

# Reading Trans-Health/ Reading Race War

## *Trans health organizing and neocolonial capital*

Michelle O'Brien, May 2003

*Thanks goes out to the organizers of Philadelphia's 2 nd Annual Trans Health Conference, especially Jaci Adams and Rick Feeley. Gratitude to Dean Spade for much of my analysis. And serious props to the girls working the streets, from San Salvador to London, Bangkok to Philly.*

Recently I was involved in the organizing of Philadelphia's 2 nd Annual Trans-Health Conference this May of 2003. Drawing about a hundred and fifty people, the one-day free conference offered a space for transgender people, health care providers, social service workers and trans allies to share knowledge, develop relationships and address the ongoing concerns of affordable, respectful and accessible healthcare for trans communities. The small conference organizing committee reflected a mixed, cross-racial and cross-class group of trans people and close community allies. Several of us had worked closely together in organizing a memorial for Nizah Morris, a trans woman murdered in Philadelphia in December.

In this article I situate this conference across multiple political and social contexts. This event is located in ongoing struggles in Philadelphia over healthcare and survival in trans communities. These ongoing struggles, in turn, are embedded in the restructuring of transnational capital and intensifying white supremacist, transphobic violence globally. Tracing across the conference battles over power, domination and survival, I'm trying to articulate a vision of healthcare possible within the emerging grounds of revolutionary struggle.

### **transient possibilities**

The success of this trans health conference reflects three major developments in recent Philadelphia politics: the growing interest in trans issues among social service providers, the momentary and localized increase in federal funding available for trans-focused health care programs and the developing solidarity between trans communities in the

city.

The first two are closely related. Our conference was comparatively well-attended. Several social service and health care agencies in Philadelphia have been restructuring policies to promote trans inclusion and trans awareness in their work. Due to both community pressure and new funding, there is a small growth in trans health programs around the city. We were able to make this conference free due to funding from Ryan White Funds - Federal money allocated for social service and healthcare for people living with HIV/AIDS. Within Philadelphia, it's rumored that trans issues are 'hot', and worth incorporating into some agency plans. While few to none of these agencies are trans run, or substantively accountable to trans communities, there are a few new programs on the horizon.

Why, then, is the federal and regional governments and these agencies supporting trans healthcare? We are living in a culture of hatred and ongoing violence against trans people. Medical and social service agencies have decades of neglect, disrespect and exclusion of trans people behind them. And in its rapid right-wing plummet, our federal government has increasingly reflected the ultraconservative linking of rabid transphobia, white supremacy, homophobia and anti-poor policies.

The obvious answer to the question of funding for trans programs is that it doesn't really exist, and that the government doesn't really care about trans people. Our conference and a handful of new programs aside, overwhelmingly most trans people in the U.S. continue to face extreme poverty, rampant levels of HIV infection among trans women, grossly inadequate healthcare and a wide range of social injustices actively supported by federal and local government regimes. In many cities I have heard of a drastic reduction of funding available for trans programs; this funding is strictly local and regional in scope. Here in Philly several trans-related health programs were underfunded in the most recent round of grants.

But this limited amount of local money available is worth looking at more closely. On a more optimistic note, these new resources reflect advocacy work pushed over the last decade by trans activists, service workers and community members working within agencies and out in the streets. These activists have drawn attention to the ongoing social crises of inadequate healthcare and social oppression of trans people in Philadelphia. Needs assessments, tireless street outreach, endless

meetings and a whole range of strategies deployed outside of any bureaucratic infrastructure have slowly pushed agencies and funders to take trans health care seriously.

Trans people are not the only hated and marginalized population momentarily benefiting from highly limited social service care. A friend working at the local needle exchange commented on programs for intravenous drug users. Widespread bans on needle exchanges and the barring of all federal and state funds for needle exchange work aside, there are a handful of cities where needle exchanges are funded. This funding is not due to the ruling class caring about poor drug users - they are funded to the limited extent they are because HIV has become so politically charged, such an immediate reference of social justice, that for the moment it makes political sense to not completely write off all people facing HIV infection.

The recent small growth of trans health programs is due, in part, to this same history. Activists and social service workers have documented the high rates of HIV infection among poor trans women. Through direct action, mass mobilization, media campaigns, advocacy and grassroots organizing AIDS activism through the 80s and 90s was able to force AIDS into public attention. Despite facing deep transphobia, homophobia, racism and hatred of the poor and drug users, AIDS activists were able to link HIV/AIDS to social justice, creating the political pressure to force limited federal and regional funding of services for communities facing AIDS.

It's worth emphasizing, however, both the tentative nature of these resources and their cost. Trans health and education programs that depend on an extreme right government regime and the beneficence of transphobic bureaucracies could lose their funding anytime. Further, these relationships of financial dependency create relationships of accountability to government agencies that rarely understand or care about the well-being of poor trans communities. A few years ago several Philadelphia health service workers embezzled a substantial sum allocated for Black trans youth. The story is just now coming out, a scandal in the gay press. Like several programs today that are notoriously ineffective in meeting their stated objectives of serving trans people, these examples underscore the dire consequences when accountability goes up to the government, and not down to the poor communities themselves. Accountability to government agencies runs directly counter to meeting the real needs or substantively empowering

trans people themselves.

### **developing relationships, confronting brutality**

Philadelphia's Trans-Health Conference was not only possible because of this hard-won wrinkle in funding, but also because of the specific character of the organizing committee. Philadelphia trans politics have been long characterized by extreme racial and class division - deep, insurmountable splits between suburban white heterosexual cross dressers and center city African-American trans sex workers, between young white punk transmen and femme queen vogue dancers, between successful professionals and trans people in prisons, in inpatient facilities or on the streets. While we certainly grappled (and failed to grapple) with racism and classism within the group, the organizing committee reflected a mix of trans people from a range of very different trans communities.

This was possible, it was clear to all of us, from organizing a few months before. Just before Christmas in center city Philadelphia Nizah Morris was murdered. Nizah was well known as a performer, loved member of her family, and as a mentor for other African-American trans women. While the circumstances are far from clear and I won't go into detail about them here, there is a great deal about the police stories from that night that are extremely dubious. These suspicions of police culpability are buttressed by less deniable truths: the media and police response to Nizah's death reflected extreme racism, transphobia and negligent hatred.

Weeks later the police still refused to investigate Nizah's death, or to classify it as a murder. Media coverage horribly misidentified Nizah as a male prostitute, and made repeated unsubstantiated accusations of illegal drug use. Nizah family, and many throughout trans and gay Black communities in Philadelphia, were offended and outraged with the media and police.

We put together a coalition of individuals and groups to organize a large memorial for Nizah. The organizing was extraordinary. Trans people managed to maintain consistent leadership, with a working-class African-American trans woman from Nizah's community taking the main leadership role. It was the first time anyone remembers Black and White trans people working effectively together in Philadelphia. With the participation of Nizah's family, we drew from the support of many communities and organizations around Philadelphia and put together a widely-publicized

and powerful memorial drawing over 300 people.

The event had a major impact on the police and media response to her death. News coverage improved dramatically, with one gay newspaper which had previously run offensive articles started taking on the story and critically challenging police around Nizah's murder. Police finally began an investigation of sorts, classifying the death (six weeks later) as a homicide. Now the District Attorney is involved with an investigation of their own.

More importantly, we managed to build some strong relationships between divided trans communities. A number of us who had worked together on Nizah's death came together again to plan the trans health conference.

### **race, class and violence**

Nizah's death was far from an isolated instance. Philadelphia have a long history of extreme police brutality focused against the city's poor African-American residents. The more publicized police terror against Black liberationists Mumia Abu-Jamal and the M.O.V.E. family are just a part of the larger violent war that has been waged over decades against poor Black Philadelphians by the police department.

This war is particularly vicious for poor trans and gay people of color in Philadelphia. Nizah is one in a long, long list of trans and gay Black people who have died either at the hands of police, or died under circumstances that the police have been unable or unwilling to effectively respond to. In 'the gayborhood' - the neighborhood of Philadelphia known for gay people - police harassment of poor Black gay and trans people, especially sex workers, is constant. As a social service worker and support group facilitator, I've heard more than my fair share of stories of trans people raped repeatedly and otherwise brutalized by police.

Given the scale of the brutality, there is remarkably little public, above-ground anti-police brutality organizing. In planning the memorial for Nizah, at one point someone proposed taking our march to the 6<sup>th</sup> Precinct, a police station notorious for anti-trans violence. In a few minutes of discussion, though, it became clear that many people in the room, especially African-American trans women, couldn't personally afford the inevitable fall-out of harassment that would result from such a protest. While some White residents might disagree, it is a taken for

granted that you don't organize against the police in Philadelphia because if you do they will just kill you.

There are two organizations in Philadelphia that have been extremely successful in linking the racist wars within our city to a broader regional and global context: International Concerned Family and Friends of Mumia, and Philadelphia AIDS Coalition To Unleash Power (ACT-UP). Intl. Concerned has spearheaded a massive global movement to free death row political prisoner and activist Mumia Abu-Jamal. They've been successful at linking Mumia's struggle for freedom and survival to a broader context of white supremacist violence globally and to a wide range of other social justice struggles and oppressed communities. I remember from years back Italian autonomous Communists explaining to me in a squatted social center why they took Mumia's plight seriously. They saw it as inseparable from their own struggles against neoliberalism and state terrorism in Italy.

Philadelphia ACT-UP has successfully linked the struggles faced by poor people living with AIDS in Philadelphia, especially African-Americans and people in prisons, with the global struggle over access to AIDS drugs in developing countries. With protests on the streets of Philadelphia, or sending activists to international trade conferences in Qatar, Philly ACT-UP has made it clear that what is happening on the ground here is part of a much deeper, much bigger global struggle over health, power, race and sexuality.

I locate Nizah's murder and the police and media response to her death in a similar understanding of the transnational interconnections of white supremacy and transphobia. The current United States building of right-wing puppet corporate governments in post-invasion Afghanistan and Iraq and the U.S.-funded wars in the Philippines, Columbia and Palestine are just the more visible manifestations of a much deeper war. We are witnessing a massive consolidation of global wealth linked to a dramatic intensification of U.S. white-supremacist imperial violence across the world. The economic, cultural and social survival of hundreds of millions of poor people of color around the globe is in crises, as the empire of global capital is restructuring economies, governments, and societies with rapid ferocity.

### **reorganizing neocolonial capital**

The needs of transnational capital and profit have placed high demands

on the organization of governments throughout the world. The new neoliberal states that are forming through IMF restructuring have actively pushed racist and classist policies, including mass incarceration, forced consolidation of peasant land, crushing of labor and social justice movements and a hyper-militarization of society. These policies also have especially profound and terrifying consequences for transgender and gender variant people. Trans people are among the most swiftly displaced and terrorized in the economic disintegration and political brutalization of neoliberal society in many countries across the globe.

In Guatemala in the mid-90s, for instance, the U.S. began to deescalate the war it had been waging with the help of a military dictatorship against the country's social justice movements and indigenous peasant populations. After decades of scorched earth, death squads and mass concentration camps, it became politically expedient to make Guatemala into a more stable society that could support the construction of maquiladoras - ultra-exploitative industrial manufacturing centers for clothing - in a previously predominantly agrarian economy. So the government signed a few peace treaties, disarmed the guerrilla groups, and hired most of its army as security guards. Meanwhile the only death squads that continue to operate in Guatemala City are not targeting social justice activists or ex-guerrilla politicians (although both could face such violence if there were again political movements threatening capital in the country); instead these death squads are primarily targeting trans sex workers. Like several other central American cities - San Cristobal de Las Casas, San Salvador, Panama City - the last few years have been marked by a dramatic escalation of paramilitary violence against the city's poor trans people.

Here in the United States such links are obvious to anyone looking. In the agendas of the New Right, whether we are talking about Ronald Reagan or George W. Bush, transphobia, homophobia and racism are intimately linked. Extreme sexual and gender normativity, enforced throughout the state's policies, are deeply interwoven with the intensification of white supremacy through the prison system, in exclusions from higher education or in the gutting of social services. To take one example from many, trans people face discrimination in immigration policy - bars to immigrants living with HIV, wide personal discretion given to transphobic immigrant officials, inadequate asylum rights to trans people and systematic violence against trans people in INS detention facilities -- all are embedded in a structure that is racist to its core, targeting immigrants of color.

Nizah's death is deeply wrapped up in this ongoing reality of racist and transphobic violence institutionalized on all levels of state and corporate policy. Perhaps a bit more subtly, so was our Trans Health Conference. Returning to the work of ACT-UP Philadelphia and AIDS activism more broadly, state violence doesn't just take the form of death squads and C4 bombs dropped from police helicopters. It also manifests as institutional neglect, poverty and poor healthcare. While many trans women have died at the hands of Philadelphia police, far more have died of AIDS in a city with grossly inadequate resources to address the health crises in poor trans communities.

At its worse moments, our Trans Health Conference was just another step in social services consolidating more resources for institutions that are structurally transphobic and racist; another space for professionals developing new strategies to document, trace, absorb and exploit a community that has no say in the actual development, administration and management of agencies that can virtually run our lives. But at its best moments the Conference was also a site of this broader and deeper revolutionary challenge to an institutionalized hatred of trans people that is a component to a neocolonial capitalism waging wars against poor people of color across the globe; a space for trans people to organize to claim self-determination in a society that works to systematically rob of us of control over own bodies.

### **social services and accountability**

In closing I want to focus a bit more on the difference between these two characterizations of this Conference and health organizing - as oppressive and as liberating. Social services occupy a particular position in post-1960s capitalism. Capitalism consistently produces large numbers of poor people. Up until recently, ruling classes in industrialized countries mostly recognized that overall capital could benefit from the proper social management and social control of the poor. Some of the institutions charged with this task are obviously coercive - police, military, prisons. Others have a far more complex effect, tracking and financially supporting the lives of poor people. Through the 1960s a whole class of social workers took on new prominence. Largely middle class professionals, social workers were called on to work closely around understanding, managing and benefiting the lives of poor people. This increases overall social stability, cuts down on violent social uprisings that marred the 1960s and is significantly cheaper than its close compliment of

incarceration.

Social workers also occupy a specific ideological position - advancing an understanding of liberalism that has had a major impact in defining and limiting the terms of the American political Left. It has been decades since a substantive revolutionary, or even working class, politics had held sway on the national US political terrain. Instead the most progressive side of policy debates has been held by a form of liberalism that reflects a great deal of the positioning of social workers: concerned with the plight of the poor, but unaccountable, privileged and patronizing.

More recently, social services have clearly become less crucial to neoliberal capitalism, as such programs face drastic funding in most industrialized and many developing countries. Welfare reform and similar policies have shifted state's role in poor people's lives towards intensified coercion, racism and violence. Still, however, social services place a crucial political function.

As a social worker myself, I certainly don't mean to overstate the politics of individual people. The specific values, political commitments or interpersonal graces of a particular case manager are not the point. This is easily lost when I find coworkers taking critiques such of these personally, acting offended because I am trying to talk critically about class power as a structural and social system.

What's key about social work as an institution comes down not to the values of individuals, but to the structure itself: ultimately, nearly all social workers and low-income health care workers are not accountable to the communities they serve. We are structurally accountable solely to our funders, usually the federal government and other ruling class social institutions. Whatever my values, as a social worker at the end of the day I answer to my boss, who answers to others up a hierarchy that leads directly to the U.S. Center for Disease Control, the Bush administration and the ruling class.

Like all structures, this organization of power and accountability is not absolute - we have client feedback groups, we have complaining clients who we might listen to. We are able to make some decisions of our own within the terms the CDC provides. Sometimes we even break rules to serve people we work with. But nevertheless the absence of any structural accountability between social service or low-income health workers and the marginalized populations they work with has profound

and far-reaching consequences.

For trans people, these consequences are particularly dire. Many social service providers are intensely transphobic, enforcing offensive, exclusionary and discriminatory policies on trans people. Many others grossly misunderstand the complexities, identities and experiences of trans people lives. Few trans people end up in policy-making and administrative positions in any agencies. The handful of trans people that do make it into these institutions usually have very little clout, and come from more privileged economic classes than most trans people accessing social services. Further, many trans people are forced to access social service and healthcare in disproportionately high rates due to transitioning needs and HIV care. These factors all contribute to a large number of trans people in desperate need of medical care and financial stability, who then face systematic oppression when they turn to social services to meet those needs.

There are many legitimate ideas challenging this situation presented at the Trans Health Conference and among trans health activists in the city. We are educating social service workers on trans issues; we are working to build networks between trans allies in social service work and trans people; we are trying to develop networks of interpersonal support between trans communities; we are promoting an increase in trans-specific social service care. All these things are great, and can be part of significant and valuable changes.

### **serving democracy**

Ultimately we need to situate these activities in a radical strategy of transforming how accountability and control operate in our society. Rather than just improve and fine-tune the machinery of capitalist social work, we need to begin to push forward a vision of social services and healthcare embedded in a commitment to a radically democratic and economically just society. Doing so can't just happen with the work of well-intentioned professionals; it calls on broad movements led by poor people radically transforming how power, wealth and control function.

We can begin, in part, by building structures of accountability in current social service and health care institutions. Feedback groups that have some teeth; working-class trans people making it onto executive boards and into administration positions; advisory groups that are listened to and substantively reflect the communities being served; grassroots

organizing among diverse trans communities to put collective, strategic pressure on agencies that are not meeting our needs or accountable to our communities. These are all excellent steps in establishing limited forms of accountability in the short-term within social service and healthcare institutions.

In the long term, we need to radically restructure the social function of social service institutions. We need to establish forms of overall structural accountability where funding doesn't come from a racist, transphobic ruling class, where capital doesn't produce systematic poverty and then control the means to manage it. Across the globe poor people are fighting a war for survival. This war ultimately calls on us to be committed to abolishing the structures of capitalism, state violence, class-exploitation and imperial white-supremacy that lie at the heart of all trans politics. Our liberation, as trans people in Philadelphia from various classes crowding into an empty high-school on a Saturday morning for a conference, is intimately bound up with the survival and resistance of poor people across this city and across the globe.

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