

Producing *Trans economicus*: Deploying Market Logic in the Fight for Trans Rights

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Abstract

This article analyzes how market logic is deployed to secure trans rights under neoliberalism in Canada and the U.S. I argue that by embodying the ‘ideal’ neoliberal subject, productive trans persons are granted access to state institutions and social services, including transition-related medical care. This is achieved through the accumulation of what Foucault (2008) calls “human capital” and appealing to market logic (cost-benefit analysis). While doing so may afford certain trans people – namely white, affluent, and able-bodied – increased access to services and material success, it ultimately reinforces neoliberal logic, further obscuring and exacerbating social and economic inequalities. I argue that trans persons who achieve material success are upheld as ‘proof’ that neoliberalism functions as a meritocracy, shifting the burden of social and economic responsibility away from the state and onto the individual.

Keywords: trans rights, social policy, neoliberalism, market logic, human capital

Résumé

Cet article fait l’analyse critique de la défense des droits des personnes transgenre au Canada et aux États-Unis sous des politiques néolibérales. Mon argument est que les personnes transgenres performantes ont accès aux institutions et aux services publics, y compris les soins médicaux liés à la transition, si elles incarnent « l’idéal » néolibéral. Cet idéal est atteint à travers l’accumulation de « capital humain » comme le définit Foucault (2008) et de l’intérêt selon la logique du marché (analyses coûts-avantages). Bien que cette politique offre l’accès aux services et le succès matériel à certains transgenres — pour la plupart des blancs, riches et sans handicap — en fin de compte, la logique néolibérale est confortée, et les inégalités sociales et économiques obscurcies et exacerbées. Les personnes transgenres ayant réussi matériellement sont présentées comme étant la « preuve » que le néolibéralisme est un système qui offre l’égalité des chances. Le poids des responsabilités sociales et économiques est transféré à l’individu, privant de leurs droits les membres les plus marginalisés de la communauté transgenre.

Mots clés: Droits des transgenres ; politique sociale néolibérale ; logique du marché ; capital humain

“Why [would] a business organization ... consider becoming transgender-inclusive[?] At first glance, such an initiative might appear to be counterintuitive. After all, what could an organization realistically have to gain? Wouldn't it be disruptive to productivity? Wouldn't it cost money? Usually, the answers to those questions are (1) a great deal, (2) not if you do it effectively, and (3) not nearly as much as you'll probably save and/or make” (2013, para. 1-2).

--Vanessa Sherdian, “Transgender in the Workplace: What's In It for Your Organization?”

Introduction

Through liberal discourses of freedom, equality, and social progress, marginalized persons are offered protection from discrimination, inclusion in civil society, and access to social services. Under neoliberalism, this is achieved through the application of market logic to non-economic spheres and an emphasis on individual, rather than civil, rights.¹ In recent years, accompanying the increasing visibility of trans² persons in mainstream media, there has been a cultural shift towards the acceptance of trans persons and the pursuit of trans rights and access to social services. In Canada and the United States, the mainstream trans movement has predominantly focused on gaining access to and insurance coverage for transition-related medical care, the right to change one's legal gender designation without proof of sex reassignment surgery (SRS), securing protection from discrimination in employment and housing, and, in the U.S., the right to serve openly in the military.³ The (limited) success of these advancements is representative of equality, inclusion, and social progress, which have purportedly proliferated under neoliberalism. However, through a false separation of the economic and political spheres, neoliberalism obscures, (re)produces, and exacerbates social and economic inequalities, systemic oppression, and discrimination.

¹ It is important to distinguish the differences between *liberalism* and *neoliberalism*. *Liberalism* may refer to a political or economic orientation. As a political orientation, liberalism “signifies an order in which the state exists to secure the freedom of individuals on a formally egalitarian basis” (Brown, 2003, para. 6). Economic liberalism, on the other hand, “refers to a maximization of free trade and competition achieved by minimum interference from political institutions” (Brown, 2003, para. 6). *Neoliberalism* refers to a new form of political rationality, which extends market logic to non-economic spheres (Brown 2003; Foucault, 2008; Lemke, 2001; Read, 2009). Under neoliberalism, individualism is heightened, freedom is reoriented towards the free market and free flow of capital, and equal opportunity (competition) supplants substantive equality.

² *Trans* is an umbrella term that encompasses a spectrum of gender identities and embodiments of persons whose gender identity differs from their assigned sex at birth. Trans includes, but is not limited to, those who identify as transgender, transsexual, Two-Spirit, male-to-female (MTF), female-to-male (FTM), trans feminine, trans masculine, non-binary, genderqueer, genderfluid, and agender, among others. Please note, this is not an exhaustive list. For more on trans terminology and non-binary pronouns see Enke (2012, pp. 16-20).

³ Transgender persons have been allowed to serve openly in the Canadian Forces since 1998. In July 2016, under the Obama administration, transgender persons were officially allowed to serve openly in the U.S. military. In August 2017, however, the Trump administration reversed the decision, banning trans people from serving in the U.S. military (Miller 2017).

This paper explores the slippages, contradictions, and unforeseen setbacks that arise in the fight for trans rights in Canada and the U.S. in the contemporary neoliberal context. Through a critical political economy framework, I argue that deploying discourses of productivity, self-sufficiency, and equal opportunity in the fight for trans rights ultimately perpetuates socioeconomic inequalities that are (re)produced and obscured through neoliberal capitalist processes. Critical political economy demonstrates the links between the social, economic, and political spheres, allowing for an interrogation of the social, economic, and political processes that simultaneously grant some trans persons access to and inclusion in the state through ‘equal rights,’ while contributing to the further disenfranchisement of others, namely, trans persons of colour, un(der)employed trans persons, trans sex workers, and disabled trans persons.⁴ Drawing from Michel Foucault’s (2008) articulation of neoliberal *governmentality* and reformulation of *Homo economicus*, and Dan Irving’s (2009, 2012, 2013a; 2013b) foundational work on the productive, self-sufficient, and self-made trans (male) subject, this paper names and troubles the emergence of the ‘ideal’ neoliberal trans subject: *Trans economicus*.

This paper is organized into four sections. The first section provides a brief overview of Foucault’s (2008) theorizations of neoliberal *governmentality*, market logic, and human capital. Through a reconfiguration of *Homo economicus* in the late 20th Century, the neoliberal subject is constructed as productive, self-sufficient, and entrepreneurial (self-made). For trans persons, who often face social, legal, and economic exclusion due to systemic transphobia and disenfranchisement, embodying the subject of *Trans economicus* allows them to gain access to and inclusion in the state and civil society by demonstrating their productivity and participating in the market. The second section troubles liberal discourses of equality, inclusion, and social progress, which are frequently deployed in the fight for trans rights and to secure access to social services. While neoliberalism claims to offer a solution to discrimination and inequality through the separation of the political and economic spheres, I argue this separation is false. Rather, neoliberal logic works to obscure and perpetuate socioeconomic inequalities and systemic oppression.

In the third section, I examine the way in which the fight for access to medical care and transition-related procedures for trans persons is quantified through market logic and cost-benefit analysis. Market logic is used to justify covertly racist and overly classist criteria, which determine who qualifies for transition-related medical care. This allows some trans persons—namely, those who embody *Trans economicus*—to gain access to social services and inclusion in the state while justifying the exclusion of others who ‘fail’ to accumulate human capital. The fourth section considers the permeability of neoliberal logic to all spheres, co-opting the fight for trans rights in the service of neoliberalism. In appealing for equal rights through neoliberal discourses of productivity, *Trans economicus* may be able to secure employee health benefits,

⁴ Emily Grabham (2010) argues, in relation to the UK Gender Recognition Act of 2004, that the requirement for trans persons to permanently embody the gender for which they are seeking reassignment, “is a temporal mechanism that links the supposedly linear development of trans bodies with racialized cultural and national integration” (107). That is, trans subjects must submit themselves to the regulatory power of the state in exchange for citizenship.

for example, while re-entrenching the very logic that ties health care to employment to begin with. With the emergence of trans liberalism, trans persons appear to be offered unprecedented protection and inclusion under the law. However, as trans liberalism works *within* the neoliberal state rather than against it, inclusion can only ever be partial. In the conclusion, I argue that trans celebrities and ‘success stories’ are tokenized and upheld as ‘proof’ that neoliberalism fosters social progress through equal opportunity. This tokenism ultimately relies on liberal discourses of equality, inclusion, and social progress, which obscure ongoing social and institutional inequalities that trans persons face under neoliberalism. Thus, to realize substantive change and secure access and inclusion for all trans persons, we must be weary of deploying neoliberal logic.

Neoliberal Governmentality and Human Capital

Neoliberalism is an often-used though ill-defined term attributed to various economic and political processes and policies that have emerged over the last forty years (Davies, 2016; Flew, 2014). Critical analyses of neoliberalism typically fall within one of three theoretical camps: Foucauldian, Marxist, and epochalist (Hardin, 2014, p. 207).⁵ In this paper, I conceive of neoliberalism through the work of Foucault (2008), who conceives of neoliberalism as a political rationality that extends market logic to non-economic spheres (Brown, 2003, 2015; Foucault, 2008; Lemke, 2011; Read, 2009). The success of neoliberalism is achieved through the emergence of what Foucault (2008) terms *governmentality*, or “the conduct of conduct”... “in which people are governed and govern themselves” (cited in Read, 2009, p. 29). Governmentality refers to a “non-sovereign, decentred state power” that is “a formally non-political and non-legal mode of power concerned with the production and regulation of subjects and populations” and that “operates through both state and non-state institutions and discourses” (Gressgard, 2010, p. 542). Neoliberal governmentality, which is no longer confined to the governance of states or economies, is based on heightened individualism, self-regulation, and a (false) separation of the state and the market. The purported separation between politics and economics promises freedom and equality through participation in the economy and unhindered access to the market (Carruthers & Babb, 2013). The shrinking of the state—in regards to government spending and market regulation—has been accompanied by an expansion of market logic to non-economic spheres, including marriage, family, education, professional development, health, personal wellbeing, crime, and punishment (Foucault, 2008).

The concept of market logic, or “the expansion of the economic form to apply to the social sphere” (Lemke, 2001, p. 197) recasts all aspects of human life in economic terms. One of the key concepts of neoliberalism is human capital, which applies market logic to the social sphere through cost-benefit analyses of individual behaviour, attributes, and life circumstances. These analyses determine one’s worth (i.e. human capital), which is accumulated through

⁵ The Marxist camp conceives of neoliberalism as a political project that seeks to restore class power to the elites through an upward redistribution of wealth (see Harvey, 2005). The epochal camp approaches neoliberalism “as a set of epochal concepts to describe recent economic developments in conceptual terms” (Hardin, 2014, p. 208).

“innate” and “acquired elements” (Foucault, 2008, p. 227). These so-called innate elements refer to genetic predispositions, where individuals with ‘superior’ genes, raw intelligence, or physical stamina naturally accumulate a higher rate of human capital. Acquired elements, on the other hand, refer to personal and social ‘investments’, such as education, nutrition, exercise, professional development—and, as Irving (2009) argues, undergoing transition—which are conceived of in economic terms.⁶ Lemke (2001) explains that “by encoding the social domain as a form of the economic domain ... cost-benefit calculations and market criteria can be applied to decision-making processes within the family, married, professional life, etc.” (p. 200). Foucault (2008) provides the example of childrearing to illustrate how cost-benefit analyses are applied to the accumulation of human capital (pp. 227-230). According to the theory of human capital, parents first invest in their children by finding a suitable partner for reproduction based on ‘favourable’ genetic properties. During childrearing, parents continue to invest in their children by providing adequate nourishment, affection, shelter, education, and a sense of morality. These investments allow the child to accumulate human capital, which is expected to translate into financial capital through future employment. Under this logic, one’s economic affluence is reflective of one’s human capital, which accumulates through strategic investments. Those who adequately invest in themselves (or whose parents invest in them) are purported to reap the benefits through a higher return (i.e. income). Those who ‘fail’ to invest in themselves (or whose parents fail to invest in them), are not only expected to have a lower rate of return but are also deemed responsible for their personal shortcomings.

According to Foucault (2008), the ‘ideal’ neoliberal subject takes the form of *Homo economicus*, i.e. economic man. While *Homo economicus* was previously conceived of as a pre-given partner of exchange, under neoliberalism *Homo economicus* is founded on competition and reconceived as an entrepreneur of the self (Foucault, 2008, p. 226; Read, 2009, p. 28). This speaks directly to the privileging of the individual under neoliberalism, which favours self-sufficiency, self-creation, and self-governance. Thus, *Homo economicus* is the ‘ideal’ neoliberal subject: self-sufficient, self-governed, and self-made. Drawing from Foucault, Irving (2009) argues that by embodying the self-made man, trans men are able to gain respectability and demonstrate ‘worthiness’ of rights and acceptance through their productivity, entrepreneurial spirit, and individualism.⁷ Extending this logic, I propose the formation of a new neoliberal subject, *Trans economicus*, the ‘ideal’ trans subject who is able to gain access to and inclusion in the state and civil society through their productivity and accumulation of human capital. *Trans economicus*, like *Homo economicus*, must be self-sufficient, self-governed, and self-made. Through the figure of *Trans economicus*, trans persons who are granted access to and inclusion

⁶ Irving (2009) argues that “medicalized transition becomes an investment in the development of transsexual individuals as human capital” (p. 386).

⁷ Irving (2009) observes that some FTMs seek “self-determination by articulating themselves and others as ‘self-made men’” (375). For more on the self-made trans subject, see Irving’s (2009) and Rubin’s (2003) works on self-made trans men.

in the state and civil society by demonstrating their productivity are upheld as tokens of equality and social progress under neoliberalism. Effectively, *Trans economicus* precludes substantive change by perpetuating neoliberal logic, which justifies cuts to social services that are deemed superfluous. While this affords some trans persons—namely, those who are white, upper-middle-class, and able-bodied—economic success and social inclusion, it does so at the risk of further marginalizing other trans persons, namely, trans persons of colour, un(der)employed trans persons, trans sex workers, and disabled trans persons.

Equality and Inclusion Under Neoliberalism

Freedom is one of the central tenets of neoliberalism. According to David Theo Goldberg (2009), neoliberalism “has touted itself as the defender of freedom” and “seeks above all to protect and expand the freedom of *flows* of capital, goods, services, and more recently information” (p. 332, emphasis in original). Thus, freedom under neoliberalism refers to the free market. Above all else, the freedom of the market must be protected as it allows for the free flow of capital and encourages competition. According to market logic, anyone is free to find employment and earn a wage, to start a business, to spend money, and to participate in the market. Neoliberals argue that freeing the market from state interference will prevent bias—as bias restricts competition, which goes against the principles of market logic—effectively eradicating discrimination (Carruthers & Babb, 2013). However, market logic allows for *some* economic inequality in the name of market competition. Purporting to function as a meritocracy, wages are said to be awarded based on one’s productivity and contribution to the economy, providing incentive to those in lower income brackets to ‘work harder’ to increase their capital. Any inequalities that do arise are viewed as strictly economic and even beneficial as long as everyone is afforded equal opportunity to participate in the market. Discrimination, on the other hand, whether on the basis of gender, sexuality, race, ethnicity, religion, citizenship, or class, is seen as unfavourable for competition and thus unfavourable for the market. Accordingly, if employers refuse to hire trans persons, for example, regardless of their skills or work ethics, these employers will not only suffer a loss in productivity but also provide the opportunity for competing employers to hire persons who have faced discrimination at a lower cost (i.e. supply and demand). Consequently, employers who do not discriminate are expected to outperform employers who are discriminatory.

The Human Rights Campaign (HRC) deploys this very logic when it warns readers of the “costs of discriminat[ing]” against transgender workers (Human Rights Campaign, n.d., Costs of Discrimination section). The HRC explains that “unchecked bias has clear costs” and “[l]awsuits claiming discrimination based on gender identity can be costly to an employer and also affect the employer’s reputation” (Human Rights Campaign, n.d., Costs of Discrimination section, para. 1). The HRC is attempting to dissuade employers from discriminating against trans workers by appealing to market logic and suggesting that discrimination is ‘bad for business’. The message is clear: discriminating against trans workers will cost you money and therefore should be avoided. This tactic, however, is shortsighted as it pits trans workers against their employers, suggesting that trans employees who experience discrimination in the workplace will cause financial harm (placing the blame on the injured party), and inadvertently casts trans workers as

a financial ‘risk’ that must be mitigated. However, advocates of neoliberalism purport that the free market will lead to the erosion of social inequalities that are based on discriminatory grounds (i.e. for being trans) “rather than on differences in productivity and ability” (Carruthers & Babb, 2013, p. 122). Notably, ability is not considered discriminatory grounds under neoliberalism, legitimizing and reinforcing ableism and discrimination against disabled people, including disabled trans persons. Nonetheless, neoliberalism is said to be a system based on merit, equal opportunity, and inclusion through participation in the market.

It has been widely documented that under neoliberalism social inequalities have continued to persist and economic inequalities have significantly increased (Carruthers & Babb, 2013; Duggan, 2003; Harvey, 2005; Piketty, 2014; Shaikh, 2003; Spade, 2011). Economic inequalities often mask social inequalities, which are coded in market terms of productivity and efficiency. Terms such as “low-income,” “urban,” “inner-city,” “at-risk youth,” “welfare queen,” and “the ghetto” recode race as *class* (Mendible, 2012). Goldberg (2009) aptly refers to this process as the “neoliberalization of race” or, the emergence of “racism without race” (p. 330). This recoding of race as class obscures historical and contemporary iterations of state violence including colonialism, imperialism, genocide, slavery, sterilization, racial segregation and apartheid, internment camps, and residential schools. The disenfranchisement of indigenous communities and communities of colour in both Canada and the U.S. are reframed through class, which is deemed necessary for market competition. The forgetting of historical oppressions has been accompanied by the shift to a “post-identity” society – i.e. post-gender or “postracial” (Goldberg, 2015) – which David Eng (2010) characterizes as the disavowal of difference “in the name of freedom and progress” (p. 2). The heightening of individualism and self-sufficiency under neoliberalism presupposes that everyone is equal to begin with, placing the responsibility for one’s wellbeing on the individual. David Harvey explains that “while personal and individual freedom in the marketplace is guaranteed ... each individual is held responsible and accountable for his or her own actions and well-being” (2005, p. 65). Consequently, social services, such as education, (un)employment insurance, and health care, are clawed back in the name of smaller states, restricted government intervention, and privatization, which are viewed as favourable to the market and therefore favourable to society as a whole.

Trans persons—particularly trans persons of colour, un(der)employed trans persons, trans sex workers, and disabled trans persons—are disproportionately negatively affected by the diminishment of social services, such as universal medical care, free education, and (un)employment insurance, which is further exacerbated by transphobia, institutional discrimination, and systemic oppression. As the U.S. does not currently have federal laws protecting trans persons from employment discrimination – while Canada only passed federal protections in June 2017 – it is difficult to hold discriminatory employers accountable, which means trans persons remain disproportionately disadvantaged in the job market (Movement Advancement Project et al., 2013).⁸ According to the 2015 U.S. Transgender Survey,

⁸ In 2017, the Government of Canada passed Bill C-16, which added “gender identity” and “gender expression” to the *Canadian Human Rights Act* as protected grounds against discrimination. On June 19, 2017, Bill C-16 received

respondents faced an unemployment rate of fifteen percent, which is three times that of the general population (James et al., 2016, p. 141). Trans persons of colour and disabled trans persons faced higher rates of unemployment than their white counterparts, while Middle Eastern trans persons experienced an unemployment rate of 35% (James et al., 2016, p. 141). A survey conducted by the National Center for Transgender Equality and the National Gay and Lesbian Task Force (NCTE & NGLTF) found that ninety-seven percent of those surveyed reported experiencing harassment or mistreatment on the job, forty-seven percent reported adverse job outcomes—such as being fired, not hired, or denied a promotion—and twenty-six percent were fired for being transgender (NCTE & NGLTF, 2009). The Trans PULSE Project reported that thirteen percent of trans respondents in Ontario, Canada were fired for being trans, while another fifteen percent believe they might have been fired for being trans (Bauer & Scheim, 2015, p. 3). Moreover, eighteen percent of trans Ontarians were denied a job for being trans, while another thirty-two percent attributed being turned down to transphobia (Bauer & Scheim, 2015, p. 3).

Discrimination and transphobia are not the only difficulties trans persons face when seeking employment. Other structural barriers include changing identification documents to reflect one's lived gender, which often requires documentation from medical professionals, changing one's legal name, and obtaining references and transcripts with the correct name and pronoun (see Bauer & Scheim, 2015; Currah, Juang, & Minter, 2006; Grant et al., 2011; James et al., 2016; Spade, 2011).⁹ According to the 2015 U.S. Transgender Survey, forty-nine percent of respondents did not have an ID with their preferred name, sixty-seven percent did not have an ID that reflected their gender identity, and sixty-eight percent did not *any* ID that reflected both their preferred name and gender (James et al., 2016, pp. 82-86). Moreover, it is estimated that only nine percent of respondents who wanted to change the gender designation on their birth certificates were able to do so (James et al., 2016, p. 82). Post-9/11, under the REAL ID Act¹⁰ in the U.S., surveillance of citizens has significantly heightened and identification documents are increasingly difficult to change (see Beauchamp, 2009). Trans persons seeking to change their ID may be scrutinized by government officials under the guise of protecting the public from cross-dressing terrorists and gender 'deceivers' (see Beauchamp, 2009; Butler Burke, 2016;

Royal Assent, becoming law (see <https://openparliament.ca/bills/42-1/C-16/>). The bill received significant support as well as immense backlash as it was being debated. Under the Harper Government (2006-2015), the Senate prevented two similar bills, C-389 and C-279, from passing (Wherry, 2016). For more on the defeat of Bill C-279, see Vipond (2015).

⁹ The 2015 U.S. Transgender Survey found that “nearly one-third (32%) of respondents who did not have their preferred gender on any of their IDs or records reported that they could not afford to change them” (James et al., 2016, p. 89).

¹⁰ The REAL ID Act, passed in 2005, is a piece of anti-terrorism legislation administered by the Department of Homeland Security. The REAL ID Act saw the creation of a national database of driver's licenses, which is used to verify other government identification documents when travelling within and across U.S. borders (Beauchamp, 2009, p. 356; Department of Homeland Security, 2005).

Currah & Moore, 2013; Currah & Mulqueen, 2011; Juang, 2006).¹¹ These narratives of gender deception, while unfounded, place greater scrutiny on trans persons who may be accused of lying about who they ‘really’ are. Furthermore, as the regulations for changing one’s legal gender designation and/or name differ for each document,¹² trans persons may have conflicting pieces of ID, preventing them from obtaining employment or housing or accessing medical services (see Currah, Juang, & Minter, 2006; Grant et al., 2011; James et al., 2016; Spade, 2011).

Trans persons often experience discrimination in housing and without adequate employment and a livable income securing a place to live is often unattainable. According to the 2015 U.S. Transgender Survey, thirty percent of respondents are, or have been, homeless and twenty-three percent experienced housing discrimination, such as being evicted or denied housing (James et al., 2016, p. 176). Moreover, twenty-nine percent of respondents were living in poverty during the past year and twelve percent earned under \$10 000 (USD) annually (James et al., 2016, pp. 142-143). Another survey found that forty-four percent of trans persons were underemployed despite the fact that the transgender population has significantly higher levels of education than the general population (Movement Advancement Project et al., 2013). Trans persons living in Ontario, Canada also face a high rate of underemployment, with a median annual income of \$15 000 (CND), even though forty-four percent had a post-secondary and/or graduate degree (Bauer & Scheim, 2015, p. 6). Despite these high levels of education, discrimination remains prevalent against trans employees, contradicting the notion that neoliberalism functions as a meritocracy and that those who adequately invest in themselves—that is, accumulate enough human capital (through education and professional skills)—will be rewarded. Thus, it is evident that “despite the abolition of legal inequality ... various forms of *economic* inequalities between the sexes and among different racial groups have persisted” (Carruthers & Babb, 2013, p. 143, emphasis in original). Trans persons continue to face social and systemic barriers that make it difficult to access the same resources as cisgender persons. Trans persons of colour, un(der)employed trans persons, trans sex workers, and disabled trans persons are disenfranchised not only due to transphobia but also due to racism, classism, xenophobia, and ableism. Once again, while neoliberalism purports to be a meritocracy based in equal opportunity, market logic works to mask and perpetuate social inequalities, which are recoded in economic terms of productivity, competition, and human capital.

Market Logic and the Regulation of Trans Health Care

Despite the social and economic inequalities that persist under neoliberalism, gains have been made in securing access to health care and reducing employment and housing discrimination for trans persons through more inclusive social policies. These goals have been

¹¹ Trans persons have been accused of deceiving others by not disclosing their ‘real’ sex (i.e. sex assigned at birth). The fear of the cross-dressing terrorist was propagated by the U.S. Department of Homeland Security in 2003, when they warned, “Male bombers may dress as females in order to discourage scrutiny” (cited in Beauchamp 2009, 356). There have been no documented cases of a terrorist attempting to pose as another gender.

¹² For Canadian provincial regulations, see Canadian Civil Liberties Association (2015). For U.S. state regulations, see Lambda Legal (2015).

achieved with partial success through appealing to neoliberal discourses of productivity, self-sufficiency, and market logic. Thus, while neoliberalism appears to offer new freedoms and equality through self-determination and individual rights, this is achieved by reinforcing market logic and economic inequalities (Duggan, 2003). Equal rights promise trans persons (and all people) inclusion within the state. However, this inclusion is conditional on upholding neoliberal discourses of self-sufficiency and self-determination, which privilege persons from certain socioeconomic backgrounds, namely white, upper-middle-class, able-bodied trans persons who are able to embody *Trans economicus*. This is particularly evident among the criteria used to determine whether or not a trans person is eligible for SRS and whether or not gender-affirming procedures are covered by provincially-funded health care in Canada or insurance companies in the United States. Toby Beauchamp (2009) explains, “medical science itself determines normative gender through a particular form of raced, classed and sexualized body.... To be classified as normatively gendered is also to adhere to norms of racial and economic privilege” (p. 357). Here, Beauchamp is pointing to the privileging of gender norms based in white, middle-class respectability. Historically, racialized persons have had to legitimize their gender in opposition to white gender norms.¹³ Trans persons of colour and working-class trans persons are expected to conform to gender norms based in whiteness or else may be refused services for failing to embody their gender ‘appropriately’.¹⁴

Dan Irving (2012) exposes the class-based criteria of the Gender Identity Clinic at the Centre for Addiction and Mental Health (CAMH)¹⁵ in Toronto, Canada, which reinforce neoliberal discourses of productivity and ability:

The formation of transsexual subjectivities is mediated by bourgeois standards of morality that reinforce systems of power rooted in whiteness, middle-class professionalism, and ableism. Acceptance into the Gender Identity Clinic at CAMH will most likely be granted to individuals from privileged social locations who demonstrate, or have the potential to demonstrate, degrees of material success. (p. 166)

Transitioning is contingent on one’s socioeconomic status; trans persons must prove their employability and work ethic in order to receiving gender-affirming procedures and/or SRS (Irving, 2012, p. 167). In this way, white affluent trans subjects with accumulated human capital

¹³ I am thinking here of Sojourner Truth’s famous speech, “Ain’t I a Woman?” Janet Mock (2014) discusses navigating white gender norms and beauty standards as a trans woman of color in her memoir.

¹⁴ In the documentary *Diagnosis Difference*, Dean Spade provides the following anecdote: “From its inception, the sort of world of trans health care has been really riddled by the sort of extreme classism and racism that attends most medical care. I’ve read some accounts from early clinics where it was, you know, ‘Well, we don’t treat Puerto Ricans because they all end up looking like fags.’” Also, black trans activist Miss Major recalls that in the 1960s and 1970s, Harry Benjamin only treated “white girls” (Ophelian, 2009).

¹⁵ Following years of controversy and a formal external review, the Gender Identity Clinic of the Child Youth and Family Services at CAMH was suspended in 2015 (CAMH, 2016). The Adult Gender Identity Clinic has subsequently reopened and expanded (CAMH, 2017).

can gain access to medical treatment through embodying *Trans economicus* while trans persons of colour, working-class or un(der)employed, trans sex workers, and disabled trans persons are frequently excluded. The emphasis on individual productivity and affluence as pre-requisites for transitioning reinforces neoliberal discourses of self-sufficiency, human capital, and self-actualization. Through the figure of *Trans economicus* we can see how the state benefits from productive, self-sufficient trans subjects—who do not ‘mooch’ off the state—through their contribution to and participation in the economy. In this way, *Trans economicus* becomes a token of social progress, equality, and inclusion under neoliberalism, without actually attending to the needs of the trans community, particularly those who are most marginalized.

Economic inequalities have a substantial impact on the medical treatment trans persons are able to access and afford.¹⁶ In the U.S., trans persons are less likely to have employer-based medical insurance than their cisgender counterparts (James et al., 2016, p. 93). And while primary health care is universally covered in Canada, prescription medication (including hormone replacement therapy) and other gender-affirming treatments (such as electrolysis) are not. Prescription coverage and gender-affirming treatment is only covered in certain provinces in Canada and may or may not be covered through private insurance and benefit plans issued by employers.¹⁷ This not only ties health care to employment, but it also results in uneven access across Canada, which means some trans persons can access treatment based on need while others must assume the costs, which can be astronomical—ranging from \$10 000 to \$60 000 (CND) (Ontario Human Rights Commission, 1999). Furthermore, provincial health care is predicated on one’s citizenship status and persons residing in Canada without citizenship or permanent residency (for example, those with work permits, temporary visas, refugees, or the undocumented) do not qualify for provincial health care. This means some trans persons are ineligible for medical coverage *regardless* of employment, demonstrating a crack in the neoliberal machine that sutures health care and social services to productivity. Rather, access to gender-affirming treatment is determined by a myriad of factors, including one’s location (based on province, territory or state of residence), citizenship status, affluence, *and* employment.

Moreover, recovering from gender-affirming surgeries, including SRS, may require weeks or even months off work (Jacques, 2012; Suporn Clinic, 2006). Being able to afford to take time off work to undergo medical procedures, even if the costs of these procedures are covered by the state or insurance companies, also requires a certain level of affluence and job security. Workers with unpaid vacation and unpaid sick days may not be able to afford to give up multiple weeks of income, if they are able to take time off at all, to recover. It is evident that various socioeconomic factors determine whether or not a person can afford to transition and who can access medical care. Thus, the logic of ‘equal opportunity’ does not translate to equal *access*. Market logic presupposes all trans persons start from the same socioeconomic position—

¹⁶ While for some trans persons medical transition is a matter of life-or-death, not all trans persons desire to undergo medical transition.

¹⁷ For some trans persons, gender-affirming procedures, such as electrolysis, may be more important than SRS. For more information on health care coverage in Canada, see Health Canada (2011) and Government of Canada (1985).

after all, *Trans economicus* is a ‘neutral’ subject—obscuring inequalities that enable some trans persons to afford to transition and prevent others from accessing the same care.

Undergoing medical transition can be a matter of life or death for some trans persons and waiting up to two years, if not or more, to be approved for gender-affirming procedures may not be an option (Leslie, 2015; Stevens, 2015).¹⁸ The 2015 U.S. Transgender Survey found that twenty-five percent of those seeking coverage for hormones in the past year were denied and fifty-five percent of those seeking coverage for transition-related surgery were denied (James et al., 2016, p. 93). Without coverage, trans persons may elect to fund their medical transition themselves. However, doing so requires a significant amount of savings and/or disposable income. It is common practice that before trans persons can qualify for SRS they must fulfill the Real-Life Test (RLT), which stipulates that they must complete twelve months of “successful continuous full time real-life experience” as their desired gender while maintaining employment (or schooling) for one year prior to undergoing SRS (Harry Benjamin International Gender Dysphoria Association, 1998).¹⁹ The RLT is inherently classist as trans persons are expected to prove their productivity by securing employment at a time when they are most vulnerable (i.e. pre-transition). The RLT may not prove too difficult for affluent trans persons who have adequate savings to take time off work, can afford to personally finance medical procedures, or are able to assimilate into the workforce. Marginalized trans persons, particularly trans persons of colour, un(der)employed trans persons, and disabled trans persons, however, may not be able to secure legal employment due to the intersections of transphobia, racism, xenophobia, classism, and ableism.

Trans persons may engage in sex work for survival and to fund their medical expenses (Grant et al., 2011, pp. 64-5; Mock, 2014; Namaste, 2005; Sausa, Keatley, & Operario, 2007; Wilkinson, 2006, p. 193).²⁰ Noting the historical and contemporary prevalence of sex work among the trans population, Monica Forrester, Jamie-Lee Hamilton, Viviane Namaste, and Mirha-Soleil Ross consider the history of transsexuality to be “a history of prostitution” (cited in Namaste, 2005, p. 83). Given this history, it is particularly troublesome that gender identity clinics do not recognize sex work as a legitimate form of employment (Namaste, 2005, p. 25). Trans persons who rely on sex work to survive or choose to engage in sex work as a legitimate form of employment cannot pass the RLT. Through the disqualification of sex work under the RLT, gender identity clinics “establish a link between certain kinds of employment and access to

¹⁸ As of February 2017, the waiting list for the Gender Identity Clinic at CAMH is approximately 21 months (CAMH, 2017). Trans persons experience disproportionately high rates of depression and suicide (Bauer et al., 2015; Grant et al., 2011, p. 82). This is attributed to living in a transphobic society and experiences of discrimination and violence. Research has demonstrated that the risk for suicide greatly decreases for trans persons who have access to proper medical care and identification documents (Bauer et al., 2015, p. 525).

¹⁹ CAMH refers to the RLT as “gender role experience” (CAMH, 2012). See Cascio (2003) for more on the RLT.

²⁰ It is important to note that while some trans persons may resort to sex work due to un(der)employment, some trans persons *choose to engage in sex work as a legitimate form of employment* and source of income (Namaste, 2005). Furthermore, due to lower economic status, trans women of colour disproportionately rely on sex work to survive (Grant et al. 2011, p. 65; James et al., 2016, pp. 158-159; Namaste, 2005, p. xi).

health services for transsexuals” (Namaste, 2005, p. 25). This speaks directly to Irving’s discussion (2012) of acceptance to CAMH’s Gender Identity Clinic, which is “more likely [to] be granted to individuals from privileged social locations who demonstrate, or have the potential to demonstrate, degrees of material success” (p. 166). Access to transition-related procedures and health care are intimately tied to class, which, as previously mentioned, often stands in for race. The exclusion of sex work from the RLT not only illuminates class bias, but also racial bias, as the majority of trans sex workers in major Canadian cities are people of colour (Namaste, 2005, p. xi). Consequently, excluding sex work from the RLT disproportionately prevents trans persons of colour and un(der)employed trans persons from accessing transition-related medical care.

Foucault (2008) argues that even criminality is conceived of through market logic under neoliberalism. The criminal is conceived of as “a rational-economic individual who invests, expects a certain profit and risks making a loss” (Lemke, 2001, p. 199). Consequently, anyone who breaks the law, regardless of circumstance, can and should be held personally accountable. This mentality excuses the mistreatment of prisoners, particularly trans inmates, who experience heightened vulnerability during incarceration (James et al., 2016). Trans inmates are often denied transition-related medical care, including hormone replacement therapy or SRS.²¹ In December 2015, the West Coast Prison Justice Society filed a human rights complaint against the Correctional Service of Canada (CSC) for failing to provide SRS to inmates (West Coast Prison Justice Society, 2015). Nastasia Laura Bilyk, an inmate at Mountain Institution in British Columbia, was unable to fulfill the RLT and thus to qualify for SRS because, as an inmate, she cannot be employed (Lupick, 2015; Moore, 2015).²² This policy is a result of *Kavanagh v. Canada* (2001), which determined that the “artificial” prison environment did not count as “real life experience” (West Coast Prison Justice Society, 2014). In January 2017, the CSC declared that time spent in prison could count towards the requirements for the RLT (Robertson, 2017, February 6). However, it is unknown how efficiently and effectively this policy will be enacted.²³

Access to SRS is crucial to the safety of trans prisoners who would otherwise be sent to sex-segregated facilities that do not align with their gender identity. Trans inmates, who are already vulnerable to heightened violence, are placed in an even more precarious position when they are imprisoned based on their ‘biological’ sex rather than their lived gender.²⁴ This means

²¹ The 2015 U.S. Transgender Survey found that thirty-seven percent of trans respondents “who had been taking hormones before their incarceration were prohibited from taking their hormones in the past year while in jail, prison, or juvenile detention” (James et al., 2016, p. 193).

²² Bilyk was incarcerated in 1987 and began hormone therapy in 2008 (Lupick, 2015; Moore, 2015). She was previously disqualified from receiving SRS due to her inability to fulfill the RLT while in prison (Moore, 2015).

²³ In January 2017, following an investigation by the Canadian Human Rights Commission, which was launched after the West Coast Prison Justice Society filed a human rights complaint against the CSC in 2015, the CSC declared that time spent in prison could count towards the requirements for the RLT (Robertson, 2017, February 6).

²⁴ In January 2015, Ontario became the first province in Canada to place trans inmates in facilities according to their self-identified gender rather than their assigned sex at birth (Lupick, 2015). In November 2015, B.C. became the second province (Lupick, 2015). In January 2017, Prime Minister Justin Trudeau ordered that trans inmates no

that trans women may be confined to men's prisons, while trans men may be confined to women's prisons (Broadus, 2009).²⁵ The refusal to accommodate trans inmates or to provide adequate transition-related medical care may be dismissed through market logic as one of the 'costs' of committing a crime. However, this logic fails to acknowledge the prevalence of racial profiling, stereotyping, carding, harassment, and assault that trans persons, particularly trans women of colour, and other disenfranchised persons experience at the hands of the police and correctional officers (Grant et al., 2011; James et al., 2016).

Increased contact with the police (whether through profiling, carding, harassment, searches, etc.) may lead to increased surveillance, arrest, or incarceration, as one legal problem "is often compounded by another type of legal problem" (Farrow, 2014, p. 963).²⁶ According to the 2015 U.S. Transgender Survey, fifty-eight percent of respondents who interacted with the police reported mistreatment, including misgendering, verbal harassment, and physical or sexual assault, by the police (James et al., 2016, p. 185). Moreover, one in five trans respondents who had been incarcerated reported being sexually assaulted by facility staff or other inmates in the past year (James et al., 2016, p. 190). Trans persons of colour face higher rates of police harassment and are more likely to be arrested than their white counterparts, as are homeless and un(der)employed trans persons (Grant et al., 2011, p. 159; James et al., 2016, pp. 186-189). Trans persons of colour, particularly trans women of colour, and poor trans persons are overrepresented within the prison-industrial-complex²⁷ and are at a higher risk of experiencing violence during incarceration (Grant et al., 2011; James et al., 2016, p. 188; National Coalition of Anti-Violence Programs, 2014; Spade, 2011, pp. 54, 89-90). In Ontario, Canada, the Trans PULSE Project found that one in five indigenous respondents had been incarcerated (Schein, et al., 2013), pointing to systemic disenfranchisement and criminalization of indigenous peoples by the settler-colonial state. The overrepresentation of trans persons of colour and poor trans persons within the prison population further illustrates the ways in which the RLT privileges those who are white, upper- or middle-class, and non-disabled. By deeming certain trans persons

longer be placed in facilities based on their assigned sex at birth (Robertson, 2017, January 17). A timeline for implementing this policy has not been provided.

²⁵ Prior to 2015, trans prisoners across Canada were sentenced to facilities based on their assigned sex at birth (Lupick, 2015; West Coast Prison Justice Society, 2015). In January 2017, Trudeau announced that trans inmates would no longer be placed in facilities based on their assigned sex at birth (Robertson, 2017, January 17). In 2016, the U.S. Department of Justice declared it would no longer place trans inmates in facilities based on their assigned sex at birth (La Ganga, 2016). It is unknown when these policies will be implemented.

²⁶ The following scenario offers an example of how one legal problem may lead to further legal problems. A young trans woman comes out at work is subsequently fired. After losing her job, she may be unable to pay to her rent leading to her eviction. Without a secure job or safe place to live, she may end up homeless and/or relying on underground work, such as sex work. Through the criminalization of sex work, she may experience harassment or assault, and/or be arrested and charged by the police. In court, she may have to contend with transphobic (or trans-ignorant) lawyers, jury members, and judges, which can lead to harsher sentencing (Broadus, 2009). Depending on her legal gender designation and whether or not she has undergone SRS, she may be sent to men's correctional facility. Here, she may face physical and sexual assault, or be isolated for her own 'protection'.

²⁷ For more on the prison industrial complex, see Spade (2011, pp. 21-22).

‘unworthy’ of transition-related medical care, which is often deemed elective rather than necessary, systemic forms of oppression and discrimination that prevent trans persons from succeeding in the first place are further obscured.

Cost-Benefit Analysis: Future Investments and Trans Productivity

While coverage for transition-related health care remains limited some important gains have been made in securing access to medical care for trans persons. This has been achieved through appealing to neoliberal discourses of employability, productivity, and individual rights, and through reinscribing medical care as an investment in human capital. Foucault (2008) elaborates,

We can analyze medical care and, generally speaking, all activities concerning the health of individuals, which will thus appear as so many elements which enable us, first, to improve human capital, and second, to preserve and employ it for as long as possible. Thus, all the problems of health care ... can be rethought as elements which may or may not improve human capital. (p. 230)

Essentially, providing a minimum level of medical care to citizens can be justified by the state as an investment in the future productivity of the work force.²⁸ Advocates who argue in favour of funding transition-related medical care often leverage neoliberal discourses of productivity and human capital to demonstrate the *value* of funding trans health care. This is particularly salient in the fight to relist SRS under the Ontario Health Insurance Plan (OHIP). SRS was officially covered by OHIP in 1971 but was defunded in 1998 under Premier Mike Harris, the leader of the Ontario Progressive Conservatives at the time (Ferguson, 2008; Houston, 2011). In 2008, George Smitherman, the Health Minister for the Ontario Liberals, relisted SRS coverage under OHIP (Ferguson, 2008). Irving (2012) draws attention to the ways in which “the public funding of SRS is marketed as an *investment* in the *productive* potential of candidates approved for such procedures,” rather than emphasizing the importance of universal health care (p. 167, emphasis mine). Following the relisting of SRS under OHIP, Suzanne Boggild, the CEO of Sherbourne Health Centre (an LGBTQ health clinic in Toronto, Ontario), expressed the importance of funding SRS as it “enables the majority to live fulfilled and *productive* lives” (cited in Irving, 2012, p. 168, emphasis mine). Boggild even went as far as to argue the relisting SRS is significant not only in regards to human rights, social policy, and health care reform, but also from “an economic perspective” (cited in Irving, 2012, p. 168), this bolstering neoliberal logic while appealing to liberal discourses. This suturing of economic gains to social progress illuminates the false separation of politics and economics that neoliberalism propagates.

²⁸ While state-funded medical care was a central component of the welfare state and a key tenet of liberalism, under neoliberalism, state-funded medical care is rationalized as an investment in human capital rather than fulfilling a social contract between the state and its citizens.

Recent reports and publications advocating in support of trans employees emphasize that workplace acceptance increases trans employees' positive attitudes and commitments toward work (Law et al., 2011). By framing these positive experiences as economically beneficial (through increased dedication, which leads to increased productivity), trans inclusion in the workplace is justified through market logic. This logic suggests, "if business is willing to invest in low-cost trans-health benefits and no-cost antidiscrimination policies, trans employees will demonstrate their capacities to be invaluable team players" (Irving, 2012, p. 161). Rather than arguing for the wellbeing of employees as fundamental to ensuring dignity in the workplace (that is, wellness for wellness' sake), wellbeing must be repackaged in economic terms as contributing to human capital and productivity (wellness for profit's sake). According to the report *A Broken Bargain for Transgender Workers*, "employers that create a welcoming environment for transgender workers are taking an important step to improve *productivity, competitiveness and results*" (Movement Advancement Project et al., 2013, p. 9, emphasis mine). This is demonstrative of the way in which "[a]ppeals to mainstream society to accept trans [persons] as legitimate subjects often emphasiz[e] their valuable contributions to society through their labor" (Irving, 2013b, p. 17). While this tactic is undoubtedly strategic, as it extends rights and access to health care to *some* trans persons—i.e. *Trans economicus*—doing so re-entrenches neoliberal logic through social policies. Equality and inclusion are justified through market logic and productivity rather than on the basis of personal wellbeing and universal access to health care and social services.

In November 2015, CareFirst BlueCross BlueShield, the largest insurer in the state of Maryland, U.S., expanded its coverage to include transition-related medical care. The new coverage was announced after an insurance discrimination claim had been filed against the insurer (McDaniels, 2015). While this extension of coverage should be celebrated as a step towards universal health care, the achievement is, instead, framed through market logic. The article, "Covering transgender care is good economics for insurance companies," published by *The Atlantic*, serves as a prime example (Beck, 2015). This article exemplifies how attempts to secure transition-related medical care often rely on neoliberal discourses of human capital, investment, and accumulation. The subtitle of the article states, "Medically necessary treatments like gender-reassignment surgery and hormone-replacement therapy are also an *investment* in reducing patients' *future health expenses*" (Beck, 2015, emphasis mine). William Padula, an assistant professor at Johns Hopkins University, quantifies the inclusion of trans health care in economic terms, explaining that the "coverage is of *really good value* and it's a *low-budget impact* for society" (cited in Beck, 2015, para. 8, emphasis mine). Transition-related medical care is justifiable through cost-benefit analysis, provided it results in long-term savings and/or increased productivity (i.e. the benefit outweighs the cost). While it is a common tactic to frame trans health care in economic terms in order to gain access, Irving (2012) warns us, "These demands for publicly funded trans health care must be situated within neoliberalism and its erosion of social-welfare programs" (p. 167). Understood within this context, we can reframe the fight for trans health care as a fight to reinstate the very programs that have eroded under neoliberalism. After all, SRS was covered under OHIP back in 1971 under the welfare state and was defunded in 1998 under the neoliberal state. While SRS was ultimately relisted in 2008, it

was done so through appealing to neoliberal logic rather than the importance of universal health care. The diminishment of the welfare state and social services, such as health care, education, and (un)employment insurance, is justified through neoliberal discourses of individualism, self-sufficiency, and productivity. Thus, we must be wary of deploying market logic to secure trans health care and access to social services, as doing so further bolsters the neoliberal state that cut many of these services to begin with.

Namaste (2005) is also wary of deploying neoliberal logic to further trans rights as doing so focuses “on obtaining access for some transsexuals without offering any kind of broad, systemic analysis of health institutions or the management of health services” (p. 23). Consequently, some trans persons are able to gain access to social services while others continue to be denied. According to neoliberal logic, this is not considered a form of discrimination (i.e. based on identity) as the onus is placed on the individual to *qualify* for services through demonstrating their productivity and employability. Those who do not qualify for services are rejected on the basis of not adequately investing in themselves (i.e. human capital) and failing to demonstrate their economic worth or productivity. After all, while trans persons are *free* to transition, transitioning is by no means free.

The permeability of market logic into all other spheres demonstrates the insidious nature of neoliberal governmentality, which “produces rational actors and imposes market rationale for decision-making in all spheres” (Brown, 2003, para. 9). This returns us to the neoliberal subject, *Homo economicus*. *Homo economicus*, who is economically rational and an entrepreneur of the self, is not obligated to succeed; rather, *Homo economicus* is free to fail. Essentially, “neo-liberal subjects are controlled *through* their freedom” (Brown, 2003, para. 17, emphasis in original). Put differently, Nikolas Rose (1999) argues that freedom under neoliberalism is a “way of administering a population that depends upon the capacities of free individuals” (p. 64). Freedom—which includes the freedom to succeed as well as the freedom to fail—casts any shortcomings as personal failures:

In making the individual fully responsible for her/himself, neo-liberalism equates moral responsibility with rational action; it relieves the discrepancy between economic and moral behavior by configuring morality entirely as a matter of rational deliberation about costs, benefits, and consequences. ... The rationally calculating individual bears full responsibility for the consequences of his or her action no matter how severe the constraints on this action. (Brown, 2003, para. 15)

This illuminates the ways in which access to health care, funding for transition-related medical care, securing employment, and achieving success are deemed the responsibility of individual trans persons rather than part of a social contract between the state and its citizens. Furthermore, trans persons who are unable to access or afford medical care or obtain long-term employment are accused of “mismanaging” their lives and failing to invest in themselves (Brown, 2003, para. 15). Consequently, those who ‘fail’ are believed to have done so by their own choosing (or miscalculation). As the subject is supposedly self-determined, systemic issues such as racism, ableism, xenophobia, discrimination, and oppression remain unacknowledged and unaddressed. It becomes clear that “neither competitive markets nor federal laws have ended discriminatory

practices in the market” (Carruthers & Babb, 2013, p. 144). Rather, neoliberal logic works to obscure and perpetuate these inequalities.

Trans scholars have challenged the deployment of neoliberal logic and equal rights rhetoric in seeking inclusion of trans persons under social policies (see Irving, 2012, 2013a, 2013b; Namaste, 2005; Spade, 2006, 2011; Thomas, 2006). The co-opting of trans rights through neoliberal logic is exemplified by the rise of trans liberalism, which maintains that “transgender rights are *the solution* [rather than a contributing factor] to the problems facing trans people, and will enable our participation in (Western) capitalist society” (Raha, 2015, para. 3, emphasis in original). Nat Raha (2015) argues that “pursuing trans rights from neoliberal states” is contradictory, as doing so reinforces the very logic that excludes and further disenfranchises trans persons (para. 1). Raha (2015) contends that equality under neoliberalism is “fictitious” as “the neoliberal states, in which these demands are made, reproduc[e] socio-economic divisions along intersecting lines of race and class, gender, sexuality, dis/ability, nationality, and immigration status” (para. 3). Namaste (2005), too, discusses the shortsightedness of pursuing access to services for trans persons through individual rights and liberal sentiments. Citing activist Mirha-Soleil Ross, Namaste (2005) argues “that the decriminalization of prostitution would have a more positive impact on the lives of most transsexuals than any kind of human rights legislation” (p. 10).²⁹ Decriminalizing prostitution would allow trans sex workers to qualify for the RLT and access transition-related care, and could curb police profiling of trans women and lower rates of incarceration. However, sex work has not been widely taken up within the mainstream trans movement, which views sex work as antithetical to respectability politics. Namaste (2005) urges us to reconsider “whether an invocation of ‘transgender rights’ is truly liberatory, or whether it is bound within specific social relations of domination, despite its rhetoric of justice and equality” (p. 105). Trans liberalism upholds, rather than challenges, neoliberal discourses of individualism, self-sufficiency, and productivity, which are put forth as the most effective way of gaining inclusion and access to state services. However, doing so fails to attend to systemic forms of inequality and oppression that are exacerbated under neoliberalism.

Conclusion: Beyond Tokenism

Trans ‘success stories’ are tokenized and upheld as ‘proof’ of social progress and inclusion under neoliberalism. Janet Mock, author of the critically acclaimed memoir *Redefining Realness* (2014), has gained increasing visibility and success in recent years as a journalist and television host of *So POPular* on MSNBC. Mock illuminates the ways in which, under neoliberalism, disenfranchised groups, including trans persons, are often tokenized, further obscuring inequalities: “We create and hold up tokens, rare examples of marginalized people who have made it, who we applaud, who alleviate us of our guilt and our shame and our burden”

²⁹ Namaste (2005) argues that “transsexual lives are ordered, governed, and controlled in and through the criminalization of prostitution” (p. 27).

(cited in Capretto, 2015, para. 8). Mock is aware that her success as a trans woman of colour makes her the exception rather than the rule. “The great irony of my success,” Mock explains, “is that it deludes many into believing my success is possible for all those girls. The reality is, it is not. Just because I clicked my heels and I made it out of Oz doesn’t mean everyone can” (cited in Capretto, 2015, para. 10). For positive institutional and systemic change for all trans and disenfranchised persons to be realized, we must be cautious of deploying neoliberal discourses when appealing for access to services and inclusion of trans persons in society as doing so ultimately reinforces inequalities through neoliberal policies.

Trans persons have gained limited rights and protection from discrimination as well as increased access to social services, such as transition-related medical care and employment security, through appealing to neoliberal logic. These advancements are paradoxical, however, as discourses of individualism, productivity, and self-sufficiency, allow for the inclusion of *some* trans persons (i.e. *Trans economicus*) while leading to the further exclusion of other trans persons. Market logic may be strategically deployed with the goal of securing access to services for trans persons through employment but doing so ultimately disenfranchises other trans persons who are deemed ‘unproductive’ and thus are blamed for ‘mismanaging’ their lives. Consequently, the push for trans rights, inclusion, and access is contingent on upholding the neoliberal project rather than challenging the hegemonic power relations and inequalities that it perpetuates.

The co-opting of trans inclusion echoes what Nancy Fraser (2009) observes as a convergence between feminist ideals of social justice and institutional change, and the neoliberal state. While feminist principles of gender equality have entered mainstream consciousness, Fraser (2009) points out that “they have yet to be realized in practice” (p. 98). Similarly, an awareness and acceptance of trans persons has slowly begun to enter mainstream consciousness. However, widespread institutional change, which benefits *all* trans persons, including trans persons of colour, un(der)employed trans persons, trans sex workers, trans immigrants and refugees, and disabled trans persons, has not been realized by appealing to neoliberal logic. Consequently, “[t]o encompass all trans persons, a robust transgender politics of recognition should address the discriminations and prejudices targeted not only against gender, but against racial and ethnic differences” (Juang, 2006, p. 707), as well as socioeconomic background, citizenship, and ability. In order to gain access and inclusion for all trans persons, we must resist the urge to appeal to neoliberal discourses of individualism, self-sufficiency, and productivity, which obscure social and economic inequalities. We need transformative politics that hold the state accountable to its citizens (and non-citizens) through securing universal health care and education, adequate housing, and employment for all persons, regardless of gender, sexuality, race, class, citizenship, or ability.

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