

A Love Letter to the Future (from the Surgical Team of the Trans Sciences Collective)

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Abstract “A Love Letter to the Future” speculatively fabulates a future that has undergone a (the?) surgery at the hands of a team of trans scientists. Explicating the how and why of decisions to remove organs of oppression, systems that engender violence, and individual nodules of violence, the letter details the scientists’ work in remaking the future into a space and place where trans thrives. The letter also delineates how the trans sciences that unite the collective—experiments in building and reworking the self/body through (re-)mappings of community, ways of being in the world, and networks of care that challenge larger social orders—involve unique temporal and geographical expertise. The letter details how this unique expertise, which emerges through ongoing labors challenging the construction of trans - “modern,” identifying the work of quick and slow systemic violences, and mapping community and connectivity well outside understandings that join family with blood with the domestic, led to the collective’s nomination for the surgery in the first place. Finally, the letter details processes necessary to the future’s recovery and also extends love to this future, the multitudes it contains, and its emergent connectivities between trans and justice.

Keywords trans sciences, speculative fabulation, futurity, temporality, geography

Dear Future,

I’ll admit that with the onset of the COVID-19 pandemic, I was worried about the present. We all were: the prognosis was grim, the comorbidities were extensive, and, frankly, it was looking like soon there wouldn’t even be a you! No one was quite sure what to do. However, as trans scientists, we are expert in listening to what people tell us about their bodies and needs, and what we heard during our conferences, rounds, and fieldwork enabled us to shift our approach. The tipping point was when we learned that trans-related health care was deemed “nonessential”; this knowledge transmuted our worry, shifting and sharpening it until we were able to grab and hone it into a tool we could wield: rage. Of course, rage was not all we had to work with, for as trans scientists we already worked

extensively with care, and, fortuitously, care's collectivist strands flourished under the pandemic, making it possible for us to not only use its fibers to stitch you together but also ferment and distill it into the daily doses you have been taking as you heal. I'm guessing you are (understandably!) bewildered by this information. Yet your surgical team deemed it necessary to give you these details, for even as we are confident in your results, your temporal incisions proved particularly challenging, such that we thought it best for you to be aware of what to watch for in the unlikely event that you need a revision. And so I write you this letter, which serves as an explanation of your surgery, an addition to your medical records, and, crucially, an infusion of love to facilitate the absorption of your care doses.

I will begin with our scalpel: rage. When trans-related care was deemed nonessential, it felt to us like a bad joke. I remember thinking: isn't all trans health care supposedly nonessential? I mean, isn't that why most US insurance companies refuse coverage? And then there was the positioning of *trans* and *health care* together; if I were to describe it in the scientific terms you likely expect from us, holding *trans* in proximity to *health care* seemed, then, like trying to hold two magnets with their repelling poles aimed at each other. Put differently, the being of trans in its more formal sense—routed through the state and medico-juridical formations indexed through “transgender” and “transsexual”—happened, then, only through a coerced consent into pathology. Trans people had to agree to be diseased, dis-eased really, if we wanted or needed formal recognition; crucially, this was a recognition that we, in many ways, could “not not want” if we desired, even in a small way, to thrive (Spivak 1994: 278).¹ And then there was the nigh necessity of having to use a system to craft ourselves that was fundamentally structured to deny our existence—virtually no doctor's office even had entries other than *m/f* on their intake forms! Further, the landmark achievements of this system had been to contain our existence through a past and present of deeply racialized and colonialist abuse and trauma, with some sprinklings of exceedingly normative gains.² The pandemic's arrival made us recognize that such a system hardly merited the descriptor *health care*; galvanized, we transmuted our fear into a knife we wielded with and through transformative fury.

The linkage between *trans* and *nonessential* was, of course, a key facet of your surgery, and given our reconstructive work in excising that *non-*, you are undoubtedly confused by my last paragraph. Let me explain. The present's joining of *trans*, *nonessential*, and *health care* rested on what we trans scientists term disavowal; trans was in fact essential, but it was denied. *Trans*, and more specifically *transgender* and *transsexual*, were critical to the present and past's stabilization of a white-normative male/female binary rooted in Western and northern settler-colonial, imperial, and anti-Black discourses that had been promulgated the world over through LGBTQ* activism.³ In addition, those activisms, which served

only the most normative trans and queer subjects, frequently engaged in a necropolitics—for example, arguing for increases in and expansions of hate crime laws—made possible through the appropriation of the deaths of mostly transfeminine people of color, many of whom came to be regarded as trans in the first place through such politics (Snorton and Haritaworn 2013; Lambie 2008). Indeed, on the subject of politics, *trans* was essential as a stand-in for the deviance formerly allocated to queer in its most pejorative sense. The fact that the governor of the US state of Idaho signed two antitrans bills into law the very week that the pandemic was anticipated to enter its initial peak in the United States reveals this labor; *trans* acted as a locus of deviance crucial to the bait and switch of public attention away from literal cum moral failures of governance. Finally, there was all that fucking queer theory in which trans bodies, but very rarely trans voices or lives, provided the basis for transcendental (but, really, let's call it trans-incident) claims about what gender and sex supposedly really are. *Trans* was undeniably essential, but as a figuration and absent presence whose denial was vital to the work of destructively normative systems that ravaged the present and past. And so a key element of your surgery was the excision of *trans* and our cultivation of it into the new cell lines whose vitality sustains key elements of your being now.

Of course, the systems that relied on and disavowed *trans* extended well beyond the above concerns, for the production of gender and sexuality as white-normative, “modern,” and discrete entities that yielded *trans* as both distinct from homosexual and disavowable was central to an array of structures whose extensive interweavings the pandemic laid bare. Indeed, we had long sought to identify and remove nodules of what are called structural violences—violences caused by systems that rendered some more than others vulnerable to the predation of disease, as with the transnational colonialist and anti-Black forces weighted with the history of slavery that made people in Haiti susceptible to a range of epidemics (Farmer et al. 2006). And when the pandemic made some but not others not only dead but disposable, we were able to identify, at great cost, the reach of those nodules and their interrelations by tracing the violences of those murders, often couched in language such as “preexisting conditions,” back to the connective tissues among the structures (spanning the past and present!) that created them. And, fortuitously, as we carefully excised those nodes, we ruptured the hierarchical orderings of their interconnections, allowing us to extract the logics that incubated them through various organs of oppression. Indeed, being able to identify and remove those organs was a highlight of your surgery for us! For your medical records, I do want to note that in removing those nodules, logics, and organs, we were also able to cut out some structures entirely, such as capitalism. However, we left some structures in place, such as race, in the hopes that our careful sutures might facilitate the formation of new tissues through which alternate logics might flourish.

With regard to your connective tissues, I want to draw your attention to your temporal scars in particular. To begin, the pandemic quickened what had been slow violences. Years, rather than weeks, of food insecurity entwined with systemic racisms, including those endemic to medicine, augmented and hastened the labor of the structures and violences the virus exposed. Further, the ecological devastation wrought by the systems we extracted—that which is most commonly referenced through the terminology of slow violence—bears mentioning here, for the very peoples whose lives were most at risk from the destructions of capitalist global climate change were among those most likely to be killed and maimed by COVID-19. In this regard, our labors in cutting out and removing systems and nodules of violence entailed a reworking of your temporality. However, our work extended beyond these extractive measures into a larger temporal reconstruction. This is because, put simply, the pandemic intensified what can be described as colonial time, which operated by consigning to the past the violent machinations of colonization, even as, for example, transnational capitalist formations deprived wildlife of habitats and organized the deliberate killing of indigenous leaders seeking to protect the earth. Notably, this intensification retrenched the norms of your gender systems in marking as deviant and less-than-“modern” many non-white, non-Western/northern, and non-Anglo doings of gender and sexuality. In this regard, our temporal work diverged from simple removal, for we not only carefully cut out such norms as organs of oppression but also stitched the holes they left so that they would scar into apertures of accountability, through which we wove new bands of recognition and continuity that now thread the past into you. We need you to carefully monitor these scars and weavings, and if you encounter any problems in using the dilators we provided to maintain these apertures, please call us right away!

Of course, we were by no means the only members of your surgical team, but as you have probably guessed, it was our expertise with temporality that led to our selection. As Jacob Lau (2016: 2) brilliantly notes, the more normative time in which many of us are made to live is a cisnormative or “cis time,” one that “presumes a kind of linear coherence to and with white supremacist capitalist heteropatriarchy’s super-structures in order for the trans (and particularly the trans-of-color) subject to be understood as a coherent, not-impossible subject.” For Lau, such a time contrasts with “trans temporality,” a time that exists “within and beside” cis time, one that “understands trans embodiment, narratives, and livability as possible branching alternative temporalities to state bio- and necropolitical practices” (2). Lau’s trans temporality will, I hope, give you a good understanding of why we were chosen to be part of your surgical team, for as trans people invested in identifying how gender and sexuality operate as colonial and racial projects—thinking that emerges in and through trans-of-color critiques

such as Lau's—we were uniquely attuned to a different time than that of the present, which allowed us to suture together the alternate connectivities that now shape you.

I should note that, while we were recruited for our temporal knowledge, our geographical skills were also central to your operation. As I know you remember (because of your apertures of accountability!), mappings of self and other were transformed (or, perhaps, trans-formed?) the world over through the pandemic. Concepts that had rested on claims to blood—both metaphorical and literal—such as family, kinship, and the nation, came undone. Indeed, the very idea of the domestic as a space where only family might reside and through which ties to the nation become articulated was upended (see, e.g., Berlant and Warner 1998). I know this may seem counterintuitive, given that the pandemic seemingly cemented the domestic as a space of refuge, but I encourage you to rethink this. Put plainly, rather than reifying blood/family/the domestic as forms of proximity, the pandemic brought into relief intimacies crafted through distance, including air. Further, the affective labor supposedly contained in the concatenation of family/blood/the domestic shifted loci entirely, such that care, for example, came to be expressed not through the space of “home” but rather through practices extended both at a distance and toward imagined others whom the carer(s)—both individual and collective—often would never come to meet. Such mappings and concomitant ways of knowing are central to our work as trans scientists, which, in conjunction with our temporal expertise, made us such critical members of your surgical team.

In naming our work as trans scientists, I want to highlight our positioning in the larger field of what we term trans sciences. With trans sciences we index the many ways that trans folks—in experimenting with, building, and reworking senses of self; mappings of community, networks of care, ways of moving and being in and through the world; and challenges to larger social orders—engage in sciences that are unique to the claiming, being, defining, and doing of trans. For some, trans sciences may look like the repeated experiments undertaken in attempts at passing, efforts to reduce friction in a social order that wishes us harm and even death. For others, trans sciences are those repeated experiments that aim to increase certain worldly frictions and even augment the pleasure they give, projects that can also be described as deliberative deviances or, perhaps more loosely, rage-filled fuck-you's that emerge in reworkings of bodies/selves as they interface with the social. Crucially, trans sciences exist and have always existed, much like Lau's trans temporality, alongside, within, outside, and even counter to medical and medico-juridical renderings. For example, even as we consult medical doctors and proffer particular narratives in an effort to obtain access to hormones, questions about what to expect from their use in terms of bodily and affective changes are almost always directed at other trans folks in a range of

spaces and mappings of intimacies, many of which work through not proximity but distance. Further, trans sciences are by no means delimited to what might be considered more technically as medical, for trans sciences encompass practices of sharing hormones and other injectable materials, getting advice from trans elders, finding and befriending knowledgeable strangers through the internet and friends of friends, contributing knowledge and sometimes capital to others' journeys, and learning to understand what trans means on an individual level through an array of practices and doings that form intimacies through distance. In this sense, COVID-19's remapping of relationality extended mappings of sociality with which we trans scientists were intimately familiar, such that we were uniquely positioned to help you become differently than the present had planned.

In closing, I want to note while this letter has served as an explanation of how and why we were chosen to perform your surgery, along with the provision of certain medical details that I hope clarify the ways we chose to reshape you, it has also been a means to convey love. Indeed, writing on behalf of your surgical team, I hope you will come to see how we have made you, the future, beautiful. You are a gift, and I hope that you will come to appreciate how our rage-sharpened scalpels' removal of specific systems, nodes, and organs made room for the implantation of cultures that only we could grow, such that your structure of gender, for example, now vibrates with trans at its core, reconnected with systems such as sexuality that have been deracinated of connections with colonialism and white-normative racialization, which in turn can now be located only through your (hopefully well-dilated!) apertures of accountability. You contain multitudes, as you always have, but only now are those multitudes positioned to collectively thrive. And, of course, as trans scientists, we are particularly delighted to see the transformations (trans-formations?) in your politics of health and the ways that our care-ful stitches have scarred into permanent joins between health and justice. We love the new you, and we look forward to seeing you flourish!

Sincerely,

Dr. Futurestein, on behalf of the Trans Sciences Collective

Harlan Weaver is associate professor of gender, women, and sexuality studies at Kansas State University. Their book, *Bad Dog: Pit Bull Politics and Multispecies Justice*, is forthcoming.

Notes

1. Here I am also in conversation with Toby Beauchamp's *Going Stealth* (2019).
2. Jules Gill-Peterson's *Histories of the Transgender Child* (2018) and Amanda Lock-Swarr's *Sex in Transition* (2012) are some standouts in related literatures.

3. See Towle and Morgan 2006 and Yv Nay's wonderful "The Atmosphere of Trans* Politics in the Global North and West" (2019). Notably, these discourses are uneven and can and do often work alongside other renderings of self in relation to gender and sexuality, as Fadi Saleh's wonderful "Transgender as a Humanitarian Category: The Case of Syrian Queer and Gender-Variant Refugees in Turkey" (2020) demonstrates.

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