

Embodiment, Gender Transitioning, and Necropolitics among Transwomen in Puerto Rico

Mark Padilla and Sheilla Rodríguez-Madera

In this article we present ethnographic research on Puerto Rican transwomen, focusing on how their gender trajectories are marked with various forms of routinized, systemic violence as well as resilient responses. Adapting Achille Mbembe's notion of necropolitics to consider the ways that the transgender body is systematically excluded and "designed to die," the authors aim to critically engage the embodied experience of transwomen and the mechanisms of exclusion that too frequently hasten them toward death, either through interpersonal forms of transphobic violence or, more often, the accumulation of everyday forms of abandonment and neglect. Using a framework of gender trajectories to provide a time-depth to the embodied experiences of transwomen in their efforts to express their evolving gender identities, we trace how they navigate heteronormative, cisgender masculinity during earlier stages of life and gradually engage with available technologies for gender transitioning, which in this context are deeply constrained by systemic exclusions from transgender-affirming medical systems. We view these biomedical exclusions as expressions of structural violence emerging from neoliberal, cisgender, and heteronormative systems and resultant mechanisms of social control, leading to moments of intense interpersonal and structural violence.

But under what practical conditions is the right to kill, to allow to live, or to expose to death exercised? Who is the subject of this right? What does the implementation of such a right tell us about the person who is thus put to death and about the relation of enmity that sets that person against his or her murderer? (Mbembe 2003:12)

This article addresses questions of violence among transwomen (persons who identify as transgender, transsexual, or another local "trans" identity) in Puerto Rico. Through ethnographic research with this population on the island, we reflect on Achille Mbembe's notion of *necropolitics* as manifested in experiences of embodied and structural violence among transwomen (Mbembe 2003, 2019). As Mbembe, a Cameroonian philosopher and political theorist, has elaborated, necropolitics is in many ways the converse of Foucault's *biopolitics*. Whereas biopolitics rests on the notion of *biopower*, referring to a diffuse, discursive expression of power exerted upon entire nations or populations and deployed to incite self-regulatory practices based on the preservation of life (Foucault 1976), *necropower* involves the expression of "the right to kill, to allow to live, or to expose to death" (Mbembe 2003:12). Mbembe bases his elaboration of necropower on his argument that the impetus to life is not the dominant expression of power and sovereignty in contemporary democratic societies. The present configuration of democratic *states of exception*—their existence within a constant state of presumed siege—requires a politics of war within

the everyday "to protect the state of law against terror" (Mbembe 2019:33). The origin of this state of terror is thought to increasingly emanate from within nation-states, resulting from the escalating "invasion" by "others" as a consequence of globalization, neoliberal capitalist formations, and transnational movement. That is, politics in the present expresses itself not only through the preservation of life but increasingly through the systematic exclusion and destruction of invading or disposable others, often framed in terms of race, gender, sexuality, class, or national origin. "Nearly everywhere," Mbembe observes, "the political order is reconstituting itself as a form of organization for death" (Mbembe 2019:7). As he elaborates:

I have put forward the notion of necropolitics, or necropower, to account for the various ways in which, in our contemporary world, weapons are deployed in the interest of maximally destroying persons and creating death-worlds, that is, new and unique forms of social existence in which vast populations are subjected to living conditions that confer upon them the status of the living dead. (Mbembe 2019:92)

Mark Padilla is Professor in the Department of Global and Sociocultural Studies of the School of International and Public Affairs of Florida International University (11200 SW 8th Street, Miami, Florida 33199, USA [marpadi@fiu.edu]). **Sheilla Rodríguez-Madera** is Professor in the Department of Global and Sociocultural Studies of the School of International and Public Affairs of Florida International University (11200 SW 8th Street, Miami, Florida 33199, USA [shrodrig@fiu.edu]). This paper was submitted 13 XI 19, accepted 25 VIII 20, and electronically published 15 I 21.

The diffuseness of necropower—its imbrication with the organization and stratification of populations in everyday social relations—is reminiscent of biopower’s function within Foucault’s biopolitics. However, Mbembe argues that “biopower is insufficient to account for contemporary forms of the subjugations of life to the power of death” (Mbembe 2019:92). This is even more true of his analysis of contemporary capitalism and neoliberal governance, which he describes as a primary mechanism of population-level othering and abandonment.

Mbembe’s necropolitics has recently emerged as a theoretical substrate for social science research on violence enacted on a range of marginalized populations, including transgender persons (Caravaca-Morera and Padilha 2018; Gündüz 2017; Snorton and Haritaworn 2013; Valencia and Zhuravleva 2019). It has become particularly salient in light of these scholars’ focus on socially and/or state-sanctioned violence inflicted with the intent to kill or to annihilate the existence of whole categories of person. Importantly, recent queer scholarship uses Mbembe’s framework to discuss anti-trans violence at two levels: the interpersonal level of *violent acts* against transgender persons and the structural or cultural level of *gender-based stigma and discrimination*. Indeed, Mbembe’s framework draws our attention to the structural preconditions for violence and death that are woven into the fabric of modern democracies, particularly those with strong legacies of colonialism such as Puerto Rico, which since 1898 has been a territory of the United States with limited, and continuously debated, political sovereignty (Malavet 2003).

Interpersonal violent acts certainly persist against transwomen globally, and there is growing research documenting this, including our own in Puerto Rico (Rodríguez-Madera et al. 2017). Transgender persons are much more likely to experience aggression, violence, and homicide than the general population and are higher on these indexes than most other subgroups within the LGBT community. A recent report from the Transgender Europe Organization through its Trans Murder Monitoring Project reported that during 10 years (from January 2008 to September 2020), 3,664 transgender people, mainly transwomen, have been killed worldwide (Trans Respect 2020). It is known that many victims’ deaths go unreported, while others may not be identified as transgender in the media, often because authorities, journalists, and/or family members refuse to acknowledge their gender identity or may actively seek to obliterate their gender in the mortuary process (Human Rights Campaign 2018). With a global life span among transgender populations of just 35 years (Human Rights Campaign 2018), public health evidence dramatically demonstrates that transgender populations face an appalling overall burden of morbidity and mortality.

Extending Mbembe’s work, we interpret the elevated risks of illness and death among transgender populations as expressions of *structural violence*, which medical anthropologists have defined as the political, economic, and social arrangements that put entire populations in harm’s way, leading to greater burdens of morbidity and mortality among disadvantaged

groups. By repositioning violence as a structural rather than exclusively interpersonal phenomenon, anthropologists have articulated bodily manifestations of disease and distress as expressions of, in Paul Farmer’s useful framing, “pathologies of power” (Farmer 2003). That is, historically embedded hierarchies of relative privilege and disadvantage, in both material and symbolic forms, can be read as *violent* in that they leave those who are most disadvantaged to bear the brunt of systemic harms. The framework of structural violence complements Mbembe’s necropolitics by linking systemic processes of othering within modern democratic societies to the embodied harms, manifested as elevated risks for disease and bodily distress, that emanate from social and structural formations and that propel certain (second-class) citizens toward death. From such a unified framework, the literal scars on transgender women’s bodies, described in this paper, and the embodied health risks they endure in realizing their gendered selves, can be read as signs of necropolitical structures—the “slow violence” brought about by the incessant accumulation of everyday wounds (Mayblin, Wake, and Kazemi 2020).

In this article we describe how the Puerto Rican transwomen we interviewed traverse their gender transitioning process, including their use of largely informal and unregulated medical technologies, and consider how “passing” intersects with necropolitical structures, in particular, the abandonment and mistreatment of transwomen by the formal health-care system. Our focus on transgender narratives of passing and transitioning technologies follows transgender theorist Jack Halberstam (2000), who has argued that passing—the embodied forms of gender performativity in which gender nonnormative subjects occasionally or continually inhabit normative gender categories for the sake of self-realization and/or social acceptance—reveals the paradoxical and contradictory aspects of transgender projects of self-realization in the context of pervasive stigma and anti-trans violence. Halberstam views passing as a lifelong project that is fluid and “messy,” steeped in stigma, and that only achieves some coherence in and through (auto)biographical narrative, the stories people tell themselves and others about their personal, unique gender trajectories. These trajectories must be situated, since the ways they unfold are reflections of local structures and meanings of gender and sexuality. In Puerto Rico, as we elaborate further in the following section, transwomen often experience a form of social death within their families and communities due to their nonnormative expressions of masculinity, frequently occurring in early life within the context of highly rigid heteronormative models of gender identity and expression. Sometimes labeled “*locas*” (literally, crazy women), their lives are marked by stigmatization, othering, and abandonment, even by other members of the LBG community (Asencio 2011). Many, particularly those who are least able to publicly pass as cisgender women (individuals who maintain a gender identity and expression corresponding to the biological sex with which they were born), face arbitrary arrest and abuse by the authorities (Rodríguez-Madera et al. 2017). Health-care environments are often fraught with fear and anxiety

due to stigmatization by medical staff, a pervasive lack of empathy for transgender experience, and a lack of expertise in transgender health needs among medical personnel (Rodríguez Madera et al. 2019). Following Halberstam, we conceptualize passing in Puerto Rico as an agentic response to transgender biography, an embodied process of self-realization, and a means to find certain avenues of social advancement in the context of everyday interpersonal and structural violence.

Drawing on ethnographic data, we also describe the market for gender transitioning technologies and specialized informal providers that have grown around and within the transgender community, which are connected to global markets and *transitioning packages* that involve lay medical procedures in other parts of Latin America and the United States, allowing Puerto Rican transwomen to modify their bodies to be more in line with their evolving gender ideals. Here we consider the bodily harms resulting from the proliferation of lay procedures in which many transwomen engage—including injectable silicone and hormones that are procured through informal street markets—as manifestations of the necropolitical abandonment of transgender populations in Puerto Rico. We interpret the resulting ailments and scars that mark the bodies of transwomen as symbols of structural and gender violence that hasten them toward death, not only via interpersonal violence but, more perniciously, via the logics of structural violence, abandonment, and neglect.

The Gender Context of Structural Violence for Puerto Rican Transwomen

An unincorporated territory of the United States since 1898, Puerto Rico's sovereignty and security have been increasingly undermined by a combination of neoliberal restructuring, second-class citizenship in relation to the United States, devastating natural disasters, and entrenched economic crisis. Historically, the island has been the subject of extensive research in Caribbean anthropology, perhaps particularly in the area of gender and household economy. Now classic research by Helen Safa in Puerto Rico, the Dominican Republic, and Cuba (Safa 1986, 1995) extended earlier anthropological analyses of highly restrictive cultural definitions of heteronormative gender constructions, such as the "reputation-respectability," *casa-calle* (home street), and *machismo-marianismo* dichotomies that have long animated ethnographic discussions of gender in the Caribbean, including Puerto Rico (Lauria 1964; Mintz and Price 1976; Wilson 1969). Safa was among the first to identify the tensions between rigid gender roles separating masculine and feminine spheres and the realities of women's increasing involvement in transnational export processing industries throughout the Caribbean beginning in the 1980s, which often resulted in gender conflict and violence as men faced new challenges of unemployment and the inability to meet masculine expectations as the presumed household "breadwinners." Safa considered moments of gender violence as expressions of perceived

violations of gender norms by women who had gained economic authority through work, resulting in gender-based violence as men sought to reassert their masculine roles (Safa 1995). Gender-based dichotomies in Caribbean anthropology, while sometimes criticized for their reification of gender roles (Besson 1993; Freeman 1998; Press 1978), have nevertheless been a "master trope" in Caribbean studies (Trouillot 1992).

The growing, but still quite limited, inclusion of perspectives from the margins of heteronormative gender and sexuality in Puerto Rico have since begun to draw on the voices of those who were long invisible in Puerto Rican social science. Foundational work on Puerto Rican masculinity and marginal male sexualities by Rafael Ramirez, for example, postulates that the term *machismo* in Puerto Rico and elsewhere in Latin America is often essentialized and stereotyped, resulting in pathologized and mechanistic representations of the iconic "macho man" (Ramirez 1999). Ramirez made a critical intervention in studies of Puerto Rican masculinity by pointing to the specific situations and intersectional quality of *machismo* and the important distinction between dominant ideologies of masculinity—that often depict men as universally sexist, philandering, and aggressive beings—and the actual gendered practices of men. Practices of masculinity take place within a particular normative and situational context and may be appropriated, resisted, or quietly subverted in actual practice. Ramirez emphasized that Puerto Rican heteronormative masculinity was often expressed in terms of *respeto* (respect), a masculine ideal that had to be actively maintained by men if they were to achieve social mobility in the broader society. Further, by including in his analysis a focused discussion of men who have homoerotic desires or experience, Ramirez also reversed the gaze on the mythical *macho* by considering masculinity from the margins, while also demonstrating the pervasive presence of hegemonic notions of masculinity in the narratives of "homoerotic men." In his coauthored study of 40 Puerto Rican men expressing homoerotic attractions, Ramirez also turns his attention to passing, noting that due to men's attempts to maintain *respeto* within their families and communities, "all of them manifested how they tried to hide their sexual attraction and pass as heterosexuals. . . . In a social climate of bigotry, closeted sexuality, selective disclosure, discretion, and 'que nadie se entere' (the Puerto Rican version of don't ask, don't tell) become survival strategies for homoerotic men who are unable or unwilling to come out" (Ramirez, Garcia-Toro, and Solano-Castillo 2003:49).

Marisol Asencio (2011) has extended Ramirez's work in her study of Puerto Rican gay men who immigrated stateside and were recruited into her research in New York and Connecticut. Like Ramirez, Asencio views Puerto Rican masculinity from the margins, but she focuses her analysis on the gender logic behind the appropriation of heteronormative ideologies by gay-identified men, which "may involve distancing themselves from more marginalized identities and practices" (Asencio 2011:336), most vehemently expressed in relation to the *locas*, or the most effeminate of presumably gay men:

Most of the Puerto Rican gay men in this study resist categorization as feminine and in particular as *locas*. They view *locas* as not sufficiently masculine and therefore not deserving of respect. *Locas* tend to be associated with what most believe is a stereotype of homosexuals. According to some of the men interviewed, this stereotype feeds the larger society's disrespect of all homosexual men. (Asencio 2011:345)

Many of the Puerto Rican men who participated in Asencio's study recalled the figure of the *locas de la plaza*, or the effeminate individuals born male who were often seen in public plazas and parks (and likely including those who would be regarded as transwomen today), who were the constant targets of public loathing as "a kind of admonishment against this form of 'social death'" (Asencio 2011:346). Her participants recalled the constant ridiculing of homosexuals through exaggerated representations of effeminacy, which are iconically represented by the *loca*. In this way, the "*locas de la plaza*" have a critical function in the maintenance of the heteronormative gender order in Puerto Rico: they "serve as constant reminders that homosexuality is equated with gender nonconformity and disrespect" (Asencio 2011:348).

While Asencio and Ramirez do not engage directly with transwomen as research participants, their analyses provide a context for our team's research on violence among transwomen, who embody the most extreme transgression of public masculinity in Puerto Rico and therefore produce the most vehement backlash. Our broader research agenda has described the health vulnerabilities and social context of the transgender population in Puerto Rico with a view to public health applications and policy advocacy (Padilla et al. 2018; Rodríguez Madera et al. 2019). In our survey of transwomen on the island, we were able to provide some of the first quantitative data of their health and well-being (Rodríguez-Madera et al. 2017). Many of the 59 transwomen who participated in the survey reported being victims of violence, most commonly violent acts perpetrated by commercial sex clients (44%) and the police (34%). Data demonstrated that most of them knew another transwoman who was killed (83%), beaten (83%), or mutilated (35%). We have reported that many transwomen (81% of our total sample) in Puerto Rico engage in sex work as a means to survive, catering largely to a local clientele of outwardly "straight" men, since the island's active sex tourism economy has generally not incorporated transgender sex workers (Rodríguez-Madera et al. 2017). High reliance on sex work income was largely due to discrimination in education and work settings, permitting impossibly few employment options. The violence that sex workers experience while they work is exacerbated by the criminalization and stigmatization of this type of work, which, in turn, heightens the discrimination and marginalization that transwomen already face for their nonnormative gender identity and performance (Rodríguez-Madera et al. 2017).

Some prior research also emphasizes the intense stigmatization and neglect that transwomen experience in health-care settings in Puerto Rico. Our team conducted a mixed-method

study of physician attitudes, practices, willingness to treat, and knowledge of transgender health issues for a formative study on physician stigmatization (Rodríguez Madera et al. 2019). The concept for the study emerged primarily from transwomen's narratives themselves regarding their horrific experiences of stigmatization by medical personnel and their resistance to access clinical services as a result of high levels of medical stigmatization (Padilla et al. 2016, 2018). The physician survey component of the research included 255 physicians from a broad range of subspecialties, and a few key findings highlight the pervasiveness of stigmatizing attitudes toward transgender persons among practicing physicians in Puerto Rico. Physicians reported that it was very rare to receive training on transgender health issues during their medical education, with only 18% observing that they had received such training, and 40% were unaware of the standards of care for treating transgender persons. Regarding stigmatizing attitudes, 70% reported that they were against allowing boys to explore their feminine side, and nearly half (44%) said that they would not support gender reassignment surgery for a transgender patient. Over a third of participants (36%) agreed with the statement that people are "either men or women" with no middle ground, and nearly the same proportion (34%) believe that gender transitioning surgery is an affront to God (Rodríguez Madera et al. 2019).

The foregoing studies provide some context on transgender experience as a point of departure for our ethnographic analysis of violence and necropolitics in Puerto Rico. We view the health risks that transwomen endure throughout their transitioning process as emerging from their violation of heteronormative, masculine "respect" combined with the structural violence of medical abandonment that fosters the high-risk, street-based practices of gender transitioning that we describe in this article.

Methodology

The research on which we draw derives from an ethnographic and survey study of transwomen in metropolitan San Juan conducted between 2011 and 2013. The study was funded by the National Institutes of Health as part of an initiative to address the lack of basic research for HIV and drug abuse interventions among transgender populations, particularly among transwomen of color. The project involved ethnographic observations in transgender social spaces throughout Puerto Rico; it included two transgender women research assistants who supported many aspects of the study, particularly in recruitment and entrée to the field but also analytically, with one of these serving as coauthor of a project publication (Rodríguez-Madera et al. 2017). Nevertheless, the authors of this article are not transgender (we are a cisgender gay Latino male and a cisgender straight Latina female). We rely on ethnographic data from a wide range of transwomen and our team analytic approach, which sought to integrate data from a variety of sources and perspectives in a manner that provided a layered description of key themes and processes without suggesting a master

narrative or an absolute coherence in social practice. Indeed, as is typical of social categories of gender and sexuality, what we cautiously refer to as “transgender women’s experiences” in Puerto Rico is multifaceted, fluid, and internally debated. It is also shaped strongly by other axes of social difference, such as race, class, education, and age.

Our team conducted qualitative interviews with 39 Puerto Rican transwomen (lasting approximately one hour) and performed ethnographic observations and fieldnote taking in a wide range of transgender social spaces and sex work areas. Moreover, we applied a quantitative survey with an independent sample of 59 transwomen to obtain structured data on variables related to health outcomes (e.g., violence, HIV risk, drug use, silicone and hormone injection) as well as social and structural factors that might contribute to vulnerability (e.g., stigma and/or discrimination, lack of access to transgender care, experiences of violence). Here we draw from our qualitative and ethnographic data, but we are informed by the larger patterns of violence that transwomen reported in our quantitative sample, as summarized in the previous section and published previously in Rodríguez-Madera et al. (2017).

In this analysis we aim to theorize through ethnographic vignettes and participant case studies the ways that our participants’ experiences can be tied to larger patterns of structural violence and necropolitics. That is, we use Mbembe’s necropolitics as an analytic lens and organizing principle for transwomen’s stories and the ethnographic data in order to identify the fault lines of structural violence that, fundamentally, put these individuals in harm’s way. Our analytic process was to develop a grounded interpretation that represents the innumerable ways that Puerto Rican transwomen’s bodies are linked to larger social and structural processes that shape and constrain, in material and embodied ways, their physical and social well-being. In the case of Puerto Rican transwomen, institutionalized expressions of heteronormative and cisgender masculinity result in moments of violence and aggression that we conceptualize as forms of social control and gender regulation and as broader expressions of necropolitics, that is, the ways that transwomen are structurally “hastened toward death.” Analytically, we attempt to provide an ethnographically informed narrative that links the embodied and interpersonal experiences of gender transitioning to the necropolitical, systemic, socially sanctioned forms of exclusion and abandonment that result, quite literally, in the scarring, mutilation, and death of transwomen’s bodies. Analytically, we did not focus exclusively on interpersonal forms of violence, such as the transphobic killings that have been escalating in Puerto Rico in recent years (Kaur and Rivera 2020; Kozuch 2020; Tracy 2020). Rather, we consider the gender transitioning technologies and procedures that transwomen routinely use to modify their bodies in an attempt to pass and achieve certain gender ideals, and their associated health risks, as mediated by social and structural relations that are fundamentally necropolitical; that is, they design transwomen for death. In this analysis, we rely on what transwomen themselves say about the factors that motivate their

decisions to engage in certain transitioning practices, as well as our own structural interpretation of the ethnographic data. Our analysis is, therefore, co-constructed between transwomen’s narratives and our own theoretically informed structural framework.

Gender Transitioning Technologies and the Embodied Scars of Medical Neglect

In this section we describe some features of the environment in which the transwomen who participated in the ethnographic research lived and worked as a means of introducing the actors involved in what has become an elaborate international market for body modification technologies catering specifically to transwomen in Puerto Rico. “Sandra,” a middle-aged transwoman with considerable connections in the transgender community in San Juan, was our guide and assistant through much of the initial ethnographic research and received a salary from our project. We began our fieldwork under Sandra’s wing, and she introduced us to many of our transwomen participants, including the most challenging individuals to access, particularly for cisgender researchers: the *inyeccionistas*, or lay silicone injection specialists. As these specialists operate extralegally and provide lay medical services with potentially iatrogenic consequences, speaking to these individuals informally was a serious challenge to initial fieldwork. In addition to assisting us in making contact with these specialists, Sandra was key for our team in opening up the global dimensions of these gender transitioning practices and also for understanding their embodied consequences for transwomen’s health. She offered us brilliant insight from her biographical experiences, having used lay hormone and silicone injections for many years in San Juan, where she primarily worked as a sex worker in the area of Santurce, a central stroll for transwomen involved in street-based prostitution.

Sandra helped establish a connection initially with “Joaquín,” the leading injection specialist in San Juan, whose name was mentioned by nearly all the transwomen with whom our team interacted, even those from other parts of the island. Many of the *chicas* (girls, meaning transwomen) had mentioned him as the most well-known and reputable *inyeccionista* in the area and seemed to almost universally qualify him as very professional, cautious, almost maternal in his work (and, in fact, many transwomen refer to Joaquín as “*mi mamá*” [my mother], since he led his own “house” within the house ball community). “*Hace un buen trabajo*” (He does great work), many of them had commented, and they talked about his principles and precautions. No other injection specialist seemed to have earned the solid reputation enjoyed by Joaquín, and certainly none were mentioned as often. After some initial fieldwork with Sandra, we were able to socialize easily with Joaquín and his friends, around the corner from one of the bars known as a trans-friendly bar. Here Joaquín held court among the transwomen, all of whom know him and invariably would swing by his hatchback to give him the obligatory greeting and kiss, often

accompanied by an exchange about one's dress, shoes, or general fabulousness.

On one such occasion, Joaquín told us about "*la flaquita*," a transwoman and drag performer who was first cultivated by Joaquín for the shows at the age of 15, "*cuando ella era una bebé*" (when she was a baby girl), in the words of one of the drag queens accompanying her. Many adolescent trans girls like *la flaquita* had initially been expelled from their homes due to their emerging gender identity and made their way into the house ball community in Santurce, which provided social support and new transgender kinship networks.¹ Shaking his head, Joaquín reported that *la flaquita* had already begun injection of massive quantities of silicone through a local competitor, lamenting that "*Se hacen mujeres de repente y eso causa problemas emocionales*" (They become women all of a sudden and this causes emotional problems). He told us he knows a number of transgender girls who had asked him to help them become women through silicone injections or other procedures and had later—after undergoing the procedures—regretted having done them. Joaquín believed that as a result, many of them who rush to engage in the procedure are traumatized and psychologically damaged. None of them had ever seen a physician knowledgeable about the transgender community. He told us a story about another young transgender woman who had planned to go to Mexico to have her "*cirugía de corrección genital*" (literally, genital correction surgery, commonly known as a "sex change" operation)—a procedure that is not available in Puerto Rico—but, in order to save money, went to Ecuador instead. Ecuador is a common international destination for Puerto Rican transwomen seeking gender transitioning procedures, due to its relatively low cost and single-price "packages." But after she came back to Puerto Rico, Joaquín lamented, the poor girl was a wreck. "*La vagina fue un desastre por la falta de experiencia de los que hicieron la cirugía*" (The vagina was a disaster due to the lack of experience of those who did the surgery). Later, Joaquín saw the young woman walking around the streets of Santurce in what he described as a catatonic state.

It is impossible to know how often such clinical outcomes are experienced by transwomen in Puerto Rico without a well-designed epidemiological study, but we heard many such stories in our research. Santurce is an area where the population of immigrants from the Dominican Republic predominates. It is also known for its active nighttime scene for queer and transgender men and women, a transnational zone in which circulate gender transitioning trajectories among Puerto Rican transwomen as well as gay and straight consumers (although in smaller proportions). Individuals access these services through local gatekeepers like Joaquín but also through travel and movement, primarily to neighboring countries in Latin America and the Caribbean, where body modification

technologies are obtained through the informal, unregulated medical tourism market. Liquid silicone injection is one of the techniques we primarily examined in our research; it is of significant public health concern because of the known risks of injectable silicone for long-term chronic diseases, such as cancer, and—in the context of Puerto Rico's sizable population of injection drug users—because of its potential to magnify other health risks such as HIV and hepatitis C infection (Poteat et al. 2015; Wilson et al. 2014).

Silicone injection practices are embedded in social networks of well-known injection specialists who possess subcultural knowledge and, indeed, engage in lay medical practices that are rooted in their own moral and even clinical protocols. Joaquín used language that demonstrated his concern for the transgender women he treated and with whom he socialized regularly. As our subsequent analysis aims to demonstrate, such informal medical practices are best understood as subcultural responses to necropolitical processes that make it virtually impossible for transwomen to access trans-sensitive health care, combined with the resilient responses of the transgender community, which has created complementary medical systems to reshape bodies and identities despite systematic exclusion and discrimination in the broader society and health-care system. While we interpret these social systems and networks—such as those that circulate around Joaquín and the house ball community in San Juan—as resilient responses, we also draw attention to their iatrogenic, or health-compromising, consequences for transwomen's bodies. Transwomen themselves are engaging actively in these practices and creating social networks to enable them, and therefore it is problematic to frame silicone injection and other forms of informal body modification (such as self-injection with hormones obtained on the street) as expressions of intentional self-harm or as based on ignorance. Such interpretations reinforce the violence that is committed against transgender persons when they are blamed for their impoverished circumstances or engagement in sex work, or "risky" public health practices. Silicone injection has emerged and continues to unfold in the context of the utter abandonment of transwomen by the institutions of social welfare (however precarious these may be in contemporary Puerto Rico), including basic trans-oriented clinical and public health services.

We approach the lay medical practices that we studied among transwomen as social phenomena emerging from the interplay of personal projects of gender self-realization and the informal, unregulated global quests for gender transitioning procedures that are virtually guaranteed by what we might term the necropolitical structure of society. Puerto Rico is itself embedded in a colonial context that fundamentally shapes the structures of the health-care system and political-economic reality for all people, including transwomen (Mulligan 2014). While these systems disadvantage all Puerto Ricans, transwomen are particularly ill-equipped to endure them in combination with structural violence and medical abandonment. Health-demoting gender transitioning practices are therefore

1. See Marlon Bailey (2013) for an ethnographic description of house ball culture that is broadly applicable to the scene in Puerto Rico. There have been no such ethnographic studies of San Juan's house ball community of which we are aware.

shaped and constrained by the agentive search for a resolution, however partial, of the embodied projects of gender self-realization that many transwomen desire in the context of the overwhelming denial of appropriate medical and public health services for transwomen.

*The Global Market of Injectable Silicone:
An Ethnographic Vignette*

One night in a bar in Santurce near a well-known art museum, “Jessica,” one of the *inyeccionistas* with whom we most interacted during fieldwork, confessed that she had injected herself and many others with silicone and had studied *estética* (aesthetics, a specialized form of cosmetology in Puerto Rico), which she believed allowed her to more accurately advise her clients on things such as balance, the quantity of silicone to inject, and the best injection sites to prevent unsightly results. As a Puerto Rican transwoman, she considered herself better qualified than Joaquín to advise other transwomen on their silicone-related needs. She explained that when she obtained silicone in the past for her clients, it had been Brazilian silicone that was transported through Ecuador and then brought via suitcase trade to Puerto Rico by a flight attendant who worked as a small-scale silicone salesman. She said that the man from whom she used to buy the silicone would bring a gallon, which was worth around US\$1,000 but had a street value of US\$8,000 in Puerto Rico at the time of our study. This was usually sold on the street in one-ounce bottles, each costing between US\$80 and US\$100.

As we talked, Jessica was looking straight at the first author and poking his body with her fingertips to describe various injection procedures. “If you want to inject here (poking the chest), you need one kind of silicone, but here (gesturing toward the face), you need something different.” She said that despite her skills with injection, she has never wanted to inject people in the face since this is a delicate area and any small mistake can be much more noticeable. Instead, she advises many of the *chicas* on how to do the *caderas* (hips) or the *bunda* (butt, using the Brazilian Portuguese term)—the latter being an area that many of them want to enhance. Jessica then explained that many of the *chicas* want large *bundas* with exaggerated curves, and sometimes they have asked her to make them extremely large. Jessica advises them not to do too much at once and that there can be complications, or it may look unnatural. She sometimes advised women to “just do 8 ounces per side.” We stopped her to clarify the price, and she calculated aloud: “8 ounces would be US\$800.” Later she also added that the problem with the illegality of these procedures is that if something goes wrong, no doctors will treat them, since the procedure was illegal from the beginning.

Jessica explained in detail what happens when a person is injected with silicone. She said that the procedure is to slowly inject the viscous silicone subcutaneously into the area, massaging it to distribute it evenly and avoid bubbles or lumps.

Then, while carefully withdrawing the needle, the *inyeccionista* puts a few drops of Krazy Glue (fast-drying glue) on the injection site to close it, and then covers it with a cotton ball. Then the patient is instructed to be very still for a few days to avoid silicone leakage. The Krazy Glue hardens as a kind of synthetic scab, eventually wears off, and the site will naturally heal in most cases. Jessica recalled that when she first had her breasts injected, she was unable to remain completely still since she needed to see sex work clients to pay for her procedure. This resulted in extensive leakage during the first few days of recovery, during which time her wounds were exposed and vulnerable to infection. She also described one of the main embodied complications with silicone injection in the breasts: *los senos se ponen duros* (the breasts get hard). She said that over time, the areas of silicone injection can harden and feel less natural and that her sex work clients often make comments about her breasts like “¡Son tan duros!” (They are so hard!), she parroted through laughter, making her feel a little self-conscious. But she lamented that there is little she can do, because liquid silicone travels around inside the capillaries and tissue after injection and is very difficult if not impossible to remove. It may be that Jessica had become more concerned about the effects of the silicone on her breast tissue from other transwomen, as stories of procedures gone awry abound. Indeed, Selena’s story, which we relate in the following section, is one such example of the long-term necrosis of breast tissue that can occur in such cases.

Selena’s Story

Born in 1947, “Selena” was one of the oldest participants in our study of Puerto Rican transwomen; she was an activist and mentor to younger transwomen and had even written a book on her life. Selena was actively engaged in our fieldwork and believed her perspective could serve to educate younger transwomen. She had also obtained a significant level of social and economic status for a transwoman, owning her own beauty parlor for many years and having achieved what no other transwoman in the country had been able to achieve at the time of her interview: legal recognition by the status of “female” on her birth certificate and legal marriage to a man. The latter, while not the focus of the current analysis, was ironically due to the unprecedented nature of the medical evidence that was provided to a judge on Selena’s behalf, who interpreted her story as involving a simple correction of a physical deformity.

Selena was very clear in her interview that “*algo raro pasaba*” (something strange was happening) very early in her gender development that quickly caught the attention of her parents. “At two years old I began urinating by squatting and peeing on the floor and my father told me that boys pee with *el pito* (the penis) facing the wall and only girls pee sitting down,” she explained, which then led to her developing issues urinating more generally. “I wouldn’t pee all day, and then I

would pee in the bed at night. . . . But the idea of not urinating sitting down—that never disappeared from my life.”

In her adolescence, while she was attending a Catholic school, her parents slowly learned that something was different about Selena as she decided to openly pursue another adolescent boy whom she considered her *novio* (boyfriend), and she began walking around the schoolyard holding the boy's hand. Her narrative is worth quoting here at length:

The nuns and the priests began to see that and said that this was a strange thing, something's going on here, and to the point that they called the boy's parents and mine and there was no way I could deny that I was treating him like my boyfriend. The boy's parents berated him terribly and they ended up removing him from the school. This is why I understand that my life was robbed of innocence at a young age, so I had to jump over growth stages to be able to survive. I was condemned by the church, the state, the neighbors, my mother, my father, my friends. All, all, all of them. Where I showed my face, I was bad. And everyone said that I was a *pato* (fag), that I was a *mariquita*, that I was this and that, and I internalized it. But nothing was further from the truth. One day when Eva Peron dies in Argentina in 1952—and I was born in '47 and was five years old—besides that news in the *El Imparcial* newspaper in Puerto Rico, there was an article that said that the first sex change operation was conducted in Denmark. My mother leaned over to a neighbor, and she says to her, “Look, the world is ending. They took a man and they made him a woman in Denmark.” And that sounded so strange to me, so that when she loaned the newspaper to the neighbor and she says to me, “Go get the paper” in like two hours, I stopped on the way to look at it. How was it possible that they had changed a man's sex? And that started to mark me and my understanding, even though I couldn't direct it completely because I was five years old. But it shocked me, more than Eva Peron's death.

At 18 years old, Selena began taking hormones along with other transwomen she knew, in order to prepare herself for an eventual sex reassignment surgery that she hoped to complete. In her interview, she explained that the hormones she was taking could never have come from a medical provider:

[My friend] gets the hormones from a pharmacy that she worked in. They were called Delalutin and Delestrogen. They were a mixture of estrogen and progesterone that she would put in a syringe and would give me that shot. . . . That was done underground, because in that time nothing was legal, at that time the force of the state, the church and everyone demonstrated themselves to be against people like me because they didn't understand and still today do not understand, and so they would say they were devil things, satanic things, that the girl is crazy. And so there weren't, and today still aren't, ways to get someone from the pharmacy or a physician who can help you. I got a medical promoter who

started me on hormones, and he worked with Premarin [estrogen], even though the Premarin was for something else, but he brought bags of Premarin and I, I myself used to believe they were M&Ms. The more Premarin I took, the more I felt like a woman. And so I began to take them indiscriminately. I began with seven a day, and later I would take 14 without control. I don't know how I didn't die. Because there wasn't during that period of time in my life, when I began, there was no control. And that man, who I am grateful for, brought me big bags of sample hormones of Premarin and that was feminizing me.

Many years later, in 1973, having pursued a college education and following the international news on transgender procedures available in other countries, Selena traveled to New York City—which she describes as the promised land for transwomen of her generation—to see a doctor who was “in the mouths of all the girls who wanted to undergo the surgery,” and ultimately completed the surgery. Selena made pains to contrast herself to some other Puerto Rican transwomen she knew who had not undergone “bottom surgery,” having chosen not to remove the phallus that is often a requirement of the sex work market, noting that when she returned from her sex reassignment surgery in New York, “in the television they presented me like the first woman sex reassignment recognized legally by the state. When I came back from New York, with my surgery completed, is when I feel that I could die because I felt happy. Now I didn't have much to look for in my life.”

While the specific political and social dynamics that permitted Selena to legally change her sex in 1975 is beyond the scope here, when she returned to Puerto Rico after her surgery, she attempted to reintegrate into society as a “heterosexual woman,” initially not divulging with all of her social networks the fact that she was born with male genitalia. Shortly after returning to Puerto Rico, “I was a victim of an attempted rape,” she explained:

It was an attempt because of the five men who attacked me; the one who tried to rape me suffered from a micro-penis or infantilized penis, and the poor guy had to resolve it. However he was able because they have to dominate you, with force, because voluntarily they can't. So, in that case of attempted rape, they left me nude. They left me very far away in eastern Puerto Rico. I was taken to the police. They lent me a shirt, and the police in that time treated me as they would have treated a whore or a stripper, like the worst thing. So they took me to Humacao Hospital for them to do a vaginal examination. And I said, “now is going to be the problem.” So they laid me down on the table where the doctor examines you, and the last thing that man imagined in the 1970s was that he was going to find a sex change. And when he's going to examine me and is the one to do the certificate, I tell him, “Come here, I'm going to tell you something. I'm going to tell you something. I'm going to confess a truth, but you don't put it on that paper because that could affect me emotionally.” I told him that I was a woman because they reassigned

me a new sex. And he said, “How can that be?” and “Where was that?” and I told him, “The United States.” He said that it was true that the North Americans were “*una jodienda*” (fucked up). That’s what that physician told me, and he sent me to the court, with that documentation clearly completed [i.e., her sex clearly stating “female”] and there was no doubt. Because that was what he was looking for because he saw something strange. And he said, “Wait, let’s go to check this.” But thank God I was able to get out of that.

While Selena’s achievements of the sex reassignment surgery and her legal change of sex were the realization of a life-long dream, her narrative demonstrates that she had to maintain discretion about the legal status change, which was always in danger of being reexamined by the state and altered. While she remains in many ways the idealized representation of a successful Puerto Rican transwoman—a business owner, legally recognized as female, having financial access to specialized medical procedures and underground markets—her body bears the scars of medical neglect, abandonment, and gender policing. Throughout our interview, Selena was fidgeting with the white bandages that were carefully taped under her blouse to cover the festering wounds of her most recent procedure to attempt to remove the encapsulated tissue that was literally becoming necrotic under her clothes. At one point, she showed the interviewer some of the darkened, pus-filled wounds, and explained light-heartedly that there was no knowledge about injected silicone at the time of her procedures. Nor, we might add, are there accurate knowledge or medical interventions to address transgender medical needs to this day, and transwomen continue to use cheap injectable silicone obtained through the international suitcase trade. Selena described as follows the effect of some of these procedures on her life:

After my tits began to grow [due to self-administered Premarin hormone injections], I went to New York City in the 1960s and they injected me with silicone because there were no implants. And they injected silicone in that beautiful bosom and after the silicone I put in implants that that man made me that were 40D. Those tits were like this! And they worked Manhattan and those men saw those tits and went crazy. . . . So when I decide to come back to Puerto Rico, I wasn’t here long and I removed the implants. I removed them, and the silicone started to produce an allergic condition. Until today, and you can see how I am. Silicone began draining seven months ago—the injected silicone. And the medical insurance doesn’t want to cover these procedures because they say that it was a cosmetic procedure, but the procedure wasn’t cosmetic! It was recommended by a physician to reassign me to a new sex. . . . Many transwomen have died. . . . I don’t feel regretful because I had to do them [silicone injections]. Also, I’m not the first woman whose bosom is decomposing because many have cancer and have had to remove both of them. So I say that these are hazards of being a woman. . . . I have taken out a lot of it [silicone], but what’s left is rupturing and leaking on one side and keeps

leaking. I got an ulcer this big between my breasts, but I say that a woman is more than tits. . . . And I say, “I’m not the only one.”

Stories like those of Selena’s deteriorating breasts circulate in the trans community in Puerto Rico, which we interpret as a kind of local trans knowledge about the potential implications of these procedures long-term. However, the fact that there was no educational or clinical source of information that Puerto Rican transwomen could access for scientific or medical information relevant to their lives made it impossible for them to safely navigate their transitioning trajectory. We see Selena’s wounds as the embodied scars of structural violence that are predetermined by the social organization of gender and the costs of gender transgression for transwomen. While Selena has surpassed by far the average life span of Puerto Rican transwomen, she has survived *in spite of* many insults and deprivations. She is an exception, even in her failing health. Her festering wounds are the foreboding signs of a likely future for many local transwomen due to the total lack of primary health care designed for transgender persons. In the context of structural abandonment, lay medical practices continue to be the only viable trajectory toward the embodiment of one’s gender self-concept.

Cristal’s Story

Cristal is an HIV prevention activist, a trained nurse, and a public figure of sorts in the trans community in Puerto Rico, making an occasional appearance in the media or on documentaries. She was particularly well-known for the size of her “*bunda*.” Cristal had injected her buttocks with two liters of silicone, requiring a significant investment and an injectionist with the skill to administer large quantities without causing the bumps or inconsistencies that can result from unskilled injection. With Cristal’s extremely thin frame, the curves of her *bunda* were spectacular, and she often accentuated it with skin-tight Lycra. In fact, Cristal’s *bunda* functioned as promotional material for Joaquín, since it dramatically displayed the aesthetic possibilities of silicone for transwomen.

As our study recruited a relatively educated sample, Cristal was one of two participants who was a professional nurse. However, she had been unable to pursue a career in nursing as a transwoman, and in order to complete her degree she was specifically forbidden to wear her hair long or to put on makeup. She had been informed by her educational institution that cross-gender behavior was inappropriate and grounds for dismissal. Despite these barriers, Cristal managed to complete her degree and graduate; she had spent most of her career working as a community outreach worker for HIV prevention programs, one of them funded by the US government. She felt she would never be allowed to practice as a professional nurse due to outright discrimination.

In her in-depth interview, Cristal emphasized that sex work was not only the “last resort” for her but rather had allowed her

to obtain the income that was required to fund her transitioning surgeries and procedures. Even as a professional nurse, she too had engaged in sex work as a means of paying for silicone and surgical procedures. She had made a conscious choice to begin engaging in transactional sex after her HIV prevention work exposed her to the market for attractive *chicas* like her, who were “*pasable*” (passable, meaning nearly able to pass as a cisgender woman). For her, it was a matter of time and money: it is difficult to save money for gender transitioning with a traditional wage-earning position, but sex work can provide more significant cash income to fund some procedures. “Not all transgender women—even when they have a traditional job—have the money to pay for hormones, an expensive life, a laser treatment, treatments that you can’t imagine, in order to ‘*proyectar*’ (to project),” she explained. *Proyectar*, in transgender terminology, is often used to describe the ability to project a respectable feminine presence in the general society—a quality that is directly linked to one’s ability to advance in personal and professional projects. If you can pass, you can make it. Because transitioning technologies help transwomen to advance in this way, many of our participants—particularly those for whom avenues of work and professional progress had been highly constrained—viewed gender transitioning as something to be pursued with urgency and speed, and anticipated improvements in their income and work opportunities if they were just able to “project.” Cristal had a highly feminine build, and with additional assistance from affordable lay medical providers, she could foresee future work opportunities. Prostitution was a means to that end.

To achieve the bodily changes that Cristal endeavored to achieve, she traveled to Ecuador to see a doctor known to treat transwomen, and who sold “packages” that included airline tickets, airport transfers, and gender transitioning procedures all in one. On her first trip to Quito, Cristal had breast implants and an Adam’s apple reduction. On the second—having discovered the income potential of sex work—she was able to pay for silicone injections in her waist and *bunda*. In this case, she chose to obtain silicone injection abroad rather than in Puerto Rico, because it was a part of the medical package offered and was more affordable than it would be locally. On this second trip, Cristal also did her castration surgery, removing the testicles to facilitate her hormonal transition but, importantly, leaving the penis intact. In her interview, she explained her decision to conserve her penis by noting that it made her “special,” which was a perception that was shared with many of the transwomen we interviewed, due in part to the utility of the phallus for sex work. Ecuador was the most common destination for surgical body modification practices in this study, followed by Colombia, Venezuela, and Mexico. Cristal’s description of the process parallels those of others: she obtained contact information for the Ecuadorian doctor through transgender social networks in Santurce, received information on how to prepay for her trip, was given instructions about the process over the phone, and was informed she would be picked up at the airport and taken directly to her hotel. The morning

after arriving in Quito, she would begin her procedures. The medical packages offered to transwomen can lead to complications, such as infections or extreme postoperative pain, but patients simply have to fly back to Puerto Rico without proper rest, since extra recuperation days are not included in the basic package price.

For Cristal, hers was an experience she now qualifies as successful. However, she also described her great fear that Puerto Rican doctors might someday “ruin me” if she were ever unconscious after an accident since they are entirely uneducated about silicone-enhanced bodies and might accidentally cut through her silicone, resulting in extensive leakage or even an embolism. She developed this fear because of an experience at an emergency room when the attending physician—who had no idea what a transwoman was—attempted to apply an intramuscular injection in her buttocks, provoking a desperate protest from Cristal. “If I had been unconscious, he would have punctured my silicone!” she said. This can result in silicone traveling in the bloodstream, leading to blood clots or pulmonary failure if silicone reaches the lungs. “That’s why I avoid doctors,” Cristal lamented.

Sandra’s Funeral

Sandra, mentioned earlier in this article, was a Puerto Rican transwoman and a brilliant and dedicated trans activist. Like many trans Latinas, she did not have a college education because she had to drop out of school because of experiences of discrimination. Sandra faced stigma, transphobia, and violence since she was a little girl. She even had a scar on her face caused by her father. Because of her feminine traits, she was a victim of constant bullying at school. At a very young age, she had to leave home, and she started to engage in sex work as a means to survive. Because her income was very unstable and low, she had to move on several occasions within San Juan and migrate to the US mainland to try to make ends meet. However, Sandra always returned to the island. In many of the places where she lived, she had problems with neighbors for being a transwoman. Since Sandra was a sex worker, she was arrested many times and repeatedly suffered from violence perpetrated by the police. She did not have health insurance. Even though she dreamed about having gender confirmation surgery, she knew it would not happen because it was (and still is) extremely expensive. In addition, sex work clients would not pay for her services if she had her penis removed. On many occasions, Sandra also had to face discrimination in government assistance offices for housing, nutrition, and unemployment.

Sandra was in her forties when she died, officially of HIV, although her health was long complicated by her use of street-based hormones and silicone injections. Her mother took care of her on the condition of Sandra’s renouncement of her gender identity. Having no other source of support, she accepted her mother’s wishes. In the end, when she passed away, the body exhibited in the mortuary was completely masculine. Her breast implants were removed, and an abundant beard

was painted over her face. Her transgender friends were horrified that, eventually, this could also be their fate. After years of struggle to accept and legitimate their gender identity, it could all be erased from their lifeless bodies.

Sandra's case demonstrates a general pattern in our ethnographic research with transwomen: many of them describe traversing social territories that are plagued with violence from early stages in their lives. Diverse mechanisms (e.g., transphobia, poverty) and institutions (e.g., family, school, government) worked together to manufacture subjects designed, we might say, for death. We refer not only to literal bodily death but also to a symbolic one that manifests itself in a plethora of social and personal circumstances that expose transwomen to premature death (e.g., lack of social and family acceptance, hostile political climate, cultural marginalization, and invisibility). It can also lead to their defacement as gender subjects on their death, a final insult.

Our analysis considers the obliteration of Sandra's gender in death as an extension of the social death that precedes it. Following Mbembe, social mechanisms of violence and policing are recruited to ensure that the bodies of transwomen are obliterated as a means of institutional and social maintenance of the boundaries of the body politic, which are always defined against an invading "other." Yet the stories of violence against transwomen we heard are not exclusively about interpersonal violence, but about the constant, persistent, slow trickle of violence through abandonment, neglect, and stigmatization. Necropolitical processes involve the exercise of power in order to "kill before killing" (Caravaca-Morera and Padilha 2018), leaving thousands of transwomen without spaces to take refuge, receive social services, find work and educational opportunities, and gain legal-political voices. It is precisely in the uninhabitable spaces—what Joao Biehl has referred to as "zones of social abandonment" (Biehl 2013)—where the symbolic and structural violence manifests, not necessarily eradicating life immediately but, rather, plotting against it in a gradual and pernicious manner (Mendiola 2017). It is impossible to know how many Puerto Rican transwomen have been lost to history in this way.

Reflections on Trans Necropolitics and Violence in Puerto Rico

Our research provides ethnographic analyses of transwomen's experiences of violence, both interpersonal and structural, and aims to describe the personal strategies to achieve desired gender-related goals while inhabiting bodies that are objects of systemic loathing. Interviewees such as Selena and Cristal illustrate the ways that gender trajectories are highly constrained by the structural exclusions that permeate transgender persons' lives in nearly every social domain, requiring them to save for silicone injections from lay providers such as Joaquín, or to travel abroad to receive some form of gender-affirming care, often through unregulated transitioning packages. These procedures are means of achieving valued and deeply personal gender-related goals, but potentially expose them to

elevated risks of infections, chronic illnesses, and death. As gender transitioning trajectories are often mediated through commercial sex networks and a global street-based trade in silicone and hormones, transwomen are exposed to magnified health vulnerabilities at the same time that they become integrated into the transgender social networks that provide access to local *inyeccionistas*, silicone traders, and specialized knowledge about gender transitioning technologies available on the street. Importantly, these lay practices are fostered by their broader medical abandonment and the gender marginalization of transwomen, who are regarded as, in the apt words of one transgender theorist, "gender outlaws" (Bornstein 2016). Transwomen represent the ultimate violation of masculine ideals in Puerto Rico and serve as an admonishment to would-be "failed men," which in turn contributes to the violence they face.

Whether lay transitioning practices are accurately described as resilient subcultural responses, they are agentic means by which lifelong projects for gender realization, social recognition, and social solidarity are realized through processes that are shaped by a larger necropolitical system in which transwomen are, in Mbembe's framing, "designed to die." And they are doing so at alarming rates, either through interpersonal forms of violence often connected to sex work or through the structural forms of violence that ensure that, on average, their lives are challenging and short. Our analysis in this paper has sought to draw on ethnographic narrative among transwomen to trace some connections among three primary domains or levels of analysis: (a) the interpersonal domain of gendered violence that generates a deep sense of shame and inadequacy as a gender nonconforming person during development and adolescence; (b) the institutionalization of transphobia in the legal and political exclusion and abandonment of transwomen in biomedical, public health, and politico-democratic realms; and (c) the embodied consequences of accessing alternative medical procedures through street-based specialists and the global trade in transitioning technologies. Together, we would argue that these overlapping and mutually reinforcing social processes combine to create the quintessential expression of trans necropolitics, ensuring the demise of these individuals even as they manifest their resilience and agency in the simple act of daily survival.

To truly address the health disparities faced by transwomen in Puerto Rico, the structural conditions of the broader society, including basic social and democratic institutions such as the health-care system, steeped as they are in a history of colonialism, must be radically transformed to even begin to reverse the necropolitical logic that would otherwise obliterate transwomen's bodies from existence.

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