioning of feudal states. Headquartered in Bristol Tennessee, King is a less known but rapidly up and coming and extremely profitable. drug company. The 2001 purchase to the rights to four medications, Delestrogen among them. Their corporate literature at the time heralded this purchase as a major step forward for the company. The year before BMS had netted sales of Delestrogen alone at \$12 million. With no promotion from BMS, sales of Delestrogen grew by 6% for the year. King had optimistic plans of its own intentions to aggressively and effectively market the drug. King was especially optimistic for Delestrogen's market viability, as it has no competition ? the drug is without a generic alternative. At the time of its purchase, King foresaw its potential 2002 revenue at just over a billion dollars. King doesn't, however, have particularly good relations with Canadian pharmacies, and Delestrogen is particularly hard to locate online compared to many hormone therapies.

All this information is off these corporations' websites.

immunowars

Pharmaceutical corporations are major players in the global economy. The six major corporations that manufacture HIV medications are all Fortune 500 companies and have done well on the stock market. Together, they have organized heavily to define and regulate international trade law, the development and management of public health systems around the globe and the political economy of medicine. HIV medications are ground zero in the battles of the politics of bodies sweeping the globe. The big six pharmaceuticals have a massive stake of profit and power in these wars. Much of the research for the section below is taken from the website of the Critical Path AIDS Project .

Estimates of global AIDS cases range around 40 million. In industrialized countries, many people have access to antiretroviral treatment, powerful drugs that have drastically slowed down the degenerative advance of HIV disease within people's bodies. According to the Global Treatment Access Campaign , about 95% of the people living AIDS around the globe do not have access to affordable medications. Vast populations of people across Africa, Latin America and Asia are being denied access to basic medications.

Throughout these countries, there are major movements of people living with HIV organizing around demanding access to affordable healthcare. These movements are pushing governments to begin to manufacture low-cost, accessible generic HIV medications. Brazil has already been implanting such programs, with tremendous success. Such programs are illegal under international trade law, violating the patent protections held by pharmaceutical corporations. These transnational drug companies have sued under the World Trade Organization to halt the construction of low cost medications. They are working actively to deny access to care for millions of people around the globe. These corporations, quite simply, are making a profit off people dying. They have instead launched heavily publicized yet inept, inadequate and pitifully small charitable contributions to global HIV care. These movements continue to demand affordable HIV care, a restructuring of international trade regulations and the rights and urgent need of governments to address their populations' healthcare.

These battles over HIV meds are a part of massive global struggles over race and class power. In the last few decades, transnational corporations have dramatically consolidated economic and political power around the world. The long standing colonial exploitation of people in poor countries has rapidly intensified. Transnational capital is having a dramatic impact on the social organization, governmental policy and economic management of countries throughout the globe. Increasingly through the pressure and control of capital interests and their representatives in the International Monetary Fund, the World Bank and the World Trade Organization, governments are forced to adopt policy favorable to the interests of profit. Policies such as privatization of major industries, paying exorbitant patent costs for basic medications, massive expansion of the prison industrial complex, suppression of labor movements and organizing of industries around profit-driven exports have dramatically worsened the standard of living for billions of people. An economic war against the poor people of color around the world has already cost

hundreds of millions of lives, as people die from malnutrition, disease and war.

In Philadelphia, AIDS care is a major industry. Philly has about 21,000 AIDS cases according to the CDC, and an unknown number of people living with HIV. Large Federal block grants are allocated for HIV care, covering most people living with HIV in the city. GlaxoSmithKline, a major pharmaceutical manufacturer of antiretroviral drugs, occupies a large building downtown and is one of the major corporations with headquarters in the city. Former basketball star Calvin 'Magic' Johnson serves as their major advertising spokesperson. Johnson's face is plastered over billboards across the poorest neighborhoods of Philadelphia, alongside advertisements for corporate R&B radio, the videogame Grand Theft Auto Vice City and malt liquor contests. Glaxo's global sales for 2002 exceeded \$31 billion. I'm one of hundreds of HIV case workers in Philadelphia, charged with helping people access the complex system of care and services surrounding treatment.

Philadelphia is also a major city for AIDS activism and advocacy. ACT-UP Philadelphia is one of the most significant U.S. organizations participating in the international movements for access to affordable HIV treatment. ACT-UP Philly is one of the strongest, most militant and best organized AIDS action groups in the world. They and other Philly AIDS activism groups have made a dramatic impact on metropolitan and global politics. Organizing around the healthcare of HIV+ poor people in prisons and in underdeveloped countries, Philly AIDS advocacy groups have pushed forward a sophisticated analysis of global race and class politics within HIV care.

Trans people are heavily engaged in HIV/AIDS organizing. Here in Philadelphia many trans people are actively involved in HIV social services and advocacy. Internationally, gender variant people have played a significant role in expanding awareness of HIV and building movements to demand health care for all. Trans people, particularly trans women, face unusually high rates of HIV infection. As well, the issues of access to HIV medications are deeply interwoven with the rights of trans people to access hormones - a demand made of medical industries in the name of our health, our bodies and our survival.

needles in the drug war

I inject my hormones with a 21 gauge, 3 cc syringe manufactured by the

Terumo Medical Corporation. I pick these needles up a local needle exchange, where I periodically volunteer. Standing in line for syringes, I find myself alongside people who actively use heroin, cocaine, speed and other potentially intravenous drugs.

Needles are hard to find in the region. For those without a prescription, possession of an injection needle in most of Pennsylvania and New Jersey is criminal. Here in Philadelphia only a mayoral order allows any needle exchange programs to legally operate.

The difficulty in getting clean needles has serious consequence. People using injectable drugs face extremely high rates of Hepatitis C and HIV. As well as viral infections, people reusing needles face significantly increased risk of bacterial infections. The lack of access to clean needles is a major, life-threatening health concern for injectable drug users. Needle exchanges have been demonstrated through extensive study to drastically reduce viral infection rates, mortality and the health of drug users.

The difficulty in getting clean needles is a part, of course, of what we call the drug war. In the last twenty five years, the United States has adopted a policy of massive criminalization of drug use. Through militarizing the police system to serve as occupying armies in working class urban neighborhoods, dramatically expanding the profit prison industry and changing sentencing guidelines, over 2 million people are currently incarcerated in the United States. This is the highest rate in the industrial world, and acts as an implement of massive suffering in poor communities of color. Prisons and police occupation destroy families, people's lives and rob communities of political and economic self-determination.

The focus of this racist and classist state violence has been directed against drug users themselves. Legally denied access to basic social services, healthcare, housing or employment, active drug users are among the most intensely marginalized segment of U.S. society. U.S. policies toward drug users only make sense as strategies to kill off drug users, totally devaluing people's lives and bodies as less than worthless. Humane, effective and respectful services to active drug users, such as a decent needle exchange, are criminalized or bared from access to funding.

In the midst of this nightmarish political scape, some people have been

organizing around the rights of drug users and against the prison system. Active drug users, in coalition with the more progressive currents of social services, have been organizing against incarceration, criminalization and in favor of adequate healthcare, housing and other basic needs. These movements are often called 'harm reduction', a phrase developed to refer to a method of social services that places respect for the a person, their own self-determination and the concrete need to reduce their suffering as paramount. The Harm Reduction Coalition of New York and San Francisco brings together many such organizations. Trans people, both as active illegal drug users and in accessing services have participated in and benefited form this work.

While not as widely respectful to the experiences of current drug users, a broad range of antiracist, working-class, anti-capitalist or anti-imperialist organizations have built a movement to challenge mass incarceration and the prison industrial complex. The Prison Activist Resource Center offers an excellent website that lists many such organizations.

Harm reduction has been inspiring to me as a trans activist. Learning about harm reduction has deepened and enriched my understanding of the ways meeting people's basic needs can be linked to a project of social liberation. In reading harm reduction thought, I've encountered a great deal about the right of personal self-determination in accessing healthcare and social services, a basic respect unjustly denied to many drug users and trans people. Trans people engaged in the struggle for liberation, have a great deal to learn from movements against the prison complex and in defense of drug users. Trans people, rather we use drugs or not, have a tremendous stake in putting an end to the war on drugs.

capital flows, body flows

These battles over HIV, transgender health and drug use are real, with millions of people's lives on the line. Politics is changing fast around the world, as old resistance movements have disintegrated, and new forms of domination are deepening their entrenched authority. Capital flows more and more rapidly around the globe, while access to health care is strictly limited and regulated. Wars of healthcare, over the terrain of our bodies, are among the most significant political battles in the world today. Healthcare is a major site in defining, and transforming, what race and class domination mean in our day to day lives. This fight is so profound, so real, so important, precisely because it is the place where the three levels of flows come together: 1. those flows of T-Cells and hormones, of

viruses and antivirals, of methadone and heroin, within our own bodies; 2. those flows of our communities, families and lives through our communities; and 3. those flows of capital and institutional power across the globe.

All people are always living across these multiple interlocking systems of the body, social communities and transnational capitalism. Across the bodies of trans people, people living with HIV and active drug users this is just a lot more obvious. But ultimately these insights, and the need to think across multiple modes of struggle and power, is relevant to everyone.

Some of the language I use here, and much of my understanding of the deep interconnection between different flows of power, I take from the remarkable writing of Felix Guattari and Gilles Deleuze. They wrote a two volume set together subtitled *Capitalism and Schizophrenia*. Both I'd highly recommend to folks who like to read wild, incomprehensible books and are looking to discuss transnational capitalism.

When I give myself an injection of delestrogen, I am locating myself and located within global flows of power. I am connected the complex political, economic and social histories of how these drugs were manufactured and by who. I am bound within the international trade systems that allow those corporations to function, that bring the hormones to my door in a brown envelope. I am facing the systems of violence that render my body invisible, that make it impossible for many to get drugs at all. By taking hormones, I am doing what we all do in various ways: I am participating within the system of transnational capital. These systems are racist, classist, sexist, homophobic and transphobic to their core. They are systematically structured on a hatred of the bodies of trans people, poor people, people living with HIV and drug users. And yet, all of us are deeply, inexorably dependent on these very structures. Quite literally, we need them to keep us alive.

trans bodies, cyborg bodies

While I use these corporate-produced medications, like many others, I am using them counter to their purpose. Just as a Brazilian rail worker picking up his antiretrovirals at a health clinic that violate international patent law, or an old woman in South Philly in using her controlled, managed quantities of methadone to live with a brain permanently dependent on opiates, my survival depends on interfacing global capitalism, but

interfacing it improperly. We are corrupting, redirecting and redefining the products of this medical system to serve our ends. Our survival is not respected by these corporations, our needs are not taken seriously. We have to meet our needs, not through isolation, purity or refusal, but through accessing and redefining care in ways counter to the institutions involved.

The politics of our bodies - as trans people, as drug users, as people living with HIV - require a sophisticated grasp of multiple contradictions. We are dependent on the very systems that oppress us. We make demands for change, and appropriate the refuse of capital for our own survival. We live in the flows, suffer in the flows, envision a new world in these flows.

Many theories of power and politics offer little to grapple with such a struggle of bodily survival. I grew up working in radical environmental movements in Oregon, using direct action to defend ancient forests. The anticapitalist analysis of many such activists relied on a fanatical commitment to purity and an attempt at a total refusal to participate or be complicit in any form of corporate rule. Veganism, do-it-yourself punk ethics, buying natural and local, Lesbian-Feminist separatism, back-to-land self-sustaining agriculture and especially eco-primitivism and other movements common around Eugene, Oregon, all frequently rely, to various extents, on a commitment to non-participation in global capitalism and certain idealized notions of purity. Since then, I've encountered similar phenomena in many political spaces, from AIDS denialists working in animal rights organizing to the MOVE family of Philadelphia, from genderqueer denunciations of medicalized body modification to the glorification of drop-out travelers by the anarchist writing network known as CrimethInc.

There is obviously a great deal that is admirable and wonderful about these movements. I continue to seek political, spiritual and environmental value in trying to be conscious of, limit and redefine my forms of consumerism and capitalist participation. Much of my life, including living in a collective anarchist home, eating vegan, riding my bike as transportation and getting my clothes from thrift stores, are rooted in values I share with many environmental movements.

At the same time, when taken in certain directions these movements can be horrifically inadequate, obnoxiously useless or just down right oppressive to trans people, people living with HIV and active drug users.

If your survival depends on substantially accessing global pharmaceutical industries, a politics of purity and non-participation just doesn't get you that far. I would have killed myself if it wasn't for these hormones I order from Canada. Most of my HIV+ clients would be dead, as they can't afford elaborate drug-free raw foods treatments popular among denialists in San Francisco. Similarly, any crude and dualistic politics that sets people completely against industrial systems of oppression just doesn't help me try to understand the many relationships of participation, resistance, complicity and challenge I actually have with these structures.

These languages of purity and non-participation are frequently counterposed by the glorifying ideological cheerleaders of capitalist domination. Every major U.S. newspaper, every president and senator, every corporate trade journal is aggressively advancing the absurd notion that capitalism is the best avenue to manage and stop human suffering. Believing that state power and corporate tyranny will somehow make a decent world have a major impact on the popular discourses of science, technology and industrial production. Such pro-capitalist perspectives are of no use to me.

Instead, I've tried through this paper to trace other ways of thinking through the relationship between my body and capitalism. Each step, I've tried to simultaneously recognize my participation and complicity, and trace the possibilities of resistance and liberation. In trying to describe the complexity of these relationships, I've found inspiration in Donna Haraway's essay "A Cyborg Manifesto: Science, Technology and Socialist-Feminism in the Late Twentieth Century." A truly remarkable text, Haraway's essay brilliantly cut through polarized debates characterizing science as either a wonderful tool of capitalist improvement or the evil bane of patriarchy. Instead, Haraway describes the figure of the cyborg. The cyborg is the bastard child of the patriarchal realms of capitalism, nature and technoscience. Rather than reproduce their systems of command, control and communication, the cyborg radically challenge, undermine and resist domination. The cyborg is a new vision of feminist consciousness, a radical means of relating to technology and science. The cyborg is never pure, never free of the systems it subverts, never belonging to a realm before or outside of capitalist technoscience and patriarchy. But the cyborg is also a revolutionary, an effective, empowered, conscious being that reworks, redirects and restructures the oppressive systems that birthed it.

This vision of the feminist cyborg has been very useful and inspiring to me

in understanding my own body and in struggling to the liberation of trans people. Like the cyborg, we are both complicit in and a challenge to the biomedical industries. We are drastically rebuilding our bodies with the aid of technology, surgery and drugs. And we are doing this all on our own terms, committed to our own well being, striving to our own liberation. Far from dupes of doctors or the crude escapists of ecoprimitivism, we are living amidst the systems we are always subverting. Trans people live in that hybrid edge of technology, science, nature and capital that Haraway correctly and brilliantly identifies as a tremendously power space of resistance and movement.

We are all in the midst of structures of tremendous violence, oppression and exploitation. There is no easy escape or pure distance from them. Our ability to resist, in this world, at this time, is deeply inseparable from our ongoing connection to these very systems. But resist we do. Every day, in so many ways, we are all struggling towards a new world of liberation, healing and respect.

a syringe and a dream

It's here my story brings me. In my bag I have a pack of new, clean syringes from the exchange site up on 10th and Fairmont. In a neighborhood wracked by decades of consuming poverty, police violence and institutionalized racism. I talked with an older black women who was picking up a bag of syringes for a dozen others, friends, she explained. In a few minutes, I'm going to go home from work and pick up a cheap order of progesterone from my pharmacy. I go there because it's across the street from a major free HIV clinic. The people there are nicer than most, and don't give anyone hassle for the drugs they are picking up. My delestrogen refill might have arrived from Nova Scotia today, I'm not sure.

It is here we are. We are poised at the cusp of a new millennia. Here, where I am feeling the yearning so deep in my heart for a new world, for a different kind of society. In the midst of these flows of power and resistance, investment and violence we must struggle to find ourselves. We must fight to piece together lives of profound beauty, love, respect and dignity. Our globe is torn with centuries of racist and classist war, war where we are all fighting to survive. This story of my body, of these drugs, brings me to where my writing often leaves off - with a pain of desperation, hope and longing. Longing I have for a revolution of the spirit and the overthrow of the empire. And with it, the welcoming of spaces of love within us all.

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