Insidious Concern

Trans Panic and the Limits of Care

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Abstract This article examines media that couches criticism of trans medicine, pediatrics, and activism in terms of "care" or "concern" for trans people and youth in particular. It identifies these as "insidious concerns," speech acts, utterances, and proclamations that would harm that which they claim to care for or about. It proceeds to argue that this type of discourse is endemic to a wider crisis of social reproduction exacerbated by neoliberal economic restructuring. Through historical contextualization, cultural analysis, and ethnography, this article highlights the racist, nationalist, and reactionary undercurrents motivating the current trans panic in the United States. It concludes that theoretical attention to social reproduction might offer new insights for trans studies that can act as counterdiscourse to "insidious concern."

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It's a Sunday morning in July, and I'm at a meeting for parents of trans people, as I have been once or twice a month every month during the summer of 2019. As we go around introducing ourselves, Olivia,[1] one of the moms in the group, reflects on how witnessing her child's transition has changed her view on gender, saying, "we really do need a more expansive view of gender," and after a beat adds tongue-in-cheek, "I don't want it to be *my* kid that does it, but there should be one!" The rest of the group responds with a knowing laughter. Olivia's joke is less about her child's gender expression than it is about one of the central ambivalences that comes with raising—or being—a trans kid. On the one hand, the parents at this meeting see the family as a unit of personal privacy and responsibility, normatively removed from the politics and criticism of the public sphere, where happiness exists independent of politics. On the other, raising a trans child or being a trans child quickly exposes that many actually existing families are not immune to becoming the locus of political battles.

Given these contradictions, my ethnographic research on what constitutes good care in transgender pediatrics in New York often gives me the feeling of

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whiplash. At the same time that there are free or low-cost clinics for transgender pediatric services in cities like New York, there has been a surge of anti-trans legislation at the state level across the United States. And while my research is primarily on the provision of care by supportive parents and doctors, it has immediately struck me that a lot of anti-trans rhetoric is framed within the register of care. Consider, for instance, a discussion of trans suicide rates from the *Federalist*, a right-wing blog. Author Daniel Payne (2016) argues that the suicide rate for trans people cannot be attributed to discrimination, stigma, or rejection. Instead, it is because being transgender is a mental illness: "Individuals who believe they are a different sex than that of their biology are psychologically ill—self-evidently so" (2016). Yet, he concludes his article with "Transgender individuals are precious, irreplaceable children of God. They deserve better than the cultural zeitgeist that has decided a sky-high suicide rate is an acceptable externality of modern-day progressive sexual ideology" (2016). This is essentially a call for conversion therapy. Because "transgenderism is a deleterious psychological affliction" (2016), it must be treated as something to cure rather than affirmed for the sake of "progressive sexual ideology." To save trans people from suicide, this article implicitly says, we must stop any trans people from existing. Nonetheless, trans people are "precious, irreplaceable children of God." Even in state legislatures, anti-trans bills like Texas's Senate Bill 1311, which seeks to curb access to trans pediatric medicine, are being described by their authors as intending to "improve the mental health of Texans who may later come to regret their transition" (Munce 2021). Sources outside government are happy to chime in as well, reiterating the premise that an increase in trans youth is a problem that requires intervention, that is, reduction. Kathleen Stock (2021: chap. 1) claims she is "critical of gender identity theory—not of trans people, for whom I have friendly sympathy and respect"[2] while also writing that "there are no circumstances in which minors should be making fertility—and health—affecting decisions involving blockers, hormones, or surgery" (chap. 4, para. 16). While a misrepresentation of what trans pediatric treatment usually entails, this statement would also bar minors from obtaining hormonal birth control without their parents' knowledge. In the name of defending women, girls, children generally, and the trans people for whom she has "sympathy and respect," Stock argues for a position that is decidedly anti-feminist and detrimental to reproductive health and justice.

What are we to make of these statements? They are obviously transphobic, and while to name them as belonging to the phenomenon of transphobia is indisputable, doing so is also "a convenient (and not altogether innocent) placeholder for the intellectual work that remains to be done" (Bettcher 2014a: 251). How do statements couched in terms of care and concern for trans people that effectively call for limiting their access to health care hold together internally for

their speakers, or for the publics in which they circulate? One solution is to adopt Lisa Stevenson's (2014: 3) definition of care as "the way someone comes to matter and the corresponding ethics of attending to the other who matters." This definition opens up space for considering how these expressions of care or concern are "directed at populations rather than individuals" (3), and how in these utterances trans people and/or children stand in for a conception of the population rooted in cis, heterosexual, and white assumptions.

I call this rhetorical move "insidious concern." While it couches critique in terms of benevolence, it simultaneously calls for the destruction of the object of concern. Of particular interest is how children are doubly situated as a symbol of population in need of saving, as well as actually existing children who stand to suffer from the prescribed interventions of insidious concern. As a tone within trans-exclusionary ideologies, it is indicative, I argue, of a convergence between trans-exclusionary thought and what Sophie Bjork-James (2020: 59) has called "white sexual politics," a defense of the normative family that "is offered as a way to defend a lost social order, all the while obscuring the changed economic reality that now offers precarity to the majority." Sharing the assumptions that "racial politics are deeply entwined with sex and gender, particularly in the defense of white racial privilege," I argue that insidious concerns are "often expressed not in explicitly racial terms but through norms about the family, romantic heterosexual love, and innocent children" (59).

In what follows I first trace a brief history of the sex panics that provide the moral scaffolding for contemporary right-wing and trans-exclusionary logic, often as coalescing around a defense of the white, heteronormative patriarchal family in which parental authority is the principal arena of moral and political education. Having traced this history, I then argue that insidious concern invokes "children," "mom and dad," or "families" as stand-ins for a normative reproductive order in need of protection rather than actually existing children, parents, or families. By positioning children in need of saving from themselves, insidious concern makes calls for restricting access to health care more palatable to cis audiences. I then examine how this rhetorical move creates a public, accommodated by both neoliberalism and a growing right wing, that reimagines citizenship and belonging on exclusionary terms. This public and its political entanglements threaten both access to public accommodations or services for trans people as well as deeper political engagement based on the ability to occupy space.

I conclude by theorizing the trans politics at stake in the context of a crisis of social reproduction. Looking to some ethnographically grounded examples of how people seeking trans care have navigated this moment, I argue that people can reappropriate gendered meaning in enactments of care that decenter "dominant

imaginaries of how care labor does and should operate" (Malatino 2020: 7). Spurred by a need to access care under increasingly precarious conditions, new subjectivities can arise through a strategic, situated ambivalence in relation to medical institutions and disciplining practices.

Moral Panic: Race, Sexuality, and Gender

Insidious concern shares with other sex panics the assumption that sexual and gendered norms are fundamental parts of social reproduction, and therefore changes to them are potentially destabilizing when left morally or politically unregulated.[3] In this section I trace a brief history of some twentieth-century sex panics to illustrate the historical context that lends its moral assumptions to insidious concern. Jeff Maskovsky (2021) argues that the alt-right imagines the maintenance of racial, sexual, and gendered hierarchies as central to the project of producing a white race. Expanding on this argument, I offer that insidious concern pulls from not only this recent discourse but also a history of sex panics that has configured the moral and political regulation of sex and gender as central to reproducing social relations.

Early twentieth-century sex panics share with insidious concern a general sense that sex, sexuality, and/or gender are central to the maintenance of a nationalist order and that radical changes to either can disrupt that order. The modern nationalist sex panic has its roots in the early twentieth-century development of sexology, on the one hand, and changing global power dynamics on the other. In *The Hirschfeld Archives*, Heike Bauer (2017) demonstrates how both Magnus Hirschfeld's homosexual advocacy and his reception were embedded in anxiety over the recession of the German colonial empire. As Bauer explains, the outbreak of the Harden trial—in which a journalist accused a diplomat of engaging in a homosexual affair with a German military commander—occurred "partly in response to a perceived colonial weakening of Kaiser Wilhelm, the German emperor, in the early 1900s" (25). As Harden was tried for defamation, Hirschfeld defended homosexuality as part of the trial. As a result, some "challenged his status as a medical expert by instead depicting him as a political agitator" (25). Hirschfeld's political advocacy for homosexual rights, itself enabled by Germany's colonial efforts, was nonetheless received as part and parcel of the diminishing strength of Germany's colonial standing. The logic of this is, of course, couched in stereotypes surrounding feminine men in particular and femininity in general—that homosexual men were "weaker," and thus the decline of German national strength could be directly tied to an increase in homosexuality.

Sex panics took a solid hold of nationalist discourses in the United States by the middle of the century, fueled by a fear of the civil rights movement, sexual liberation, the women's movement, and communism. One of the more enduring

legacies has its roots in the Cold War, in which homosexuality, gender nonconformity, and the "destruction" of the nuclear family were directly tied to communist plots to undermine the United States. In 1958 Cleon Skousen, a former FBI agent, published *The Naked Communist*, a book that claims to explore the nature of communist ideology by uncovering its roots and listing the "45 goals" of communists. In 1963 Congressman Albert S. Herlong Jr. (1963) from Florida, then a member of the Democratic Party, submitted the "45 goals" to the congressional record. They include number 26, to "present homosexuality, degeneracy, and promiscuity as 'normal, natural, healthy.'"[4] As of May 2021, Conservapedia—a wiki style encyclopedia with the stated goal of combatting liberal bias in sources like Wikipedia—contains a page on "the homosexual agenda" that claims part of the agenda is to "legalize various forms of alternative partnerships" such as "man and man . . . woman and box turtle, man and sex toy" (Conservapedia, "Homosexual Agenda"). And their page on "Feminism" directly references feminist goals as being "derived from Communism," citing communist goal number 26 (Conservapedia, "Feminism").

At the same time, the sex panics of the mid-twentieth century were as much racializing projects as they were informed by global politics. Contemporaneous to Herlong's reading of communist goals into the congressional record, sociologist Daniel Patrick Moynihan was assembling a report that would be published two years later in 1965. *The Negro Family: The Case for National Action*, or the Moynihan Report as it came to be known, blamed not communism or homosexuality for the structural inequalities that Black families face, but the model of the female head of household. While this legacy of blaming Black mothers "undoubtedly did not *begin*" with Moynihan, his "work helped to shape the idea that Black families were pathological, which he attributed to female-headed households" (Davis 2019: 78). This pathologization of the Black family, and of Black women in particular, was itself part of the same project of mobilizing concern in service of the normative model of white heterosexual social reproduction, especially in that this concern played "on the theme of degeneracy," claiming that Black mothers "transmitted a pathological lifestyle to their children, perpetuating poverty and antisocial behavior from one generation to the next" (Roberts 1997: 16). A threat to the nuclear family is at the center of both Moynihan's report and anticommunist anxiety. As such, both resulted in calls for moral and sexual regulation and were mutually reinforcing. Skousen argued that communists aimed to destabilize American society by normalizing sexual degeneracy, and therefore sexuality required regulation. Meanwhile Moynihan pointed to single motherhood among Black households as an example of moral decline when one deviates from monogamous heterosexual norms.

The moral panic around AIDS employed similar tropes, demonizing homosexuals as socially destabilizing and dangerous. But unlike the rhetoric

discussed above, it was also the point where the category of trans people, and by extension trans children, began to emerge as its own object of governance and concern (Valentine 2007). As Reese, a fictional character from Torrey Peters's 2021 novel *Detransition, Baby*, puts it,

> Back in the eighties the big institutions looking at AIDS noticed a population with wildly high rates of infection—a population that wasn't captured in the usual categories of "gay" or "Men Who Have Sex with Men." A certain kind of people slipped through the gaps, people who went by all sorts of names: transvestites, drag queens, sissies, cross-dressers, transgender, transexuals, fairies, and on and on. But institutions require categorical names in order to function—the guys at the CDC can't be writing a new grant or reworking studies every time a nancy starts calling herself a nelly. So they assigned a name to this population: the umbrella term "transgender." (307)

This conceptual division created a new section of the population for institutions to "care" about, allowing for the category of "transgender" to be positioned against homosexuality, as it sometimes is by some transphobes and gender critical feminists. This is not to say that trans subjectivity cannot be located or excavated elsewhere in the past, as scholars like Jules Gill-Peterson (2018) and C. Riley Snorton (2017) have done. Rather, the institutional conceptual division between gender and sexuality represents a moment when the category of transgender became an institutionally intelligible, legible subject, such that a "transgender child" could become an object of political debate. This allows for a "submerged logic in which no sexual provocation [is] necessary" because gender presentation itself can be "a panic-inducing provocation" (Gill-Peterson 2018: 5) that drives trans panic (Salamon 2018: 5).

The Insidiously Concerned

Insidious concern differs from former sex panics primarily through its bifocal view of children: because children often symbolically represent heteronormativity, the family, and whiteness, actually existing trans children are simultaneously configured as imperiled subjects requiring protection and dangerous actors in need of regulation. This is ultimately a biopolitical move, following Lisa Stevenson's (2014: 3) use of "the biopolitical" to mean "a form of care and governance that is primarily concerned with the maintenance of life itself, and is directed at populations rather than individuals." Life itself, imagined as always cisgender, calls for restricting access to health care for individuals as compulsory members of the cisgender population. This dual move allows a slippage between protection and regulation, care and abandonment, in three different ways. First,

the assumption that any increase in the proportion of trans people is inherently problematic, rather than a reasonable result of expanded access to health care or a change in policy, carries with it the implicit notion that the number of trans people needs to be reduced, usually through restricting access to legal recognition or forms of care. Second, insidious concern neglects, ignores, or erases the narratives of people of color that would bring to light the imbrication of race, sex, and gender. This is part of the same trans necropolitics that Snorton and Jin Haritaworn (2013) have identified, in which trans of color life gains publicity only through death and often via incorporation into a narrative that glosses the specificity of trans of color experience. Finally, instead of couching grievances in explicitly racial terms, insidious concern invokes a morality of the family rooted in white normative assumptions. In any case, actually existing trans kids are abandoned while care is afforded only for a normative family structure. Taken together, these aspects highlight how concern is consolidated around whiteness, while it is insidious because of its reliance on tropes familiar to a wider cis audience.

In what follows I look at three texts I came across during fieldwork, either through my own passive media consumption or because they were mentioned by my interlocutors, that are representative of insidious concern. I argue that they draw their moral force from the same themes explored above, but what sets them apart is their circulation beyond extreme right-wing media. The specific context enabling their general circulation is described in the next section.

The Premise: There Are Too Many

Usually with some reference to the myth of rapid onset gender dysphoria (ROGD), insidious concerns posit that the increase in trans people, especially young trans people, is in and of itself evidence of a social problem. The implication is that the number of trans people today is misrepresentative, evidence of misled teens, and that something ought to be done to reduce it. Kathleen Stock frames the problem in the introduction to her 2021 book *Material Girls* by contrasting the estimated number of trans people in the United Kingdom in 2004 (around two thousand) to 2020 (around two hundred thousand or so). Abigail Shrier (2020: xxiv) is a little more up front, leaving nothing to subtext: "Some small portion of the population will always be transgender. But perhaps the current craze will not always lure in troubled young girls with no history of gender dysphoria, enlisting them in a lifetime of hormone dependency and disfiguring surgeries. If this is a social contagion, society—perhaps—can arrest it." Because insidious concerns configure children as in need of saving from themselves, detransition often functions as the constitutive outside of trans identity. The general thrust of this argument is, we know being trans is getting too popular because there are people who have detransitioned, so a call to reduce the number of trans people by limiting access to care is a moral position that protects would-be detransitioners from transgender influence.

As another example, Leslie Stahl's *60 Minutes* segment on trans health care, which aired in late May 2021, spends a disproportionate amount of time on detransition being the result of doctors too hastily handing out transition services to young adults (CBS News 2021). It jumps from a story about how more trans kids have access to affirmative forms of care to stories of detransition being the consequence of this expansion. At one point, Grace Lindski-Smith, one of the featured detransitioners, claims, "I can't believe I transitioned and detransitioned, including hormones and surgery in the course of less than one year. It's completely crazy." While doctors might be part of an outside threat to children, the overarching message is that restricting access to trans health care could save children from themselves (CBS News 2021).

The opposition between trans people and detransitioners is solely about framing and a commitment to cisnormativity (Serano 2017). Detransition is not the "other side" of trans health care, but framing it as such serves to position any potential transition as a threat. As such, insidious concern is presented as protecting children, when in fact its aim is to reduce their access to medical transition services. Moreover, depicting detransitioners as "duped" into transitioning runs the risk of smuggling in arguments against medical autonomy for young people in general, such as restricting access to hormonal birth control. More often than not, those who are most vocally concerned for detransitioners use them to argue for reduced patient participation in health decisions, a stance that curtails the autonomy of both trans and detrans patients alike.

Erasure

Insidious concern glosses over race or racism, as if stories of transition exist independently from race, class, or other intersecting social categories. In doing so it recenters whiteness by framing gender as the only operative category. As Talia Mae Bettcher (2014b: 391) has argued, in theorizing the axes of oppression that trans people face, "Since the vast majority of trans women killed are trans women of color, trans women who are poor, and trans women who are sex workers, it is not enough to focus on transphobic violence across gender differences: race and class must likewise be centered." Interestingly, Stock (2020) cites Bettcher (2014a) when arguing that the motivation for violence against trans people might not directly stem or stem only from transphobia, but perhaps racism or whorephobia. However, this is not in service of proposing a more intersectional approach.[5] Stock jumps over that critique and lands on a skepticism toward the idea of transphobia writ large (2020: chap. 7).

And of course, by presenting any analysis of trans health care or activism in which race and class are not factors, calls for more restrictive access to medical care ignore that any increased gatekeeping will disproportionately affect those

who already have the least access to care. There is already a disproportionately small number of nonwhite patients in trans pediatric settings (see for example, Bercera et al. 2018 or Chodzen et al. 2018), and adding barriers makes it less accessible to those without reliable health coverage. Furthermore, analysis without race misses how white supremacy can promote adherence to normative gender roles (cf. Page and Richardson 2009). As M, a twenty-year-old genderqueer research participant of mine, put it, "Every day when I was fourteen or fifteen I really cared about what I was wearing, like always tried to be pretty all the time . . . for a lot of reasons, I feel like some of it tied into race too. Because I felt like an outsider by race . . . if I couldn't fit in that way, by being white, then I could fit in by being the girliest girl possible." For M, recourse to a normative gender presentation in childhood was a strategic—if unconscious—way to avoid being marginalized as one of the few people of color among their peer group. Since there are several factors that might prevent people of color from accessing transition services, especially in childhood, the concern over detransition presumes the whiteness of patients while functioning as a call to action that would exacerbate the already unequal access to health care that exists.

The Family

The biopolitics of insidious concern is centered on the protection of the nuclear family as a natural, stable, and moral social form. This is often voiced through the grievance that institutions like schools, therapists, or social groups have displaced the moral authority of parents in favor of accommodating a threatening few. One of the most striking examples of this is when Shrier (2020) relates the story of a child she calls "Gayatri,"[6] an Indian American teen born to immigrant parents. We are told that Gayatri found it hard to make friends until they joined their school's gay-straight alliance and began going by *they/them/their* pronouns. Their parents, apprehensive yet generally supportive, broke into tears of sadness after Gayatri announced their identity and pronouns during a school assembly, without any warning beforehand. Shrier frames this as an example of one of the many ways trans identity subverts parental authority, and a full three chapters—"The Schools," "The Parents," and "The Shrinks"—are dedicated to understanding the forces at play against parents in favor of "the transgender craze." While Shrier is supposedly concerned for the children at the center of her book, she also tells us that, after adopting a new name and *they/them* pronouns, Gayatri "had friends—lots of them" (21), and several other examples glossing over the apparent well-being of an actually existing child. By her own evidence, Shrier is not so much concerned with the well-being of actually existing children as she is with maintaining the family as the primary arena of moral education.

These are the biopolitics of insidious concern. Children are doubly rendered as a population-level symbol for a mode of heterosexual reproduction and

ignored as individuals in need of particular forms of care. The biopolitical aim here is to foster the life of the nuclear family, so "children" are only relevant as parts for the reproduction of that social form. Parents are as much a population here too. Several parents I have interviewed are happy when institutions adopt gender inclusive policies, often because it alleviates some care work involved in trying to explain gender to every other parent or child at school. Actual parents are not under threat, but the parental authority exemplified in the heteronormative family is.

Insidious concerns do not necessarily contain all of these factors at once, but they all call for a moral policing of the reproductive order. As I argue below, they are being articulated the most loudly at a time when access to health care, public space, and public services is markedly precarious. This makes the exclusion of trans people from public central to an emerging trans-exclusionary feminist politics.

Being in Public

Insidious concerns target public accommodation, from gender inclusive bathroom policies to gender affirmative health care and school policies. In the following section, I argue that the biopolitical logic of insidious concern has enabled the production of reactionary publics with attendant notions of citizenship that exclude trans people from "the public." The public or publics can mean both an audience in which texts and ideas circulate as well as a political formation shared by those with citizenship status. Insidious concern creates a public, in terms of an audience for circulation, through a shared sentimental attachment to "norms" around the family and gender, while also advocating for a public, in the sense of a political formation, based on exclusion.

Trans youth themselves seem to be aware of this public, often engaging it as a political signifier. Ada, a then eighteen-year-old and soon to be nineteen-year-old trans woman I interviewed, was initially apprehensive about talking to a researcher when I reached out over email. When we talked, she seemed to have lost any hesitation since I first introduced myself. After detailing aspects of her family life, sexuality, and local politics, she tells me she wants multiple tattoos and piercings because she wants "to be the trans person that boomers are afraid of."

Most of the trans youth I have interviewed do not express an aspiration to instill fear in older generations, but Ada's statement highlights how sentiment is central to forming an insidiously concerned public. The privatization of citizenship (Berlant 1997) has brought with it a moralizing politics of sexuality and gender. Neoliberalism, meaning the sets of policies enacted over the past half century favoring entrepreneurialism and privatization over citizenship and public goods, has long accommodated reactionary moralism. Melinda Cooper (2017)

identifies neoliberalism and neoconservativism as complementary rather than opposed ideologies, wherein neoliberal policies curtail access to public spaces of care and social conservatives double down on the importance of the patriarchal family as the primary institution for moral education, care, and social reproduction. This dynamic enables trans-exclusionary feminists to launch their various attacks on public accommodations, from gender inclusive school policies to bathrooms and health care. However, it diverges from neoliberal economizing through a "politics of sentiment," in which "rage and resentment has been taken to new levels of intensity" in contemporary politics (Maskovsky forthcoming). This is a point of convergence between trans-exclusionary politics and the right wing more generally, in which notions of biological sex and conservative conceptions of the family become political rallying points based in sentiment. Ada's desire to be feared plays off the perception that her appearance subverts the political and sentimental attachments to gender and the family that the right wing harbors.

The public politically structures citizenship, broadly understood as membership in the public and the right to politically engage therein. Insidious concern structures citizenship around shared sentimental attachment to hegemonic family structure, gender comportment, and sexuality. Neoliberalism famously economized citizenship, often by attaching it to labor. This was the case for welfare reform, or "workfare," in the 1990s, which brought with it a form of contractual citizenship in which "rights should be contingent on the performance of responsibilities" (Collins and Mayer 2010: 13). Insidious concern shifts the contingency of citizenship to adherence to a cisgender narrative about the relationship between the body and gender. Bodies that disrupt this narrative are excluded as political subjects and thus should not be accommodated by public institutions like bathrooms, classrooms, or medicine. The consequences of this narrative's instability are then offloaded onto "the individuals whose narratives, documents, and bodies reveal the mutability of the category [gender]" (Currah and Mulqueen 2011: 558).

These exclusionary politics commonly take the form of bathroom bills or restrictions on trans inclusive public school curricula and health care, essentially targeting any kind of occupation of physical space. Here, these policies share with neoliberalism a project of morally regulating public space. Lauren Berlant and Michael Warner (1998) have discussed this phenomenon in a different context, tracking how public spaces for queer people were targeted by rezoning laws. Berlant and Warner argue that, when areas like Christopher Street are rezoned to be more "family friendly" to the residents, the right to the city for queer people is effectively under attack. They point out that many of the young people who frequent Christopher Street could never afford to live there, but that "urban space is always host space. The right to the city extends to those who use the city" (563).

In the decades since, geographic restructuring has continued to accompany sex- and gender-based moralizing. Economic and municipal policies continue to impede access to care for trans people specifically and queer people more generally. Rereading this piece by Berlant and Warner, I am reminded of my first visit to a pediatric center in Manhattan. I am heading into a meeting of medical researchers and physicians. The center it takes place at is unique for being both cost free, able to provide some limited services without parental permission, and having a trans health project. It is located in a majority white neighborhood that is one of the most affluent neighborhoods in Manhattan, but the majority of the patients are young women and girls of color, "mostly for reproductive health," a physician tells me as he leads me down the hall. Most of the patients could not afford to live in the same neighborhood as the center. Nonetheless, this clinic is exceptional in some ways. Some early data from an internal survey suggests that there is a greater proportion of trans people of color receiving care here than in comparable private clinics, especially for mental health. Still, it exists in a contradictory state. While it provides free services to the uninsured, gentrification continues to push the core of its patients farther and farther away. So many of the demands this center advocates for come down to the right to exist in public.

Basic accommodations like access to bathrooms, protection from discrimination and harassment in public places like schools, and access to health care hinge on a notion of citizenship that is undergoing a radical renegotiation, such that "care" for trans kids entails barring them from public services. At the same time, simply ensuring access to institutional forms of care for individuals does not address the underlying economics of displacement from public facilities. Alternatively, Hil Malatino (2020: 2) imagines "trans care" as an inherently collective process that requires unlearning "the mythos of neoliberal, entrepreneurial self-making" as a model for navigating the politically uneven terrain of care. Malatino emphasizes that trans care relies on precarious networks that are rarely formalized and depend heavily on interpersonal relationships. At the same time, they exist in tandem with more institutionalized forms of care. They are grounded in material conditions at the same time that they reimagine social relationships through enacting care. The possibility of trans care informs the next section.

Situated Ambivalence

Insidious concern is a product of the same political-economic conditions in which we attempt to imagine alternative forms of trans care. Critiquing it on the basis that it is rooted in inherently oppressive structures is only the beginning of a counterdiscourse to it. By way of conclusion I want to contextualize recent theorizing on gender within the squeeze on social reproduction that many people face. In doing so I attempt to answer the question that Noah Zazanis (2021: 33) posits as the framework for theorizing trans reproduction: "if gender is a structure

imposed onto its subjects, what does it mean to 'change' genders while remaining subjected to that structure?" To put it differently, Zazanis is asking how a social structure like gender can act as an essentialist, normalizing force, as it does for trans-exclusionists, without foreclosing the possibility of its reappropriation.

Before I started research I was initially concerned with how I could non-judgmentally represent parents that struggle to accept trans identity. Almost everyone is socialized into transphobic assumptions, but I was worried that trying to empathetically explain the position of mostly cis parents might result in excusing rather than analyzing them. What I quickly came to realize is that most of the parents and people with loved ones who are transgender that I came across were mostly looking for support in a generalized context of precarity, what Nancy Fraser (2016: 99) has called the "crisis of care." Unlearning transphobia, alongside other interpersonal struggles, certainly took place. But most parents, including the relatively well-to-do, were more worried about trying to accommodate their child while being in between jobs, trying to access health care, or trying to find access to any kind of transition services, among other struggles. This is the context in which both insidious concern and trans care came to be. Navigating this context can feed anxiety and grievance politics while it could also highlight the need for alternate forms of care.

For Fraser (2016), the crisis of care is characterized by the increasing difficulty in accessing care and the things necessary to socially reproduce oneself and others. A lack of resources like childcare, employment, and health care is the context within which scholars are theorizing gender and in which people are forming their own gendered subjectivities. In many ways, this has radically destabilized the material scaffolding of the patriarchal family, and by extension gender roles. Despite this, gender still has structural effects as an axis of social and economic differentiation. Social reproduction theory has time and again demonstrated how the burdens of the crisis of care disproportionately fall on women, especially working-class women and women of color (cf. Collins and Mayer 2010; Colen 1995). In short, gender works as an accumulation strategy for capital, as Kay Gabriel (2020) puts it, "Gender for capital assumes the form of an accumulation strategy, an ideological scaffolding that sustains an unequal division of labour, contours practices of dispossession and predation, and conditions particular forms of exploitation, including and especially in the form of un- and low-waged reproductive labour." However, gender is not reducible to the functions of capital. Gabriel ends her essay by asking, "What would it mean for gender to function as a source of disalienated pleasure rather than an accumulation strategy?" (2020). In other words, Gabriel is insisting that the meanings we associate with various gendered markers have an afterlife outside capital. That is to say, embracing masculinity or femininity is not always a direct effect of capital's needs alone.

The central contradiction Gabriel highlights is that, while the while gendered system we have is indeed rooted in the need for capital to segment the working class, both cis and trans people alike nonetheless often find much of the symbolism and embodied practices of that system to be a source of pleasure. When people like Stock articulate insidious concern in gender critical terms, they recapitulate a biologically essentialist theory of gender to posit that our pleasures are problematic. They insist that to say that a child is a trans boy instead of a masculine girl, or a trans girl instead of a feminine boy, reifies and reproduces a gendered essence rooted in an ideology that only ever functions as oppressive. This particular interpretation of gender as a system implies that it is often morally necessary to deny the pleasure derived from being fully seen, affirmed, or cared for on one's own expressed gendered terms. It reduces gender to an unchanging, biologically derived variable independent of social action.

In light of this, it is temping to embrace the sense of radical plasticity afforded by transgender pediatric care as ushering in a newly queer future. However, as Gill-Peterson (2018: 6, 4) argues, this grants "immense authority to medicine in making the trans child an ontological possibility," which historically, "at its institutional best . . . granted access to a rigid medical model premised on binary normalization. At its institutional worst, it allowed gatekeeping clinicians to reject black and trans of color children as *not plastic enough*." Phrased another way, embracing radical plasticity is akin to what Bettcher (2014b) calls the "beyond the binary" theory of gender without attention to how there are various levels of comfort within the binary.

A counterdiscourse to insidious concern is therefore situated between needing to account for diverse experiences of trans embodiment, while also accounting for how gender is both structured by but not limited to capital's needs. On the one hand, if gender is a system, we need to account for how it is enforced and reproduced. On the other, we need to account for how gendered markers can be appropriated without reproducing an ultimately cisnormative system of differentiation. Ethnographically, I have observed a situated ambivalence that grants access to institutions of care and social reproduction without commitment to its attendant ideological constraints. Oftentimes, this entails expressing grievances about a medical model of gender while using the vocabulary of medicine. I do not mean ambivalence in the sense of apathy; rather, it is a recognition that our subjectivities may indeed be structured in large part by capitalism and all of its disciplining institutions, but that they are also not reducible to those institutions' restraints. Similarly, these institutions regularly fail to produce manageable subjects without rendering them illegible. What we have instead is a bricolage of meanings that we can attempt to reappropriate.

For example, Rebecca, mother of a trans boy, has used "gender dysphoria" not as an explanation or diagnostic category legitimating her son's subjectivity

but as a way of describing his experience with social and medical institutions themselves. "He hasn't had real dysphoria until recently when he was saying he wants to be like a 'normal boy' . . . he doesn't want to get shots every month. He doesn't want to worry about his implant having other effects . . . *that* brought on his dysphoria, *society*, in a way, brought on his dysphoria." Here, Rebecca uses what is usually a diagnostic requirement for treatment as instead a reflection of the effects of living in a transphobic society. Rather than using dysphoria as explanatory criteria or as a means of circumventing medical gatekeeping, she argues that the consciousness of one's body brought on by interaction with a medical institution is what created the presence of dysphoria in the first place, while also recognizing that medical interaction is necessary for her son's desired embodiment. A medical framework is not just a normalizing force geared toward creating a subject suitable for capitalist reproduction. Rebecca uses the vocabulary of dysphoria to explain exactly how medicine falls short of encapsulating her son's subjectivity.

Similarly, physicians sometimes circumvent the diagnostic criteria required for insurance approval through use of a different diagnosis altogether: endocrine disorder. In cases in which a patient already has access to mental health services or documenting gender dysphoria would prove problematic, some physicians opt to diagnose their adolescent patients with "endocrine disorder" instead. The implications of this diagnosis, as opposed to gender dysphoria, are surprisingly radical. Instead of construing the trans patient as having the "mind" or "soul" of one gender "trapped" in the body of another, this diagnosis construes a trans child's body as simply producing too much or too little of certain hormones. Rather than rejecting wholesale the young body, treating an endocrine disorder is a relatively minor alteration. Physicians themselves are not thinking about these political implications. Cultivating a greater ambivalence toward diagnosis allows trans kids to remain medically legible while producing potentially transformative understandings of trans embodiment.

These examples are incomplete and far from revolutionary, but they speak to the political valence of the quotidian that trans-exclusionary feminists and others who advocate for the exclusion of trans people from feminist theory seek to minimize, downplay, or eliminate. These examples are responses to the interpellation of medicine that reappropriates language with ambivalence and ambiguity. They take on a normative vocabulary without reproducing its entire logic. Recognizing the dual potential of "care" to recapitulate the social forms and violences of capitalism as well as its ability to produce something new is a productive way of both critiquing the normative order and recognizing nascent possibilities that lie ahead.

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Notes

1. Names of research participants and locations are pseudonyms.
2. The text cited here is an epub, so it does not have consistent page numbers. Citations are based on the paragraph's distance from the subheading under which they appear.
3. In this section, moral panic and sex panic are used interchangeably because each panic under discussion represents a moment when sexuality was posed as primarily a moral and political threat. Gay panic and trans panic are used to refer to specific forms of moral panic where either homosexuality or being trans were the specific targets of a more general moral panic.
4. 109 Cong. Rec. House App. A34–A35 (January 10, 1963) (extension of statement by Albert S. Herlong Jr.).
5. There is a critique to be made here, such as Sarah Lamble's (2008) argument that the Trans Day of Remembrance can obfuscate racial and class inequalities by focusing on transphobia alone.
6. "Gayatri" is a pseudonym assigned by Shrier. Although we are told that they go by a different name than their parents gave them, Shrier does not create another pseudonym and continues to refer to them with feminine pronouns. Unfortunately, this entails that I continue to refer to them as "Gayatri" to avoid confusion.

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