I now agree with Kessler's assessment. It would be better for intersexuals and their supporters to turn everyone's focus away from genitals. Instead, as she suggests, one should acknowledge that people come in an even wider assortment of sexual identities and characteristics than mere genitals can distinguish. Some women may have "large clitorises or fused labia," whereas some men may have "small penises or misshapen scrota," as Kessler puts it, "phenotypes with no particular clinical or identity meaning."

As clearheaded as Kessler's program is—and despite the progress made in the 1990s—our society is still far from that ideal. The intersexual or transgendered person who projects a social gender—what Kessler calls "cultural genitals"—that conflicts with his or her physical genitals still may die for the transgression. Hence legal protection for people whose cultural and physical genitals do not match is needed during the current transition to a more gender-diverse world. One easy step would be to eliminate the category of "gender" from official documents, such as driver's licenses and passports. Surely attributes both more visible (such as height, build and eye color) and less visible (fingerprints and genetic profiles) would be more expedient.

A more far-ranging agenda is presented in the International Bill of Gender Rights, adopted in 1995 at the fourth annual International Conference on Transgender Law and Employment Policy in Houston, Texas. It lists ten "gender rights," including the right to define one's own gender, the right to change one's physical gender if one so chooses and the right to marry whomever one wishes. The legal bases for such rights are being hammered out in the courts as I write and, most recently, through the establishment, in the state of Vermont, of legal same-sex domestic partnerships.

No one could have foreseen such changes in 1993. And the idea that I played some role, however small, in reducing the pressure—from the medical community as well as from society at large—to flatten the diversity of human sexes into two diametrically opposed camps gives me pleasure.

Sometimes people suggest to me, with not a little horror, that I am arguing for a pastel world in which androgyny reigns and men and women are boringly the same. In my vision, however, strong colors coexist with pastels. There are and will continue to be highly masculine people out there; it's just that some of them are women. And some of the most feminine people I know happen to be men.

READING 33

To Be Poor and Transgender

Kai Wright

Sharmus has been a sex worker for about five years. She started after breaking up with a boyfriend who was supporting her while she was out of work. It was quick money, and, as with many of her transgender friends, she didn't believe there were many other jobs out there for her.

"You have your good nights, and your bad nights," says Sharmus, thirty-five. "There are no fringe benefits. Summer time is the best time; the winter is hard," she explains, casually ticking off the pros and cons of being a prostitute. "It's just hard getting a job. Nobody really wants to hire you, and when they do hire you they give you a hard time."

Source: The Progressive, October 2001. Copyright © 2001. Reprinted with permission from the author.

Sex work was not in her plans back when she transitioned from male to female at age twenty-one. "Sometimes I regret it," she sighs. "My lifetime goal was to be a schoolteacher."

Her uncertainty is to be expected. Our culture depicts people whose discomfort with gender norms goes beyond being tomboys or feminine men as mere curiosity items for trash TV ("Your woman is really a man!" episodes of *Jerry Springer*). This collective ignorance leaves people like Sharmus without much guidance. Many go through puberty and into adulthood without meeting people like themselves. The resulting high rates of depression, drug use, violence, and suicidal thoughts are unsurprising.

"One of the greatest agonies one can experience is gender dysphoria," says transgender activist Jessica Xavier. "When your anatomy doesn't match who you are inside, it's the worst feeling in the world."

Sharmus and Xavier are part of a group whose existence challenges normative gender. They include drag performers, heterosexual cross-dressers, and people from all walks of life who live permanently in a gender other than that assigned at birth. They range from individuals who have had thousands of dollars worth of reconstructive surgery to people who simply style themselves in a way that feels comfortable.

Around the nation, a growing cadre of activists is working to build bridges between all of these populations and to encourage the formation of an umbrella community called "transgender." What the members of this latest American identity group share is a far more practical understanding of gender politics than that of the ethereal, academic world to which it is often relegated. From employment to health services, transgender folks, particularly those in low-income environments, face enormous barriers when navigating even the most basic aspects of life—all because of their gender transgressions.

"We continue to be one of the most stigmatized populations on the planet," says Xavier, the former director of a national coalition of transgender political groups called It's Time!—America. Xavier recently cajoled the local health department into financing a survey of around 250 transgender people in D.C. Forty percent of respondents had not finished high school, and another 40 percent were unemployed. Almost half had no health insurance and reported not seeing a physician regularly. A quarter reported being HIV-positive, and another 35 percent reported having seriously considered suicide.

Xavier's was the latest in a series of such studies done in cities where relatively emboldened trans activists have pushed local officials to begin considering public-policy solutions to their health care concerns. Across the board, they have found largely the same thing: higher rates of just about every indicator of social and economic distress. "And all because of the stigma," Xavier concludes.

One problem that stands out, Xavier and others say, is the need for accessible counseling and medical supervision for those who are in the process of gender transitioning. Most medical professionals require certain steps, outlined in a set of protocols dubbed the "Benjamin Standards of Care." First, a therapist must diagnose you with "Gender Identity Disorder," which the American Psychiatric Association established in 1979. In adults, the diagnosis essentially confirms that your "gender dysphoria" is profound enough that the drastic step of making physiological alterations to God's plan is an acceptable treatment.

The diagnosis clears you for reconstructive surgery and hormone therapy. Hormone use for gender transitioning is strictly off-label, but select doctors will nevertheless prescribe a particular hormone and simply file paperwork for one of its approved usages. While there is disagreement within the trans community about how this process should be altered, most

unite around frustration with the gatekeeping nature of it all—the notion that one must first ask permission, then be declared insane, before being allowed to violate our gender rules.

For Angela (a pseudonym), this means choosing between the career she's spent ten years building and her recent decision to live as a male. Angela, twenty-eight, gained security clearance while serving in the Marines. Despite having climbed to officer rank, she fled the forces when it became clear they were going to throw her out for being a lesbian.

As a civilian, her clearance allowed her to land a well-paying job at an aerospace engineering firm. The position has afforded her partner of four years a comfortable life, and even occasionally helps support her partner's budding acting career. But all of that will be jeopardized once a gender-identity-disorder diagnosis is placed in Angela's medical records. Technically, it's a mental health problem, and that would likely prompt the revocation of her clearance when it next comes up for review. So Angela and her partner are again searching for new ways she can use her skills.

Middle class professionals like Angela have options. The barriers to a legal and safe gender transition are surmountable, if profound. But for people like Sharmus, the whole discussion is absurd.

Sharmus has never had "body work" done, but she's taken some hormones in the past. In her world, spending thousands of dollars on therapy, surgery, and hormone treatments is impossible, but a hyper-feminine appearance is still highly valued—not only for personal aesthetics, but also for professional development. So a thriving black market has developed. In D.C., for $200 to $300, you can have silicone injected into your chest to create breasts. Thirty bucks will get you around 100 hormone pills, though injections are usually cheaper.

"When I was taking the hormone shots, my girlfriend was shooting me," Sharmus explains. "You get a knot in the breasts first, then your skin gets soft. After about two months, my breasts started forming."

With hormones, often someone who has taken them before supplies and mentors a curious friend. Similar arrangements develop with silicone, but just as often there's a dealer in town who also injects clients. The silicone is not encased, as it would be with an implant, but rather injected with large syringes directly into varying body parts. In some cases, the materials injected are not even silicone, but substitutes made from more readily available things such as dishwashing liquid or floor wax. Similarly, some men wanting estrogen will simply take birth-control pills. Testosterone is harder to improvise, but even the real thing can irreparably damage internal organs when taken improperly. All of this can result in fatalities.

"I have known several people that passed," Sharmus sighs. She steers clear of silicone and stopped taking unsupervised hormones. A couple of years ago, she started working with an organization called Helping Individual Prostitutes Survive, or HIPS. She conducts outreach for HIPS, offering information on how to protect against HIV and other sexually transmitted diseases, and encouraging colleagues to leave the silicone alone.

Omar Reyes, whose drag persona is former Miss Gay America, works for La Clinica del Pueblo, a D.C. clinic serving the city's ballooning Latino community. Reyes uses his male birth name and male pronouns but considers himself transgender because of his drag work and his discomfort with male gender "norms." In his monthly transgender support group and in conversations with other *dragas* he meets at his weekly show, Reyes harps on the *malas noticias* about silicone. But he recognizes why it's attractive: It's cheap, and it's fast.

"They put silicone in their face and their bodies and, in just a very short period, they can look like a woman," he says. This is particularly

important for drag performers and sex workers, whose income may depend on how exaggeratedly feminine they look. "We have to deal with the fact that they want to look like a woman, and this is the short-term way to do it."

Reyes and Xavier want to see someone in D.C. start a low-cost clinic devoted to counseling and treatment for people who are transitioning. Gay health centers in Boston, Los Angeles, New York City, San Francisco, and Seattle all have such clinics already and are developing their own sets of protocols for how the process should work. Earlier this year, San Francisco became the first jurisdiction in the United States to include sex reassignment surgery and related treatments in its health plan for civil servants. This is the kind of thing Xavier says we need to see more of.

But even if the services were there, getting people into them would take work. Most transgender people tell horrifying stories of the treatment they have experienced in health care settings. In one of the most high-profile cases nationally, a trans woman named Tyra Hunter died in 1995 when D.C. paramedics refused to treat her wounds from a car accident. After removing her clothes at the scene of the accident and discovering her male genitals, a paramedic allegedly ceased treating Hunter and began shouting taunts. She died at the hospital later. Following a lengthy court battle, Hunter's family won a suit against the city.

There are many less prominent examples. From the hospital nurse who gawks when helping a trans woman into her dressing gown to the gynecologist who responds with disbelief when a trans man comes in for a checkup, the small indignities act as perhaps the greatest barriers to health care.

"They feel like when you go for services, people are going to give attitude," Reyes says. "Therefore, you find that they don't even think about going for help when they really need it."

Tanika Walker, who goes by Lucky, is your standard eighteen-year-old hard ass: short-sighted, stubborn-headed, determined to be the toughest guy in the room. Born and raised in rough-and-tumble southeast Washington, D.C., Lucky has a mop of dreadlocks, light mustache, tattoos, and brands—including the name of a deceased sibling spelled out in cigarette burns. These all send one message: I'm the wrong dude to mess with.

Like Angela, Lucky is in the process of transitioning genders to become a young man. It's an emotional journey she began when she was fourteen years old. Along the way, she's been yanked out of school and tossed out of her home. She's also been involved in a lot of disastrous relationships marred by violence, often her own.

"I know that I'm homosexual, that I'm a lesbian," Lucky says, groping to explain her feelings. "But at the same time, it's like, I look so much like a boy. I act so much like a boy. I want to be a boy."

So far, however, Lucky's transition is primarily stylistic. She still uses her birth name and answers to female pronouns, but she describes her gender as "not anything." She uses only the men's bathroom because she's had too many fights with women who thought she was a Peeping Tom in the ladies room. And she'd much rather her friends call her "dawg" than "girlfriend." Among African American lesbians, Lucky fits into a category of women often dubbed "doms," short for dominant.

"I never had chests," Lucky brags. "Never. Around the time you're supposed to start getting chests, I didn't get any. So I was like, am I made to be like this? I was the little girl all of the other little girls couldn't play with 'cause I was too boyish."

The dyke jokes started early, sometime in middle school. She settled on a violent response to the taunting just as early. Her fighting became routine enough that by sophomore year the school suggested counseling for her

"identity crisis." She balked and, instead, came out to her mom, who promptly threw her out of the house. "I was like, how am I having an identity crisis? I know what I am," Lucky remembers. "My mom said I had to go."

Lucky enrolled herself in the Job Corps and by the time she was seventeen had her GED. She came back to D.C., moved in with her godsister, and began dating a thirty-two-year-old woman.

But the relationship quickly turned violent, and the godsister put Lucky out as well. She turned to one of her brothers and started dating someone her own age. But it was a stormy relationship, and Lucky battered her partner. After one of their more brutal fights, the young woman called the police and Lucky wound up in jail for a month for aggravated assault. That was this April. In May, she started dating another young woman, and she believes this relationship will work out. She's also started hanging out at the Sexual Minority Youth Assistance League (SMYAL).

One urgent lesson she's trying to learn is that violence isn't her only option when conflict arises. But she dismisses the severity of her problem. "I would be, like, 'Go away and leave me alone,'" she says, describing how the fights started. "And she would just keep hitting me in the arm or something. But it didn't really affect me; it would just be real irritating. She used to do stupid stuff like that to aggravate me. So I just hit her. And when I hit her, I blacked her eye out or something."

She sums up her life in a gigantic understatement, saying, "It's just some things I've been through that a normal eighteen-year-old female wouldn't have been through."

Twenty-year-old Vassar College senior Kiana Moore began transitioning at seventeen. She is articulate and engaging, has never been in trouble, and is studying to become a clinical psychologist. As the only transgender person on her campus, she comes out to the entire first-year class every term during one of the school's diversity programs. She spent this summer interning at SMYAL, counseling Lucky and fifteen to twenty other mainly black transgender youth. What these young folks need, she says, are more role models.

"I am here at SMYAL working as an intern, but where else can you go around this country and see a trans intern? Where can you see a trans person who's in college?" Moore asks. "And so you don't really have anyone to connect to or know about. So if they are at high risk [for social problems], that's why. Because there's nothing there for them at all."

Moore has what Xavier calls "passing privilege." She's a beautiful and confident black woman most people would never assume is transgender. That's something usually achieved only by those with significant resources.

And once trans people have found they can pass—usually middle class whites living in the suburbs—they don't want to ruin it by becoming an activist or a role model.

"You lose something if you help, because then you put yourself in the spotlight. And if you are a pretty, passable female, you don't want to do that," Moore explains. "We don't want to be advocates, because then we're Kiana the transsexual instead of Kiana the new neighbor."

And thus the activists trying to build a transgender community and social movement face much the same battle gay activists confronted for years: Those with the resources to help have too much to lose.

But Moore sees promise in the youth she spent the summer with. "Every time I talk to them I always give them a big hug before, during, and after the session, because that's the only way I can say I'm here and I think you're stronger than me," she says. "They deal with their problems, and they come in here, and they smile, every day. And they take care of each other."