

CHOOSE YOUR OWN ADMNISTRATIVE VIOLENCE ADVENTURE

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PREMIERE MEDICAL CENTER

PATIENT'S PERSONAL INFORMATION

General

Last Name _____ First _____

Home Address _____ Apt. _____ City _____

State _____ Zip _____ Home Telephone (____) _____ Cell Phone (____) _____

Date of Birth _____ / _____ / _____ Age _____ Sex _____ Birthplace _____ State _____

MM DD YYYY M F

Trigger warnings: discussions of job precarity, medical establishment, medication and needles, blood, and gender dysphoria.

Your name is Bo. You're an assigned female at birth (AFAB) non-binary person of Asian descent living in Fort Wayne, Indiana, USA. You live with a roommate who you went to high school with. You've recently started wearing your hair pulled back and have thought about cutting it shorter.

You wake up one day and find it incredibly difficult to the thought of your head that you want to start medically transitioning. You don't really know what that means for you yet. On a lark, you call your doctor to schedule an appointment. And, surprisingly, they happen to have an opening that day.

To go to work, go to page 4.

To call in sick and go to the doctor, go to page 5.

You toss on jeans and a baggy sweater. You start the coffee machine and sit in silence as the machine works, staring at the formica table you're sitting at in the kitchen. You're late but couldn't give a shit. Your old Toyota struggles to shake off the cold of February in Indiana. 15 minutes later, you pull into the parking lot of the steel mill.

You clock in and feel your boss's eyes bore into you from the office suspended above the shop floor. He comes down several minutes later.

"Hey Chang." In a show of unwitting mercy, he uses your family name instead of that name you hate. "Having trouble getting here in the cold?"

You shrug without looking at him, "Yeah."

He grimaces and walks off without a word more.

You work 8 hours between the forklift, lifting packages, and cleaning shavings.

God, fuck this job.

To go back home and start a new day, go to page 3.

You sit down to fill in the intake form at the clinic not far from your apartment. There's an aquarium inset into the wall. The wallpaper is that pastel pink (is this mauve?) that was popular in the 70's. There's two other people there, including a small child who looks like your niece. You write down a name you abhor and then think about what to do about the "sex" box.

☐ Male ☐ Female

To mark Male, go to page 6.

To mark Female, go to page 7.

To leave it blank, go to page 8.

You check the Male box, even though it makes you deeply uncomfortable. You grit your teeth as the receptionist looks down at the form, scans it, and doesn't give you a second look.

After five more minutes, the nurse calls you into the exam room.
Go to page 9.

You sigh and check off the gender you had been assigned at birth. You grit your teeth as the receptionist looks down at the form, scans it, and doesn't give you a second look.

After five more minutes, the nurse calls you into the exam room. Go to page 9.

You look from side to side and then elect to leave the sex box blank. You grit your teeth as the receptionist looks down at the form and scans it. She looks up from the form to you and then moves her pen quickly. You wince.

After five more minutes, the nurse calls you into the exam room. Go to page 9.

The nurse takes your blood pressure and asks what brought you in. You mumble something about hormones and gender. She nods and then leaves. Another five minutes pass and you hear the nurse and the doctor briefly converse outside the door. The contents of their conversation are opaque to you, but you briefly hear the Doctor use the pronoun “she” to refer to you.

After a moment, Doctor Cismandy opens the door and you shake her hand. She smiles and asks what brought you in today. You mumble something about hormones and gender again.

She remarks that you need to be living in your current gender for at least a year before she can prescribe you any medication. You grit your teeth. You leave the doctor’s office and pick up your explanation of benefits on the way out. Under “reasons for visit” it states GENDER IDENTITY DISORDER.

You go home.

To go online, go to page 10.

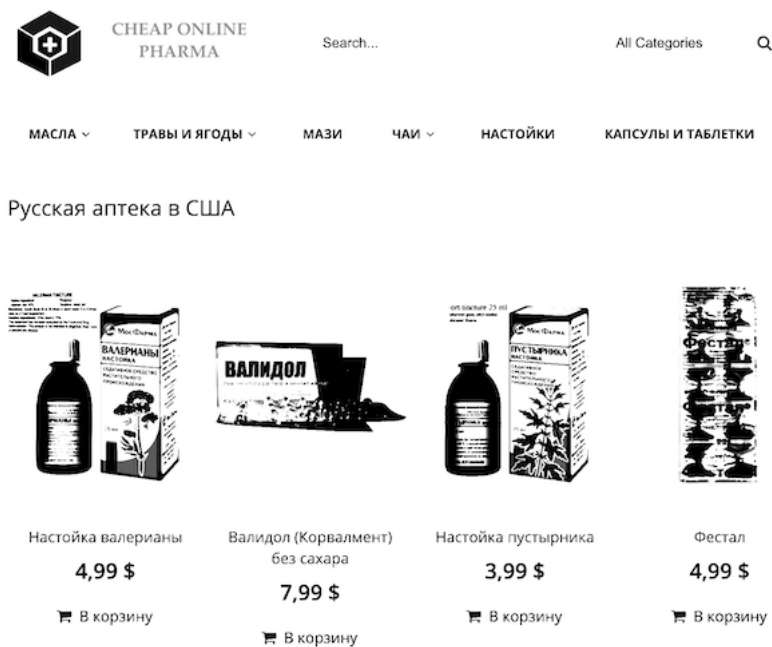
You've been part of an online community discussing non-binary transition for a while. You log on and fume about your experience to other people there. They relate similar experiences, saying it got better when they moved or when they found another doctor. Someone tips you off to an endocrinologist in Indianapolis who doesn't force the one-year requirement on their patients. Indianapolis, though, is a 4-hour drive each way. You'll have to take time off work to go.

There is another option. One of your friends online mentioned an online pharmacy where you can get testosterone through the mail. You visited the site once – there was a lot of writing in Cyrillic that you couldn't read but managed to figure out with Google Translate. You've still got the site bookmarked.

To go the endocrinologist, go to page 12.

To go the online pharmacy site, go to page 11.

You click on the bookmarked site on your computer, called CheapOnlinePharma. You navigate a few of the links and add a 30-day supply of Depo-Testosterone plus some syringes and needles to your cart. At the ordering page, you hesitate for a second but then enter in your credit card number. Your mouse hovers over the submit button for a moment.



To click Submit, go to page 13.

You call the endocrinologist and they tell you that you won't be able to get in for *three months*. Holy shit.

“Do you want to schedule an appointment?” the receptionist asks.

You pause and look at the bookmarked online pharmacy on your computer.

To say “Yes”, go to page 15.

To decline and order from the online pharmacy, go to page 11.

Click. CheapOnlinePharma thanks you for your order.

Three incredibly slow weeks later, a thick plastic package wound in layers of tape shows up at your apartment. It's light and feels like it's full of bubblewrap.

You take it inside your apartment and quickly cut through the gobs of tape. You sit on the floor as you carefully unroll all the components on a low IKEA table. There's the vial of hormones, then the syringes, the needles for drawing out of the vial and the needles for plunging into your thigh.

Continue to page 14.

Your mind buzzes and your shins seize with fear and anticipation. You draw out the amount that most of your friends online seemed to agree on, flipping the vial upside down and flicking it like you've seen on YouTube and all those doctor shows. You climb up to the arm of your couch and pull down your pants to expose your thigh. You inhale and grit your teeth.

1...

2...

3...

There's a little shock as you push the long needle in and plunge the oily fluid into your muscle. You remove the needle, put a bandaid over the hole, and wait.

wait

wait

Did it work?

The End

Go to page 19.

You book an appointment and wait for the day to come. Miraculously, the clinic's services are covered under your company's insurance plan. You've taken the day off of work, which is a move that annoys your boss. In the intervening time you both start to become more impatient with each other. He's annoyed at you and you're annoyed at how long this appointment is taking to come up.

The day comes, though, and you set out at 4 AM having barely slept. You sit in the clinic, watching the local newscast. A nurse calls you into the office by your name – your actual name! the one you wanted to use! – and you wait for the doctor after the nurse takes your vitals.

There's a knock at the door and then someone enters. Dr. Pineal comes in with a smile, a middle-aged woman with wavy hair lined with gray streaks.

Continue on page 16.

You stumble through the typical reasons you want to get on hormones. Dr. Pineal smiles and offers up with the typical process would be. You try to follow but all you're thinking about is trying to answer the questions correctly. But she mostly doesn't ask any. She orders up several blood labs and tells you to go downstairs for them to do the blood draws.

At the end of the appointment she says that you will have to come back for a second visit for her to prescribe anything for you. Your stomach sinks and blood rushes to your ears. Everything sounds a bit muffled. You shuffle back to the receptionist who, at the very least, allows you to schedule a much quicker follow-up appointment.

On the drive back home, you wonder if you should just try that online pharmacy instead. It wouldn't take so many steps, and you wouldn't need to make that second trip.

To go the online pharmacy site, go to page 11.

To wait for your appointment, go to page 17.

You've missed the window to request off for your job, so when the day comes for your next appointment you call in sick. You make the dark, boring drive at 4 AM, down I-69 and through the urban traffic and are again back in the appointment room. Your eyes are heavy and you're coming down with a cough. Maybe you actually are sick.

Dr. Pineal comes in with a smile and sits on a stool.

"Your bloodwork came out great. We're ready to go forward."

You light up. After all this red tape, you're actually able to get to your hormones.

She writes you your prescription and says you'll need to do your bloodwork in 30 more days. Luckily, you can do this at a clinic in Fort Wayne. You head to the pharmacy next to the clinic and pick up a small vial, some syringes, and two sets of needles.

As you're about to start your car to go home, you get a text from your boss:

"dont worry about coming in tomorrow. or the day after"

Well, shit.

The End

Go to page 19.

BELGIË	BELGIQUE	BELGIEN	BELGIUM
IDENTITEITSKAART	CARTE D'IDENTITE	PERSONALAUSWEIS	IDENTITY CARD

Naam / Name	W s	
Voornamen / Given names	Johan Maria S	
	Geboorteplaats en -datum / Place and date of birth	Geslacht / Sex
	Stanleystad 2 JUL 19	M
	Nationaliteit	
	Nationality BELG	
	Kaartnr. / Card No	
	591-19 -14	
Geldig van - tot / Valid from - until		
20.10.2010 - 20.10.2015		
Handtekening van de houder / Holder's signature		
		

ON ADMINISTRATIVE VIOLENCE

You go to the doctor's office, you buy an airline ticket, you go to the Department of Motor Vehicles. You're asked to fill out a form which asks a common set of information. Name, address, gender, insurance policy number, employer's name and address. In many instances, each piece of this information may be rote, at worst annoying. But for those who move through the world in the most marginalized of bodies – people who are Black, brown, undocumented, unhoused, unemployed, disabled, and/or transgender/gender non-conforming – filling out these documents out means making a commitment to a categorization which may contribute to serious harms to their person and livelihood.

This zine is about how practices and routines which are typically considered banal – bureaucratic and administrative records – reduce the life chances for those who are already marginalized by structural racism, sexism, transphobia, homophobia, xenophobia, and ableism. The term “administrative violence”, coined by legal scholar Dean Spade, refers to the harms created by forcing oneself into narrow categories of gender for the purpose of having ones basic needs met, due to the constraints and understandings of the administrative subject by governments, welfare agencies, and health care organizations. Gender is only one of the categories we try to fit ourselves into. A given bureaucratic form forces transgender people to write a name

they may not use in everyday life and which may not match their birth certificate. That form may also force someone who is unhoused to list an address at which they are staying temporarily, or someone who is undocumented to pause and wonder how and if they should disclose that fact.

Administrative violence becomes piqued for trans and gender non-conforming people and can be especially harmful to trans people of color. This typically occurs at the level of identity documents, sex-segregated facilities, and health care access. Rules for changing identity documents have inconsistent rules, across municipalities, states, and countries. Some require a doctor's note, while some require surgery or certification from another authoritative body. This results in a web of confusing twists and turns, looping back to other agencies with no uniform method of updating documents. Dean Spade outlines this kind of morass further¹:

... one person born in New York and living in New York might have a birth certificate she cannot change from "M" to "F" because she has not had genital surgery; a driver's license that correctly reflects "F" because she got a doctor's letter; Social Security records that say "M" because she cannot produce evidence of surgery; a name change order that shows her new feminine name; and a Medicaid card that reads "F" because

¹Spade, Dean., 2015. *Normal life: Administrative violence, critical trans politics, and the limits of law*. Duke University Press.

the agency had no official policy and the clerk felt the name change order and driver's license were sufficient. [pp. 79]

Administrative violence further acts at the level of sex-segregated facilities. Misclassification of trans people, especially trans women, limits their ability to access care facilities, such as homeless shelters and drug rehabilitation center. This often places trans women into men's facilities, putting them in situations in which they face disproportionate levels of violence from both residents and staff. Trans people also encounter administrative violence at the level of health care, where a misclassification based on one's sex assigned at birth and/or the diagnosis of being trans at all can deny trans people the care for common gender-affirming medications and procedures.

On Surveillance

The student of a computer science professor interested in training a facial recognition model came across a series of videos in which trans YouTubers documented their transition on the platform. As an "edge case" in the machine learning task, she gathered hundreds of these videos. The motivation for this project was to understand "[w]hat kind of harm can a terrorist do if they understand that taking this hormone can increase their chances of crossing over into a border

that’s protected by face recognition?”²

The processes of administrative violence should not be characterized as simply a category error in which correct classifications can be updated by administrative remedy. It is not a matter of ensuring the identity documents are harmonized across bureaucracies and organizations. Trans bodies and lives are continually held in suspicion; the professor in question framed the transition videos – which are often tools for self-expression and motivation for others – to be a vector for potential terrorist and cross-border subversion. The suspicion of the trans body becomes especially piqued for undocumented trans people and trans people of Arab, Iranian, and central Asian descent.

Queer surveillance cannot be overlooked in the kinds of politics which aim to ameliorate administrative violence. As Dean Spade continues in *Normal Life*:

a critical understanding of surveillance allows us to avoid making simplistic demands to have these policies “fixed” so that trans people can be more “accurately” classified. Rather, this analysis allows for the emergence of politics and resistance strategies that understand the expansion of identity verification as a key facet of racialized and gendered maldistribution of security and vulnerability. [Spade 2015, pp. 87]

²Vincent, James. 2017. Transgender YouTubers had their videos grabbed to train facial recognition software. *The Verge*. <https://www.theverge.com/2017/8/22/16180080/transgender-youtubers-ai-facial-recognition-dataset>

In a word, fixing identity documents will typically only benefit those trans people who are already well-served by other administrative structures – typically those who are white, wealthy, and have access to medical procedures which comport them with an ideal trans subject. In the surveillance state, thinking of new methods of legibility is a narrow claim for a set of anti-discrimination rights.

On Systems and Legibility

Considering the harms caused by misclassification is a path that has been well-trodden by the recent focus on algorithmic fairness, e.g. through the FAT* conference and others. This conversation typically has revolved around correcting for disparate error rates across different racialized or gendered groups. However, as others have pointed out³, this discussion typically grounds itself in frameworks which rely on the individual focus of US anti-discrimination law and the treatment of both advantaged and disadvantaged groups as equally needing of remediation⁴.

The problem itself isn't about fairness, but instead a state that rationalizes individuals in such a way to make them legible for surveillance, overpolicing, medical gatekeeping, and denial of housing and

³Hoffmann, Anna Lauren, 2019. Where fairness fails: Data, algorithms, and the limits of antidiscrimination discourse. *Information, Communication & Society*, 22(7), pp.900-915.

⁴Hanna, Alex, Emily Denton, Andrew Smart, and Jamila Smith-Loud. 2020. "Towards a Critical Race Methodology in Algorithmic Fairness." *FAT* 2020*.

employment. James C. Scott discusses legibility, e.g. the way that states and governments make sense of the natural world and peoples within its borders⁵.

The state itself operates in such a way the collects data on individuals and uses automated tools which aren't structured for the benefit of the most marginalized. A set of automated and data systems which worked for people would look much different. It's not a coincidence that the character in this zine lives in Indiana, where Virginia Eubanks documents the failure of a welfare system aimed at providing medical and welfare benefits to its most destitute⁶. The Indiana welfare system failed to address citizen concerns and offer reasonable recourse in the cases of dropped medical benefits. What would the fixing of data classification schemas look in such a state system which supported the most marginalized? Eubanks argues that

[i]n a system dedicated to supporting poor and working-class people's self-determination, such diligence would guarantee that they attain all the benefits they are entitled to by law. In that context, integrated data and modernized administration would not necessarily result in bad outcomes for poor

⁵Scott, James C., 1998. *Seeing like a state: How certain schemes to improve the human condition have failed*. Yale University Press.

⁶Eubanks, Virginia, 2018. *Automating inequality: How high-tech tools profile, police, and punish the poor*. St. Martin's Press.

communities. But automated decision-making in our current welfare system acts a lot like older, atavistic forms of punishment and containment. It filters and diverts. It is a gatekeeper, not a facilitator. [pp. 81-82]

A critical politics of algorithms which addresses the harms caused by administrative violence sees misclassification as symptomatic of larger structures and systems of domination.

I AM APPLYING FOR (CHECK ANY THAT APPLY):

<input type="checkbox"/> Original License/NH license in exchange for a license from another US State, the District of Columbia or Canadian Province or a US Territory	<input type="checkbox"/> Renewal	<input type="checkbox"/> Duplicate	<input type="checkbox"/> Non-Driver ID Card	<input type="checkbox"/> Replacement Reason:
<input type="checkbox"/> Motorcycle Endorsement (includes 3 Wheel and motor driven cycle)				

Are you a United States Citizen?

☐ YES☐ NO

Are you a New Hampshire Resident?

☐ YES☐ NO

Do you have, or did you ever have a New Hampshire driver license or non-driver ID card?

☐ YES☐ NO

Do you have or did you ever have a driver license that is valid or that expired within the past twelve months issued by another US State, the District of Columbia or a Canadian Province?

☐ YES☐ NO

If "YES", where was it issued?

Date of Expiration:

Type of License:

License ID No.:

IDENTIFICATION INFORMATION☐ PLEASE CHECK BOX IF MAILING AND LEGAL ADDRESS ARE THE SAME

FIRST NAME (REQUIRED)

MIDDLE (REQUIRED)

LAST NAME (REQUIRED)

SUFFIX (Sr, Jr, etc.)

ADDRESS WHERE YOU GET YOUR MAIL (REQUIRED)

STREET	APT #	CITY OR TOWN	STATE	ZIP CODE
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ADDRESS WHERE YOU LIVE (REQUIRED)

STREET	APT #	CITY OR TOWN	STATE	ZIP CODE
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(ALL ARE REQUIRED)

DATE OF BIRTH

SEX

HEIGHT

WEIGHT

EYE COLOR

HAIR COLOR

MONTH	DAY	YEAR	MALE	FEMALE	FEET	INCHES	POUNDS	EYE COLOR	HAIR COLOR
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(REQUIRED IF FIRST OR ORIGINAL N.H. DRIVER'S LICENSE)