Beyond Resilience

Trans Coalitional Activism as Radical Self-Care

Elijah Adiv Edelman

Studies of queer and trans suffering, resilience, care, and vitalities are invariably also investigations into the difficult and painful articulations of lives that feel worth living along with deaths that feel okay dying. The notion of resiliency, referring to a conditional state of overcoming difficult situations, neglects to fully encompass our understandings of risk, vulnerability, and life making.[1] Specifically, in this article I explore the ways in which Washington, DC–based trans activists discuss that which renders viable life as being constituted by shared coalitional labor in a contemporary moment that is violently anti-Black, xenophobic, misogynist, and distinctly antitrans. While health researchers have long noted the beneficial role a coalition serves in better representing needs in research,[2] I focus here on how individuals meet their needs not through solitary and normative resilience strategies but within and through spaces of coalitional action. This approach to radical care encourages us to rethink what constitutes livable life. The necropolitics of trans lives—those that get marked as morally suspect and intrinsically disposable, representing "the condition for the acceptability of putting to death"[3]—coexists with what I frame here as trans vitalities, or that which makes lives worth living.

This article, in its exploration of trans activism, coalitional labor, and radical care, is also an exploration of how the production of the "transnormative subject" articulates with notions of resilience as well as spatiality and place.[4] As I discuss here, the ideologies that underlie the notion of trans resilience value a simple "universal trajectory of coming out/transition, visibility, recognition, protection, and self-actualization." However, lived experience does not follow a linear path. The focus on and celebration of the few trans lives that might reproduce this model of

resilience "remains uninterrogated in [their] complicities and convergences with biomedical, neoliberal, racist, and imperialist projects."[5] In other words, what constitutes valued trans embodiment and practice becomes the template through which resilience imagines both life making and how care is found.

Looking at Life through Death

Barbara, a white trans woman in her early sixties and lifetime local to the Washington, DC, metropolitan area, got involved in trans activism after being told by her therapist that she needed to find a trans support group. Having visited several regional groups and feeling disappointed by what she described as "complaining" by attendees, she found the DC Trans Coalition (DCTC), a trans activist group of which I was also a member. In an e-mail, she explained to me in greater detail what brought her to trans activist work:

> When my therapist told me that I was done, or finished (done makes it sound like I'm a muffin and the timer just went off, time to get out of the oven!) I should seek out a support group. . . . I found out way back then, TEGA was for the crossdressers. Not me. MAGIC was a lot of people who were unhappy that their wives didn't understand them. Umm, not my problem, so I went to the [DCTC] town hall. I was impressed. Here were people who were actually doing something about making life better for everyone. Sure it's about the T, but others benefit also, sort of an ancillary benefit. So I went to my first meeting. . . . My involvement with DCTC has opened doors that I thought were closed to me. Because of the encouragement of its members, I'm in college now. I have met some truly awesome people and have grown so much. I can't imagine my [life] without it.

Barbara was dead several years after getting involved in trans activism and not long after she shared this e-mail with me. Barbara wasn't murdered. She did not commit suicide. She did not die as a result of complications related to living with HIV. She was not homeless or without a source of income when she died. Her funeral, which we did not need to fundraise to hold, was well attended by surviving members of her natal family and of the trans activist communities she was a member of. And members of her birth and trans activist family carried her body to her grave. In many ways, in death just as in life, she provided us with an opportunity to engage in forms of shared radical care. I position the kind of radical care underlying Barbara's activist work, and even within the space carved out by her death, as constituting "vital but underappreciated strategies for enduring precarious worlds," as Hiʻilei Julia Kawehipuaakahaopulani Hobart and Tamara Kneese describe in their introduction to this special

issue of *Social Text*. Indeed, while the circumstances surrounding Barbara's life, and death, contrast with that experienced by most trans activists, our coalitional labor, in life and even in death, provided a kind of care that defies conventional descriptions. Our shared labor, as Barbara noted, was not simply about supportive care but, echoing Hobart and Kneese, was constituted by "autonomous direct action and nonhierarchical collective work."

Importantly, the ways in which Barbara's death created desperately needed spaces of radical care and closure does not, in fact, resemble how other activists we worked with died—the murders, the suicides, the premature and likely preventable deaths, the unclaimed bodies, the funerals that never happened because there were no funds to hold them, the natal families that were never involved, and the chosen families that were never invited. Barbara is an outlier. However, I begin this article with her not because her death exemplifies or directly contrasts with trans lives and deaths but because it is often through the messy and frequently traumatic incoherence of death and loss that we experience the full potential of radical care. Moreover, we can striate these forms of radical care with what Sara Ahmed refers to as "desire lines." In thinking about resistance and willfullness, Ahmed reminds us, "when you stray from the official paths, you create desire lines, faint marks on the earth, as traces of where you or others have been. A willfulness archive is premised on hope: the hope that those who wander away from the paths they are supposed to follow leave their footprints behind."[6] When we situate Barbara's life, activist work, and even death within the broader context of what constitutes resilience, radical care, or vitalities, we can imagine those desire lines—the social, political, and personal legacies of our lives—that she both followed and left for others to move over, across, and through. In this article, I explore how radical care and those desire lines structure frameworks of "trans vitalities" as necessary shifts toward disrupting normative expectations of care, resilience, and, ultimately, that which is understood to constitute a life worth living.

Radical Care as Trans Vitalities

Multiple studies of trans health discursively or literally mark particular trans persons or bodies as at risk or as engaging in high-risk activities.[7] While resilience frameworks help us identify structural inequities, particularly among trans women of color, I consider here how we might rethink concepts like risk and care. Specifically, rather than approach risk as something we do, we can view risk as applied to bodies or practices viewed as morally or ethically suspect. Specifically, I focus here on how risk and resilience are constituted and constrained by one's agency or structural

limitations. Importantly, situating risk, or the overcoming of risk through resilience, as active behaviors or passive vulnerability erases our complex intertextual subjectivities, as well as the structural and symbolic violence that often results in negative health outcomes for trans persons.[8] As such, a framework of radical care allows us to explore alternative models of trans vitalities for reconfiguring the risk/resilience binary toward models employed by both informal trans social networks and harm reduction agencies in Washington, DC. By focusing on how life making in trans coalitional spaces may very well coexist within spaces heavily marked by death and loss, I document here how these vitalities articulate within and across social justice movements, which ultimately provide alternative models of stability that do not require the kind of normativity a resilience framework demands. In short, I discuss here how the personal and political transformative power of coalition-based trans social justice work functions as a form of radical care and productive life force for many of the participants of the projects explored in this text.

In recent years models of resilience have emerged as a trope within academic fields and activist and social media circles, with calls for self-care and adaptation as a means of resistance. While human and bioecological resilience is certainly advantageous, this article considers implications of resilience as a force that obscures and diverts attention away from relational and structural forms of violence and how directing attention toward self-determined viabilities and vitalities illuminates how communities identify and fill fissures or ruptures in the continuity of oppressive structures, pedagogies, policies, spaces, places, and laws. Indeed, resilience is broadly appealing in that it offers individuals and groups the opportunity to celebrate ingenuity and survival. Yet, resilience is also implicated in the reproduction of one's own subjectification. Rarely is group resiliency prioritized against more individualized forms of adaptation or forms of radical care offered through activist work. However, as discussed here, group resilience is far more "powerful as a buffer for transgender individuals when they are faced with overwhelmingly bleak social and environmental circumstances."[9] Importantly, the fetishization of resilience results in a failure to identify and call for an end to systems that produce the very inequities that some are expected to overcome. In other words, resiliency is an option only for those who are capable of individually overcoming systemic inequity and structures of power.

Trans vitalities, in contrast to concepts like resilience, center an ethics of radical care. I argue that trans vitalities function in three distinct ways: (a) to disrupt and rethink what valuable, viable, or quantifiable quality of life looks like; (b) to shift our understandings of community toward coalition; and (c) to offer a methodological, theoretical, and application-based set of tools that integrates a radical trans politics and a community-

based approach to addressing trans lives. Finally, I position trans vitalities as following Lauren Berlant's "cruel optimism" as an "analytic lever" toward an "incitement to inhabit and to track the affective attachment to what we call 'the good life,' which is for so many a bad life that wears out the subjects who nonetheless, and at the same time, find their conditions of possibility within it."[10] Rather, in defining the potential transgression of radical care, this "negates the dictates of the norm and yet paradoxically reinforces the norm's effects (by not simply refusing the norm, but rather negating it, transcending it and completing it). It exceeds a limit but, in its excess, verifies the limit itself."[11] In other words, radical care can be defined as radical only through explaining how it differs from normal care. In effect, definitions of normal care also create the limits for how to define radical care. When applied to normative expectations of viable trans life, as articulated by the capacity to seamlessly integrate oneself into hetero- and cis-normative life worlds, we see that normativity is that which creates—rather than promises relief from—suffering. Barbara, like many of those discussed in this article, was understood to be resilient only as a result of the transformative power of transgressive activist work.

In focusing on trans vitalities, as well as our understandings of standard versus radical care, I find it useful to highlight the ways in which marked and unmarked standards of care provide insight into the limits of the concept of trans community. There is no single, unilateral form of trans experience that can be meaningfully called upon to define all those classified within this community without erasing difference. Rather, those who may identify with or be placed in the trans community range in age and reflect vastly disparate racial, classed, linguistic, sexualized, and educational backgrounds. It is through practices of elision that such issues of inequality, systemic abuse, and violence become invisible. With these concerns of inequity in mind, I identify *community* here to represent a "symbolic totality as well as a practical multiplicity."[12] That is, while there is no singular trans community, the experiences of the participants explored here index the symbolic totality of the phrase and the participants refer to themselves as belonging to a trans community.

Additionally, as noted by scholars engaged in trans-specific academic work, the notion of a cohesive trans community fails to acknowledge that there is no singular kind of trans person.[13] While I continue to utilize the term *trans* here as a gloss for a diverse and complex multitude of expressions and identities, I have chosen to shift away from the artificial boundedness of the term *community*. Instead, I focus here on coalitions as a frame of reference when (re)considering ethnographic depictions of trans lives. As anthropologist Vered Amit cautions, community, as an analytical category, "always require[s] skeptical investigation rather than providing a ready-made social unit upon which to hang analysis"[14] As

such, I employ the language of trans *coalitions* in this text as a means to highlight the critical racial, classed, and gendered implications of US historical renderings of trans and queer(ed) bodies in space.

Assessing Trans Needs in Washington, DC

In this article I draw from two distinct but overlapping research projects: (a) a series of community roundtables and mapmaking conducted among trans-identifying persons in Washington, DC, and (b) the design and implementation of a large scale DC-focused trans community needs assessment (DCTNA) survey. Importantly, while I make a point here to critique the use of metrics to inform our understandings of livable life, I include the survey data to highlight the double bind of presenting research on trans communities. Specifically, the impetus behind conducting a survey emerged from a historical pattern of policy makers, governmental official, researchers, and even gender- and sexuality-based community organizations viewing first-hand accounts provided by trans activists in DC as too anecdotal to support legal or structural changes.[15] In many respects the data collected during the community roundtables is both replicated and supported in the DCTNA data and analysis. Moreover, following traditional academic models, the replication of data outcomes in additional studies functions as a validity check, allowing the researcher to emphasize the veracity of the findings. However, as I argue here, metrics overly simplify the enormous complexity of lived experience and, in the absence of the kind of overlapping data sets utilized in this article, often stand in for, rather than support, first-person accounts.[16] Thus, my goal here is not to argue for entirely replacing quantitatively anchored data collection but, rather, to emphasize the danger of overly relying on numbers to measure life. Finally, it is important to note that both the community roundtables and mapmaking research project, along with the subsequent DCTNA, were reviewed and approved by the institutional review board at American University in Washington, DC, where I completed my doctoral work.[17] While institutional review board approval does not inherently translate to degrees of safety for participants, the kinds of information shared in both of these research projects, including providing permissions to reproduce the visual medium of community-centered maps, demand a level of care that requires a system of checks and balances. Additionally, while I functioned as the principal investigator in title, the research process and outcome were guided by a consensus-based coalition of community activists involved in the DCTC, an informal and nonhierarchal trans activist group based in DC, as well as other informal and formal groups.

In early 2010, members of the DCTC, including myself, began what would become a three-stage process to produce the largest US-city-based,

trans-specific, community-produced trans needs assessment project. During what would eventually function as the first stage of the project, we held a series of community roundtables. At these roundtables we asked participants to draw a map Washington, DC, as a "trans city." We followed this activity with a discussion about these maps. We closed each roundtable by collecting questions participants wished to see addressed in a larger-format research project. At the close of this phase, occurring in 2010 and 2011, we reached a total of 108 trans-identifying persons.

Importantly, the data collected during the roundtable discussions and mapmaking reflect lived experience—and the centrality of radical care—in ways that neither just interviews nor a survey can capture. This kind of mapping moves away from normative cartographic methods of GIS and objective scientific means and instead utilizes conceptualizations of space and place in which to visualize the city as lived.[18] The act of map production encouraged participants to consider how they fit in within the city, both physically and metaphorically. Additionally, we utilized this notion of "radical cartography" as a means by which to "actively promote social change" with the resulting research.[19] We drew heavily from the central concepts in community-based research, which shifts the goals of traditional research "with the purpose of solving a pressing community problem or effecting social change."[20]

In response to a consistently articulated desire during the roundtables for a larger DC-based, trans-focused project, we chose to implement a large-scale needs assessment in the form of a survey. We based the language of the DCTNA on issues raised during the roundtables, as well as those in nationally used LGBT-specific surveys, such as the joint 2011 survey produced by the National Center for Transgender Equality and the National Gay and Lesbian Task Force, as well as federal census questions and community-produced surveys used in local needs assessment projects, such as the 2007 Virginia Transgender Health Initiative Study and the 2000 Washington Transgender Needs Assessment Survey. After two rounds of internal testing, the survey in both English and Spanish was released in both electronic and paper form in May 2012 and was closed in May 2013. Upon closing, 624 surveys were completed, with a total of 521 surveys qualifying for inclusion in the data analysis. In November 2015 we released *Access Denied*, a 104-page executive summary examining the survey data.[21]

The results from the DCTNA reflected a large cross-section of what trans might look like and provided data that we now had documented in a form more readily acknowledged as valid by policy makers, researchers, and other direct service providers. Approximately 63 percent of survey respondents identified as trans or gender-nonconforming and were assigned male at birth, and approximately 37 percent identified as

trans or gender-nonconforming and assigned female at birth. The racial demographic breakdown for the survey was approximately 59 percent respondents of color and 41 percent white respondents. Over 46 percent of respondents reported earning less than $10,000 a year, compared with only 11 percent of Washington, DC, residents as a whole.[22] Trans persons of color, particularly trans women of color, reflected the greatest economic hardships among those we surveyed, with 57 percent making less than $10,000 a year. White trans persons were six times more likely than trans persons of color to have secured a higher education degree. Sixteen percent of white participants reported experiencing financial hardship in higher education, whereas 25 percent of Black participants and 70 percent of Latinx participants reported similar hardships. Seventy-one percent of trans masculine persons reported attaining a higher education degree, compared to only 29 percent of trans feminine individuals.

The survey also reflected disturbingly high rates of assault and harassment. Of those surveyed, 74 percent had been verbally assaulted, 42 percent had been physically assaulted, and 35 percent had been sexually assaulted; 57 percent of trans feminine individuals had been assaulted, compared to 17 percent of trans masculine individuals; and 47 percent of trans feminine individuals had been sexually assaulted, compared to 14 percent of trans masculine individuals. Experiences of assault were more common among trans persons of color compared to white trans persons: 54 percent of Black and 60 percent of Latinx trans persons had been physically assaulted compared to 21 percent of whites; 47 percent of Black and 56 percent of Latinx trans persons had been sexually assaulted compared to 14 percent of whites. Among Black trans persons, 62 percent of trans feminine individuals had been physically assaulted compared to 14 percent of Black trans masculine individuals. Among Latinx trans persons, 70 percent of trans feminine individuals had been physically assaulted compared to 27 percent of trans masculine individuals.

Finally, the survey documented an ongoing health crisis for trans persons living in DC. While 8 percent of the general population of Washington, DC was uninsured in 2012, twice as many trans persons were uninsured during the survey period, and more than one out of every four with insurance relied on public sources, such as Medicare and Medicaid. Although many respondents reported "good to excellent" general health, reporting "poor to fair" health was associated with high rates of poverty and past discrimination. Discrimination from health care providers is particularly important when considering trans health concerns. Among those who had seen a doctor, 19 percent had been denied medical care at least once due to being perceived as transgender. Unlike many other categories of experience, there were no statistically significant differences in denial of medical care based on gender identity or race/ethnicity. How-

ever, a significant association was found between medical discrimination and perceived quality of health. Among those who had been medically discriminated against, 24 percent rated their health as poor to fair, compared to 13 percent of those who had not been medically discriminated against.

Importantly, of those surveyed, 65 percent have undergone hormone treatment or body enhancement for the purpose of transitioning. Another 23 percent have not yet had a procedure but wanted to, and 12 percent did not wish to have any procedures. As such, given many of the barriers to accessing treatment through licensed providers, the use of unlicensed care is particularly important when considering trans health needs. Among those who have undergone treatment, 30 percent reported getting procedures from an unlicensed practitioner or source (e.g., internet). Use of unlicensed sources differed significantly by gender identity and race/ethnicity. Trans feminine individuals and persons of color were more likely to use at least one unlicensed source or provider compared with trans masculine individuals and whites.

In addition to physical health, the mental health status of trans populations is often ignored beyond official diagnostic concerns outlined in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*. Suicide remains the tenth most common cause of death in the United States, with roughly 3.7 percent of the general population reporting suicidal ideation in the past year and 0.6 percent having made an actual suicide attempt. In contrast, 60 percent of surveyed individuals report having seriously considered suicide at least once in their lives, and 34 percent had attempted suicide in the past, with 10 percent having attempted within the twelve months prior to the survey—twenty times that of the general population.

Mapping, Big Data, and Coalitional Meaning Making

The community-produced maps collected in the first phase of this project elucidate lived experience in ways that metrics collected from the survey cannot. It should be stressed that, while I make use of data here, I do so while simultaneously critiquing the use of big data to measure a livable life. Indeed, were one to analyze the data collected in this survey in the absence of the roundtable discussions and mapmaking activity, it would seem that, with few exceptions, the trans persons that participated in this survey have a dismal quality of life. However, variables such as yearly income and HIV status are factors that researchers and academics, such as myself, latch on to as a means of providing evidence that all is not equal. This is a point that cannot be emphasized enough: the metrics that are used to define resilience are the same metrics used to define suffering.

In other words, lived experience is not measurable by rates of poverty alone, nor is having class mobility evidence of living a good life. Yet, at the same time, we cannot ignore the materiality of how resources are allocated according to need or how lacking housing, sustainable income, or medical resources is a quality-of-life issue. Rather, data such as those collected in the DCTNA, placed in the context of community-produced maps, would suggest that life is not measured by just income or health but, rather, is marked by where one experiences belonging and where one accesses care and support. Importantly, this is not to suggest that feeling belonging replaces housing, or that experiencing care is static in time or place. Just as space is not inherently safe, care does not exist based solely on the space. In short, my use of these data and mapping in this text is to provide multiple platforms and contrasts toward elucidating livable life and, in multiple contexts, forms of radical care.

Historically, maps have served as a way to silence and erase devalued experience and notions of space.[23] In many ways, mapmaking serves as a way to make visible the felt experiences of negotiating the world as an embodied subject. As Brown and Knopp highlight, Henri Lefebvre—known for his innovations around social space—focuses on the dialectic between space and the body and notes that "the capacity of bodies that defy visual and behavioral expectation to disrupt the shared meaning of public space" reflects the multidirectionality of meaning making.[24] Bodies do not move through vacuums of space but, rather, are always already engaged in and through discourses of power. Here participants were not asked merely to produce a map of the city but, rather, to produce a map from their perspectives as persons with trans identities or subjectivities. Trinh T. Minh-ha situates this kind of "territorialized knowledge" as one that "secures for a speaker a position of mastery: I am in the midst of a knowing, acquiring, deploying world—I appropriate, own and demarcate my sovereign territory as I advance."[25] To claim space, however marginalized or ignored, as one's own is a claim to territorialized and embodied knowledge. Specifically, the maps produced during this project made clear that many spaces of care were measured in terms of trans coalitional labor rather than officially designated spaces of biomedical, psychosocial, or community care.

Moreover, rather than see the map as a "mirror of the world," I situate maps here as forms of power, as well as texts that index somatic and affective experience.[26] Chris Perkins also reminds us that "a focus for cultural research into map use might shift towards participation and observation of real uses, as well as interviews, focus groups and read aloud protocols" in the process of mapmaking and map evaluation.[27] The maps in this project were produced in community roundtable settings, where participants created their own maps and came together at the end

of each roundtable to discuss core features of importance. This kind of community mapping represents a "democratized mapping" that "offers new possibilities for articulating social, economic political or aesthetic claims" through shifting knowledge production from the individual to the community.[28]

Building on John Brian Harley's discussion of maps as social texts, I want to stress the utility of community-produced maps as valid data sources.[29] Indeed, maps "actively construct knowledge, . . . exercise power and . . . can be a powerful means of promoting social change"[30] To this I would add that social change can be promoted in the (re)situating of maps and narratives as mutually constitutive of each other. This project attends to space and place as similarly constructed, as real or imagined sites of social interaction. These "spatial forms" that link individuals to "the social world, providing the basis of a stable identity," serve as a basis for understanding lived trans experience in a dynamic fashion.[31]

Finally, while the maps collected here no doubt reflect a prompt to articulate DC through the lens of what constitutes trans experience, these maps nonetheless still confer meaning not only about space and place but also about experience, affect, the body, and power. In this project, these maps serve as visual forms of text as well. Rather than understanding maps simply as forms of direct representation, I consider maps as texts that serve a multitude of projects and purposes, such as giving us visual, textual representations of lived experience.[32] That is, maps provide insight into personal experience but also represent broader sociopolitical discourses of where trans people should or should not go. In many ways we can situate maps as both visual forms of knowledge and experience and as depictions of temporalized embodied movement through space. This depiction then provides us with a dynamic dimension to otherwise relatively static narratives about space and place.

Following the work of Anna Lowenhaupt Tsing, I posit trans coalitional labor as a form of radical care as foregrounded by the knowledge that "collaborations create new interests and identities, but not to everyone's benefit."[33] Rather than solely employing the term *community* to capture the relationships between and across trans-spectrum-identifying persons, I instead use *coalition* here while remaining aware of how even radical forms of care may reproduce inherent inequities across and among different lived experiences. I use *coalition* intentionally as a referent to the relationships between trans experiences or identities of, specifically, those who participated in this project. My use of this term builds from a basic definition provided by Ronda C. Zakocs and Erika M. Edwards, wherein a coalition is composed of people of varied backgrounds, such as "local government officials, non-profit agency and business leaders, and interested citizens who align in formal, organized ways to address issues

of shared concern over time."[34] Importantly, Zakocs and Edwards's definition primarily frames difference through one's relative relationship to decision-making power. Additionally, this explanation implies a degree of formality in coalitional structures and goals. In contrast, my use of *coalition* is not to elaborate on particular striations of difference or to identify coalitional goals. Following the claim that "in practice, *coalition* rather than *community* is key to understanding contemporary political movements,"[35] I utilize coalitional spaces as a way to continually bring attention to the differences within, as well as collaborative nature of, community production.

I highlight here three maps collected from the roundtable discussions.[36] Derek, a white trans man in his midtwenties, segregates DC into three different levels of experience: "Virtual Trans DC," "Formal Trans DC," and "Informal Trans DC." Derek's map features many of the organizations other participants included on their own maps (fig. 1). Among the virtual elements, he includes organizations that utilize e-mail correspondence and websites as their primary vector of communication (e.g., DC Area Transmasculine Society and DCTC). His "Formal Trans DC" includes "established orgs" such as Whitman Walker, an-LGBT focused physical and mental health clinic; his personal doctor; HIPS (Helping Individual Prostitutes Survive), a sex worker empowerment organization that uses mobile outreach as their primary method of operation and of which also functions as a place of volunteer work; and a church where the Transgender Day of Remembrance has been held. He qualifies this as the formal elements of a trans city, while the informal elements include his friends' homes and places where he knows trans persons live. Thus, in his map a formal trans city is largely governed by spaces that are accessible and applicable to many within trans coalitions of practice, while an informal trans city is applicable only to him or those within his immediate circle of trans support networks.

In contrast, Joan, a trans woman in her early twenties, does not differentiate between different levels of space in her depictions of community groups. Instead, she links together community organizations and clinics with friends' houses and her home into one seamless web of interconnectivity of "Trans DC safest places" (fig. 2). For Joan, these same community activist organizations exist within a larger network of support. Whitman Walker, which she marks as where she can access hormones, represents a safe place but is located within a web of friends' homes, her gym, and her school. Her map reflects the significance of trans activist work in her trans life as both an embedded element of importance and one that serves a particular function. That is, the safety provided by Whitman Walker may be through the vector of accessible health care, while the safety offered by her gym may be through accessible facilities to work out
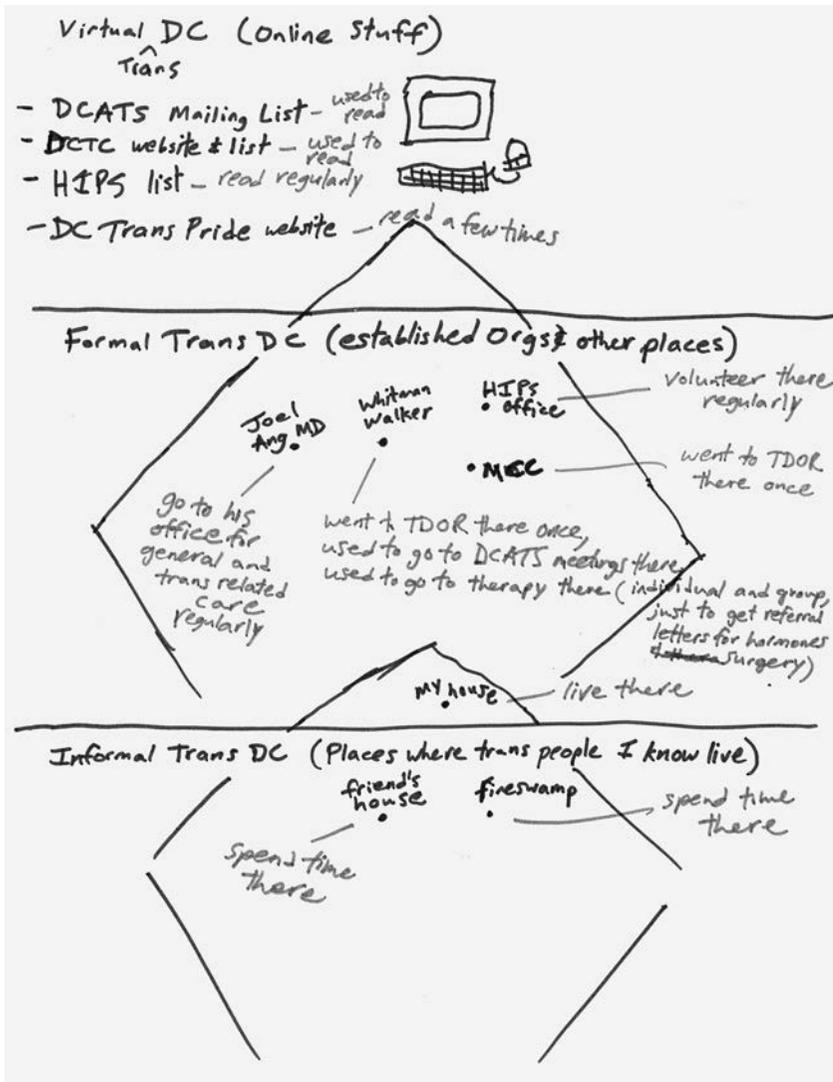
Figure 1. Derek's map. Image of drawn map shared with consent of producer.

in. In turn, these networks function as ways she can gain access to support and mobility but also where she, as a friend or activist, can also provide support and empowerment. A friend's home, in this context, may index broader structures rather than merely where a friend may reside.

Importantly, many maps resemble Naomi's (fig. 3), where a short list of official bars and clubs are provided along with the home of an individual where, in this context, Latinx trans persons new to DC are able to access resources.
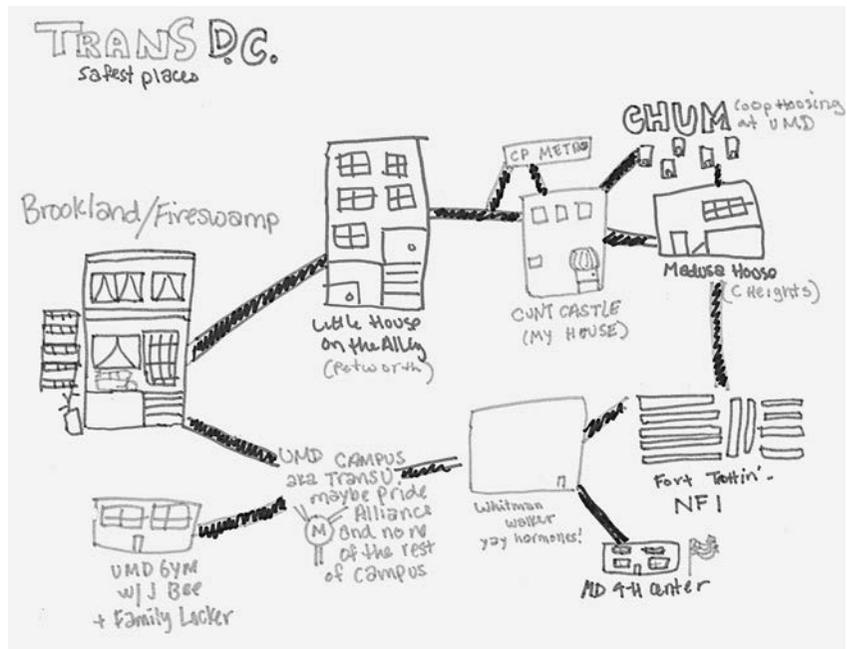
Figure 2. Joan's map. Image of drawn map shared with consent of producer.

Contrasted to these mainstream maps, the spatial depictions collected in this project via physical maps and verbal discussion focus primarily on spaces that are commonly organized around broader concerns of where to access care. Among the maps collected in this project, we identified ten common organizing themes for the types of space and places participants included. The spatial element most common to these maps were depictions of areas I group together as "sex work/er strolls," which were featured in a little over half (51.8 percent) of all maps. *Strolls* in this framing refers to the particular streets or areas of the city identified by participants, or by police, as streets or areas where sex workers may connect with potential clients. Importantly, this is not how the participants of this project solely experienced these areas. Rather, these spaces, while understood to also be areas of sex work, were defined as multilayered, as potentially spaces of care, of where to meet up with or support friends, of police harassment, and of organizational outreach.

The second most common feature that participants included in their maps was health clinics, direct service organizations, and other community organizations, which were featured in roughly a third (36.1 percent) of all maps; 22.1 percent of participants included bars, clubs, and restaurants in their maps, and 15.7 percent included parks and other similar types of spaces for public recreation, such as malls. The home of a friend
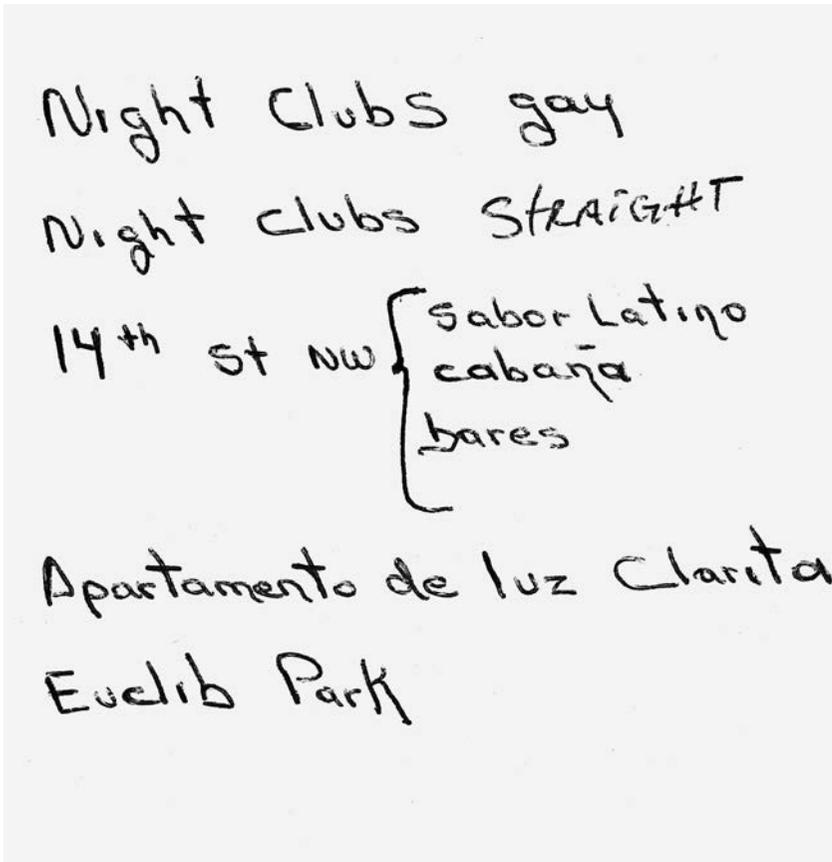
Figure 3. Naomi's map. Image of map shared with consent of producer.

or one's own home was featured in 11.1 percent and 9.3 percent of maps, respectively. All remaining themes, while still relatively common features, were included in less than 10 percent of participants' maps. I include in the category of "other" themes common to three or more maps (e.g., one's gym or school) but not substantial enough to necessitate its own category individually.

Importantly, DC, like many major US cities, is home to a number of LGBT organizations, support groups, and other activist-oriented projects. But focusing only on the organizations and groups included in these maps, trans-spectrum-identifying persons identified care as emerging through spaces with similar social justice, political, or religious practices (e.g., a food co-op or church group). In other words, LGBT rights organizations failed to be included as functional spaces of care. Echoing this sentiment, among those taking the survey, 50 percent who had reported interacting with an LGBT-specific organization reported having had a

negative experience. Forty percent of those with negative experiences reported an LGBT organization or group to be unwelcoming to trans persons or to addressing trans issues. Forty-five percent of those reporting experiences, both positive and negative, with LGBT organization also reported the need to educate the organization on trans issues or needs. Only 32 percent of those reporting experiences with LGBT organizations also reported that an LGBT organization was both welcoming and prepared to address trans-specific issues or needs. The LGBT community centers or groups that participants represented in their maps focus almost entirely on trans-specific activist or advocacy groups or those that primarily serve trans persons (e.g., HIPS).

Safety links these major themes together in ways not featured in mainstream maps: where one feels safe, where one does not feel safe, and how, even in areas of potential criminalization, such as the sex work/er stroll, one might seek and find support. What needs further discussion are the ways that the concept of safety is differentially understood among the participants of this project, in contrast to the ways mainstream LGBT efforts define safety. Safety is a phenomenological experience (i.e., felt and embodied). However, the dialectic between the felt subject and the ideologically regulated object work in tandem to produce one's experience of materiality. This dialectic also emerges as a core organizing subtext binding together the features included in the maps collected in this project. The spaces included, and excluded, in the maps collected in this project represent where project participants *experienced* safety, even in objectively unsafe areas, such as along the intense liminality of the strolls. In many ways, spaces that participants identify as where they have or can access care stand in direct contrast to the kinds of safety offered by gay bars and spaces of consumption for LGB persons. Safety, in the context of mainstream gay and lesbian maps, references spaces and places that are specifically gay-friendly are thus best understood as catering to predominantly white and cis-normative consuming classes. That is to say, these spaces provide support, whether implicitly or explicitly, only to particular formations of publicly performed LGB subjectivities and practice. In contrast, safety for the participants in this project often refers instead to areas wherein one's trans history or present is not necessarily at issue, such as at friends' homes.

Notions of safe space that circulate in mainstream LGBT discourses (e.g., the gay bar or the LGBT community center) are often referenced in the maps collected in this project only for their lack of actual safety. Indeed, the processes of deeming safe versus unsafe space are not purely individualistic as much as they are linked to broader discourses and larger organizational efforts with regard to where safety exists. In short, based on the maps collected here, there is no singular, static trans space of care

or place of safety. Rather, the maps highlight that care is a contextualized experience that relies on broader social and political interrogations of power rather than simplistic categories of gay space as safe space. As evidenced in these maps, care and support appear to operate not necessarily as a function of being openly trans but, rather, as measured by the capacity to occupy space, if even for brief moments.

Spaces of Care within Death Worlds

As these maps reflect, and to return to Barbara's e-mail, radical care may exist more in contexts wherein the individual's needs are subsumed by the larger project of activism, as transformative and affirmative collaborations redirect support outward. This is not to suggest that activism, or a dismissal of one's individual needs over those of others, is the only form of trans radical care. However, Barbara's narrative about how and why she got involved with DCTC underlies a displacement of normative support models in deference to engaging productively with change to secure a vitality of self. She disregards pathologizing narratives of trans subjectivity and locates empowerment through working for not only the T (trans), as she notes, but also for others. While Barbara never described the work she does, as an active member of the activist community in DC, as a type of radical trans politics, her investment in a trickle-up approach to social organizing articulates a departure from mainstream US LGBT rights discourses that prioritize assimilation and the individual.

Radical care, in this context, may actually more accurately refer to forms of care that are often assumed to exist across our social spaces. In other words, radical care, or the care offered outside, beside, underneath, and perhaps even above normative outlets, is perhaps also the care that refuses a logic of cruel optimism. It is a care that follows desire lines. Barbara's resiliency, as a subject, was not born from support groups, traditional LGBT organizational programming, or even that which she referred to as just the T; instead, the capacity to engage and produce care for others is what she experienced as care for the self.

Trans vitalities is thus not simply a refusal or disavowal of projects of normalization or the commodifiability of trans rights but, rather, a vigilance toward the violently homogenizing expectations of the heterogeneity of lived experience. Trans vitalities calls on those who produce research or provide services, training, or programming on LGBT issues—or even trans-specific practices—to be asked and to answer who benefits from that work. This is not simply a means of identifying lapses in benefits but, rather, is one of the first of many steps to clarify labor and outcomes. However, unlike the cruel optimism promised by resilience or normative models of care, wherein a failure to thrive is the failure of the object of trans

bodies to produce ideologically valued forms of production, the subject of trans vitalities is trans lives, and the object is those researchers and metrics that have been empowered with defining life. Within a framework of trans vitalities, the failure is with the measurement; it is not with the body that fails to reify and produce the proper citizen-subject but, rather, with the researcher, the academic, the social service worker, and the LGBT rights organization that have sustained systems of inequity.

Rather than appealing to discourses of success or struggle, trans vitalities and frameworks of radical care call for a rethinking of value and process. Time, space, bodies, and actions are all variables that cannot be overlooked or merged to fit scalable rights frameworks. What this means, logistically, is that projects that seek to attend to trans lived experience must integrate—if not be overtly supportive of—ways of doing and being that go beyond the perceived impacts of gender transgression. Rather, agencies and laws seeking to tend to the imagined trans community and related resilience must simultaneously integrate bodies and practices that mainstream civil right groups abandon. In other words, a framework of trans vitalities, as heavily structured by radical care, that displaces resilience resituates a passive disavowal of bodies that have been marked as disposable toward an intentionally disturbing recognition that we directly facilitate which bodies to dispose of. If we are upfront and foreground the key narratives that guide US sociopolitical discourses of salvage resilience, we will always keep in our analytic that these discourses also prioritize accumulation of capital—social and material—above life. These discourses prevent, rather than facilitate, a grounded celebration of desire lines, of explorations of livable life, of the unimaginable possibilities in approaching all life as sacred. What I am proposing is, instead, a profound and radical disinvestment of hierarchies of worth toward an approach that may very well undermine the appearance of innovation of my own work; however, if my own work can, in some way, render itself useless, I can think of no better outcome or expression of radical care.

Notes

this article as yet another form of unequal labor extraction from lives and bodies that are, far more often than not, valued less than the author's.

1. Harvey, "Ecological Understanding of Resilience," 9.
2. Lechance et al., "Collaborative Design and Implementation," 46; McMillan et al., "Empowerment Praxis in Community Coalitions," 701; Braithwaite, Bianchi, and Taylor, "Ethnographic Approach to Community Organization," 409.
3. Mbembe, "Necropolitics," 17.
4. Snorton and Haritaworn, "Trans Necropolitics," 67.
5. Snorton and Haritaworn, "Trans Necropolitics," 67.
6. Ahmed, *Willful Subjects*, 21.
7. Garofalo et al., "Overlooked, Misunderstood, and At-Risk"; Operario, Tan, and Kuo, "HIV/AIDS in Asian and Pacific Islanders," 375; Poteat et al., "HIV Risk and Preventive Interventions," 274; World Health Organization, "Guidance on Oral Pre-exposure Prophylaxis."
8. Hamilton, Adolphs and Nerlich, "Meanings of 'Risk,'" 163; Hall, "Intertextual Sexuality," 125; Milani, "Queering the Matrix," 59.
9. Breslow et al., "Resilience and Collective Action," 262.
10. Berlant, *Cruel Optimism*, 27.
11. Overboe, "Vitalism," 28.
12. Miller and Slater, *Internet*, 16.
13. Stryker, *Transgender History*, 24; Valentine, *Imagining Transgender*, 22.
14. Amit, *Trouble with Community*; with regard to gender, see Young, "Rawls's Political Liberalism," 189.
15. For a similar rationale guiding their own DC-based, trans-focused research design and intended outcomes, see Alliance for a Safe and Diverse DC, *Move Along*; and Xavier et al., "Needs Assessment of Transgendered People of Color."
16. My appreciation to reviewer comments in pointing out the contradictory nature of using metrics in support of the critique of metrics.
17. My appreciation to reviewer comments recognizing the potential harm either of these projects could enact were they conducted in the absence of institutional oversight and, importantly, protocols that ensure participants' anonymity and rights.
18. Geltmaker, "Queer Nation Acts Up," 234; Bhagat and Mogel, introduction, 6.
19. Bhagat and Mogel, introduction, 6.
20. Strand et al., *Community-Based Research and Higher Education*, 3.
21. See Edelman, *Access Denied*.
22. Edelman, *Access Denied*.
23. Piper, *Cartographic Fictions*, 42.
24. Brown and Knopp, "Queer Cultural Geographies," 315.
25. Minh-ha, "Write Your Body and the Body in Theory," 260.
26. Harley, "Rereading the Maps of the Columbian Encounter," 522; Rocheleau, "Maps as Power Tools," 327–28.
27. Perkins, "Cultures of Map Use," 152.
28. Perkins, "Cultures of Map Use," 154; see also Bhagat and Mogel, introduction.
29. Harley, "Deconstructing the Map," 10.
30. Crampton and Krygier, "Introduction to Critical Cartography," 15.
31. Zukin, "City as a Landscape of Power," 223.
32. Cosgrove and Daniels, "Fieldwork as Theatre," 169.
33. Tsing, *Mushroom at the End of the World*, 13.

34. Zakocs and Edwards, "What Explains Community Coalition Effectiveness?," 351.

35. Walby, "From Community to Coalition,"120; emphasis added.

36. All names used are pseudonyms; participants provided consent for their roundtable maps to be used in analysis and publication of research findings.

References

Ahmed, Sara. *Willful Subjects*. Durham, NC: Duke University Press, 2014.

Alliance for a Safe and Diverse DC. *Move Along: Policing Sex Work in Washington, D.C.* Different Avenues, 2008. dctranscoalition.files.wordpress.com/2010/05/movealongreport.pdf.

Amit, Vered. *The Trouble with Community*. London: Pluto, 2002.

Berlant, Lauren. *Cruel Optimism*. Durham, NC: Duke University Press, 2011.

Bhagat, Alexis, and Lize Mogel. Introduction to *An Atlas of Radical Cartography*, 6–11. Los Angeles: Journal of Aesthetics and Protest Press, 2007.

Braithwaite, Ronald L., Cynthia Bianchi, and Sandra E. Taylor. "Ethnographic Approach to Community Organization and Health Empowerment." *Health Education Quarterly* 21, no. 3 (1994): 407–16.

Breslow, Aaron S., Melanie E. Brewster, Brandon L. Velez, Stephanie Wong, Elizabeth Geiger, and Blake Soderstrom. "Resilience and Collective Action: Exploring Buffers against Minority Stress for Transgender Individuals." *Psychology of Sexual Orientation and Gender Diversity* 2, no. 3 (2015): 253.

Brown, Michael, and Larry Knopp. "Queer Cultural Geographies—We're Here! We're Queer! We're over There, Too." In *The Handbook of Cultural Geography*, edited by Kay Anderson, Mona Domosh, Steve Pile, and Nigel Thrift, 313–24. London: Sage, 2003.

Cosgrove, Denis, and Stephen Daniels. "Fieldwork as Theatre: A Week's Performance in Venice and Its Region." *Journal of Geography in Higher Education* 13, no. 2 (1989): 169–82.

Crampton, Jeremy W., and John Krygier. "An Introduction to Critical Cartography." *ACME: An International E-Journal for Critical Geographies* 4, no. 1 (2006): 11–33. www.acme-journal.org/index.php/acme/article/view/723.

Edelman, Elijah Adiv. *Access Denied: Washington, DC, Trans Needs Assessment Report*. With Ruby Corado, Elena Lumby, Robert Gills, Jona Elwell, Jason Terry, and Jady Emperador Dyer. DC Trans Coalition, November 2015. dctranscoalition.files.wordpress.com/2015/11/dctc-access-denied-final.pdf.

Garofalo, Robert, Joanne Deleon, Elizabeth Osmer, Mary Doll, and Gary W. Harper. "Overlooked, Misunderstood, and At-Risk: Exploring the Lives and HIV Risk of Ethnic Minority Male-to-Female Transgender Youth." *Journal of Adolescent Health* 38, no. 3 (2006): 230–36.

Geltmaker, Ty. "The Queer Nation Acts Up: Health Care, Politics, and Sexual Diversity in the County of Angels." *Environment and Planning D: Society and Space* 10, no. 6 (1992): 609–50.

Hall, Kira. "Intertextual Sexuality." *Journal of Linguistic Anthropology* 15, no. 1 (2005): 125–44.

Hamilton, Craig, Svenja Adolphs, and Brigitte Nerlich. "The Meanings of 'Risk': A View from Corpus Linguistics." *Discourse and Society* 18, no. 2 (2007): 163–81.

Harley, John Brian. "Deconstructing the Map." *Cartographica* 26, no. 2 (1989): 1–20.

Harley, J. Brian. "Rereading the Maps of the Columbian Encounter." *Annals of the Association of American Geographers* 82, no. 3 (1992): 522–42.

Harvey, Mary R. "Towards an Ecological Understanding of Resilience in Trauma Survivors: Implications for Theory, Research, and Practice." *Journal of Aggression, Maltreatment, and Trauma* 14, no. 1–2 (2007): 9–32.

Lachance, Laurie L., et al. "Collaborative Design and Implementation of a Multi-site Community Coalition Evaluation." *Health Promotion Practice* 7, no. 2 Suppl (2006): 44S–55S.

Mbembe, Achille. "Necropolitics," translated by Libby Meintjes. *Public Culture* 15, no. 1 (2003): 11–40.

McMillan, Brad, Paul Florin, John Stevenson, Ben Kerman, and Roger E. Mitchell. "Empowerment Praxis in Community Coalitions." *American Journal of Community Psychology* 23, no. 5 (1995): 699–727.

Milani, Tommaso M. "Queering the Matrix? Language and Identity Troubles in HIV/AIDS Contexts." *Stellenbosch Papers in Linguistics Plus* 41 (2012): 59–75.

Miller, Daniel, and Don Slater. *The Internet: An Ethnographic Approach.* Oxford: Oxford University Press, 2000.

Minh-ha, Trinh T. "Write Your Body and the Body in Theory." In *Feminist Theory and the Body: A Reader*, edited by Janet Price and Margrit Shildrick, 258–66. New York: Routledge, 1999.

Operario, Don, Judy Tan, and Caroline Kuo. "HIV/AIDS in Asian and Pacific Islanders in the United States." In *Handbook of Asian American Health*, edited by Grace J. Yoo, Mai-Nhung Le, and Alan Y. Oda, 375–88. New York: Springer, 2013.

Overboe, James. "Vitalism: Subjectivity Exceeding Racism, Sexism, and (Psychiatric) Ableism." *Wagadu* 4 (2007): 23–33.

Perkins, Chris. "Cultures of Map Use." *Cartographic Journal* 45, no. 2 (2008): 150–58.

Piper, Karen Lynnea. *Cartographic Fictions: Maps, Race, and Identity.* New Brunswick, NJ: Rutgers University Press, 2002.

Poteat, Tonia, Andrea L. Wirtz, Anita Radix, Annick Borquez, Alfonso Silva-Santisteban, Madeline B. Deutsch, Sharful Islam Khan, Sam Winter, and Don Operario. "HIV Risk and Preventive Interventions in Transgender Women Sex Workers." *Lancet* 385, no. 9964 (2015): 274–86.

Rocheleau, Dianne. "Maps as Power Tools: Locating Communities in Space or Situating." In *Communities and Conservation: Histories and Politics of Community-Based Natural Resource Management*, edited by J. Peter Brosius, Anna L. Tsing, and Charles Zerner, 327–62. Walnut Creek, CA: AltaMira, 2005.

Snorton, C. Riley, and Jin Haritaworn. "Trans Necropolitics: A Transnational Reflection on Violence, Death, and the Trans of Color Afterlife." In *The Transgender Studies Reader 2*, edited by Susan Stryker and Aren Z. Aizura, 67–76. New York: Routledge, 2013.

Strand, Kerry J., Nicholas Cutforth, Randy Stoecker, Sam Marullo, and Patrick Donohue. *Community-Based Research and Higher Education: Principles and Practices.* San Francisco: John Wiley, 2003.

Stryker, Susan. *Transgender History.* Berkeley, CA: Seal, 2008.

Tsing, Anna Lowenhaupt. *The Mushroom at the End of the World: On the Possibility of Life in Capitalist Ruins.* Princeton, NJ: Princeton University Press, 2015.

Valentine, David. *Imagining Transgender: An Ethnography of a Category.* Durham, NC: Duke University Press, 2007.

Walby, Sylvia. "From Community to Coalition." *Theory, Culture, and Society* 18, nos. 2–3 (2001): 113–35.

World Health Organization. *Guidance on Oral Pre-exposure Prophylaxis (PrEP) for*

Serodiscordant Couples, Men and Transgender Women Who Have Sex with Men at High Risk of HIV: Recommendations for Use in the Context of Demonstration Projects. Geneva: World Health Organization, 2012.

Xavier, Jessica M., Marilyn Bobbin, Ben Singer, and Earline Budd. "A Needs Assessment of Transgendered People of Color Living in Washington, DC." International Journal of Transgenderism 8, nos. 2–3 (2005): 31–47.

Young, Iris Marion. "Rawls's Political Liberalism." Journal of Political Philosophy 3, no. 2 (1995): 181–90.

Zakocs, Ronda C., and Erika M. Edwards. "What Explains Community Coalition Effectiveness? A Review of the Literature." American Journal of Preventive Medicine 30, no. 4 (2006): 351–61.

Zukin, Sharon. "The City as a Landscape of Power: London and New York as Global Financial Capital." In Global Finance and Urban Living: A Study of Metropolitan Change, edited by Leslie Budd and Sam Whimster, 198–226. London: Routledge, 1992.