

BOOK REVIEW

Trans Care

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Hil Malatino has written a beautiful book rooted in what he terms a *t4t* (trans for trans) praxis of love. *Trans Care* speaks to the joys of weaving and reweaving trans community, even as it bears witness to the barriers to flourishing that mark many trans lives. Written from within the care webs he describes, the book provides an example of trans care as both a living ethos, and as reparative, generative, labor.

The opening section, “Surviving Trans Antagonism,” situates *Trans Care* in the context of what Malatino terms the “trans mundane.” This is a political and ethical move against a moment in which “trans lives are recurrently and brutally utilized as a political wedge issue in order to consolidate horrifyingly ascendant forms of ethnonationalism and the ongoing violence of liberal austerity.” Against a logic that seeks to reify trans subjects as undeserving of care, or, conversely, as deserving victims, he asks, “what ethos, what practice of living otherwise, might enable more liberatory forms of trans existence?” (5).

The body of the book is composed of essays associated in ways that mirror and express webs of trans care. Malatino begins with a critique of the hierarchical and individualized presuppositions of the “burnout” model of care, posing instead a conception of trans mutual aid rooted in the complexities of resonant traumas and shifting, reciprocal, and interdependent relations between recipients and carers (24). In the central chapter, “Theorizing Trans Care,” he presents trans care as an emergent ethos immanently critical of dominant political and moral economies of care. The subsequent discussion of his archival work, “Something Other Than Trancestors: Hirstory Lessons,” can be read as an application of this ethics. Asking *how* to “care for these ghosts that take such care of us,” he honors the crucial, even lifesaving, role of hirstorical memory in trans communities, but stays with the trouble of projection and fantasy, as well as the dangers posed by historical erasure and overkill. His closing section, “Trans Care within and against the Medical-Industrial Complex,” speaks to the systemic, persistent denial of medical care to trans individuals, and its disproportionate impacts on multiply marginalized trans people.¹ He also discusses emergent community responses to this neglect of institutional care. Here, “showing up” for this intricate labor exemplifies the double movement of trans care: at once attentive to the danger of reproducing the intersecting oppressions so definitive of normative care, and prefigurative of a world of trans flourishing.

What I find so transformative, even revolutionary, in Malatino’s account of trans care is that it is *both* prefigurative *and* attentive to the specificity of trans lives and

needs. In one sense, trans care comprises nonhierarchical, bottom up forms of communization and mutual aid—what Dean Spade terms “social justice infrastructures” (Spade 2020, p. 40)—that strive to meet needs and distribute resources in response to state and NGO failures, and often in defiance of their logics. But it also describes a collective and relational ethos, an “infrapolitical ethics of care,” guided by and productive of what Amy Marvin terms “trans ethical wisdom” (Marvin 2019, quoted on 43). Malatino points to how these multivalent practices empower trans communities to shift the terrain of care ethics and care labor away from the white, cis, gender-normative presuppositions that often permeate even the most radical literatures on care. Yet he is equally attentive to the harms that normative care can leave in its wake—the role that abuses, denials, and coercions of care play in the “overwhelming negative affect” (43) of a transphobic world. Malatino’s presentation of this both/and of trans care—as both a reparative response to the ruptures, harms, and withdrawals of care that trans people disproportionately face, and an instance of the transformative power of learning to care otherwise—is the thread that I follow in this review.

Throughout, Malatino exhibits an abiding awareness of the possible failures and misattunements of care. In this sense, situating his own lived experience is an integral component of his theory. Malatino is trans, white, and his thinking draws on his deep involvement in queer and trans communities over the course of many years. In this spirit, I want to situate my position as a reviewer. I am not trans, and thus am not directly affected by transphobic violence. I too am white. The perspectives I bring to this review are informed by my political and intellectual work on radical care, and my embeddedness within, and dependency on, webs of care woven in beloved queer, sex-worker, and feminist communities.

In *Light in the Dark/Luz en lo Oscuro*, Gloria Anzaldúa offers a powerful metaphor of reaching through our own wounds and fractures to connect to others (Anzaldúa 2015).² For Malatino, trans care is born of a solidarity of this sort. Trans people are disproportionately affected by structural violence and its intimate impacts, and often do not have recourse to the paternalistic care of the state or the parochial care of the cis-het, Western family form.³ But trans care webs not only attend to these wounds. They also pose radical alternatives to normative models of care. There are no dyads or hierarchies in a web because it extends horizontally in many directions with no beginning, end, or center; likewise, resilient networks of queer and trans care and mutual aid run counter to exploitative and extractive logics of care economies in both the “private” and “public” sphere. The “resonant traumas” that bind many trans carers together may bear the imprint of care denied or refused. But relating through such resonant traumas also nurtures alternative forms of solidarity and interdependency—changing the shape of care and the subjects who give and receive it.

In one sense, then, trans care is a response to violence: it mends and tends to psychic and emotional holes torn by the cis-het family and the negligent and abusive practices of medical, legal, governmental, and many other institutions. But in another sense, it is wholly irreducible to these social and institutional forms through which care is normatively distributed, and the possessive, individualized forms of self and relation they foster. Trans carers are involved in weaving support structures of a different sort: “collective methods of survival” that nurture forms of identity, chosen kinship, and community access “that aren’t just guided by an imaginary of abundance but bring such abundance to bear on the present” (34).

I struggle to find the words to articulate this both/and, this complex double movement that is responsive to trauma and need, and also calls into being values and

practices, forms of selfhood, relationality, and collective agency that exceed these logics of harm. Perhaps this failure of theoretical language is telling, so I will instead recall an example from Malatino's text, which speaks to the ambiguous wisdom of survival, as well as the embodied ethical skills involved in trans care. Malatino relates his distress when he discovered that he had instinctively tuned out the conversations of strangers, despite his finely tuned listening skills. He eventually recognized that his senses had shut out the background noise of others as an adaptation: his "social dissociation" (51) was a survival response, a preemptive attempt to shield himself from the actual and anticipated dangers of their "transphobic speculation" (48) about his gender-nonconforming body. Malatino's wound shaped his very sensory capacities. His body protected him, but the fallout was severe and painful: he shut out the world itself.

This example sheds light on a difficult yet potent reality: namely, that the care we do or do not receive, that we do or do not give, literally shapes the contours of our sensory world and embodied relations to others. Such wounds make the work of care more difficult (52), but they can also connect us to others and the world in novel ways. Malatino's adaptation to trauma hindered receptivity to certain stimuli, but it made him more attuned to others: motivating him to connect to trans lives past and present, honing the caring attention he brought to his archival and activist work.

Citing the work of Maria Puig de la Bellacasa, Malatino argues that care is *never* abstract, "but only ever manifested in practice." This means that "practices of care are *always* part of an emergent ethos" (40–41, my emphasis). "They are not a priori universal, they do not define a moral, or social, or even natural 'nature': they *become* necessary to the maintaining and flourishing of a relation through the process of ongoing relating." As an ethos, an assemblage of practices, trans care disrupts the moral and material structures—the intricate regulations of intimacy and desire, the lines dividing public and private—that correspond with normative conceptions of gender as a "natural attitude" (37–38). Trans care reveals that, like gender itself, care is not a natural or universal good, but a form of embodied emergence, brushing up against the ineffable (56) as well as the dead weight of the past.

Malatino clarifies that a, perhaps *the*, primary aim of his book is to "think about what care actually looks like in trans lives. This means decentering the family and beginning, instead, from the many-gendered, radically inventive, and really, really exhausted weavers of our webs of care" (6–7). The question of *who* is doing this weaving, and *how*, is what he is speaking about when he discusses "transing care." Malatino notes that the "secret power" of the care web lies in what Leah Lakshmi Piepzna-Samarasinha terms a "crip femme" reworking of the anarcho-communist mutual-aid dictum (and Marxist slogan) "from each according to their ability, to each according to their need" (Piepzna-Samarasinha 2018, cited on 2). Discussing the concept of the care web from a disability justice and QTBIPOC perspective, Piepzna-Samarasinha asks what it would mean "to shift our ideas of access and care . . . from an individual choice, an unfortunate cost of having an unfortunate body, to a collective responsibility that's maybe even deeply joyful?" (Piepzna-Samarasinha 2018, 33). Like Piepzna-Samarasinha, Malatino emphasizes these simultaneously joyful dimensions of collective access and collective care, and the physical, existential, and emotional toll shouldered by those with both caring abilities and care needs. Piepzna-Samarasinha and Malatino both cite the STAR House as a historical, if mythologized, example: "the house started by Black and Brown trans femme sex worker revolutionaries Marsha P. Johnson and Silvia Rivera, with the rent paid by hustling and street sex work, as a safe space for trans people of color and street trans people to be

free, be with each other, and share hormones and other supplies for healing and gender affirmation” (34). A resilient care web will honor such brilliant caring skills—skills that are systemically devalued in racialized, gender, and international divisions of caring labor—as well as mitigate against the realities of oppression that result in unjust distributions of care labor and access in the first place. In this sense, fostering resilient networks of care requires not only redistributing resources, but uprooting engrained expectations about who receives access to care, and who shoulders its physical and emotional burdens.

The term *transing care* has a critical component too: it “also means grappling with the fact that the forms of family and kinship that are invoked in much of the feminist literature on care labor and care ethics are steeped in forms of domesticity and intimacy that are both White and Eurocentered, grounded in the colonial/modern gender system” (Lugones 2007, quoted on 7). Malatino clarifies this tension between normative and trans care through a discussion of a syllabus on queer and trans care that he put together with Aren Aizura. In constructing the syllabus, the two of them were “forced to grapple with the failure of dominant articulations of care work and care ethics to do justice to the complexities of care labor trans subjects both need and undertake” (42). By “decentering the domestic,” Malatino and Aizura found that

[t]he terrain of what constitutes care shifts radically. . . . For queer and trans subjects, this is often less about exporting the feminized values of care associated with the White, bourgeois home to the public sphere than it is about seeking ways to make the multivalent and necessary care hustle that structures so many of our lives more sustainable, especially as we’re often actively engaged in inventing or piecing together the units—domestic, familial, intimate—that are just assumed a priori in much literature on care labor and care ethics. (43)

The process of transing care is immanent and anti-utopian in the deepest and most material sense. Trans care webs coalesce around holes in the fabric of normative care, meeting needs that go unmet within existing care structures. But a further argument is implicit in Malatino’s book: that, *in* mending the gaps and withdrawals of existing care structures, trans carers also reveal the harmful nature—the fatal contradictions and flaws—of these care structures *themselves*. In this light, it appears that it was perhaps never possible, or desirable, to quantify care in a logic of exchange, or universalize it as a moral value. That, from this perspective, feminist aspirations to achieve quantifiably equalized care might be seen as reproducing the very neoliberal logics they oppose (45). Or, that care-ethical moves to export socially constituted values of care *as* a private, family affair into the public sphere (42) seem eerily reminiscent of the very moral a priorisms that care ethicists universally dispute.

I received the invitation to do this review a week before I had assigned Malatino’s text in my own pilot run of a new course, “Radical Care and Social Transformation.” Felicitous timing aside, I mention this to point to the pedagogical value of Malatino’s text, as well as the conversations and coalitions it invites.

The nodes of conversation and connection that we elaborated in class included:

- Trans students spoke of the soul-saving realities of t4t praxes of love.
- Malatino’s text helped deepen critical understanding of the intersecting oppressions involved in the naturalization, extraction, exploitation, and invisibilization of care.

- Students were also relieved to learn about specific ways in which caring practices *exceeded* these logics of violence.
- Students developed potent connections between Malatino’s text and the care webs theorized and practiced in disability justice and transformative justice frameworks, pointing to the resonances of trans care with notions of collective access, survivor centeredness, and community accountability.
- Students were excited and challenged by the prospect of building care webs in their own lives—giving and receiving care in uneven, decentered, and nontransactional ways depending on who has the spoons for which crisis.
- We developed links between Deva Woodly’s discussion of the values underlying the politics of care developed in the Movement for Black Lives—oppression as social trauma, interdependence, accountability, unapologetic Blackness, a defense of Black joy, and abolition, restoration, and repair (Woodly 2022)—and the situated ethics and politics of trans care.
- We connected Malatino’s discussion of the “unsexy” work of advocacy and access to Mariame Kaba’s concept of abolitionist reform—reforms that make demands on the state that ultimately serve community care rather than funneling money into institutions that further harm marginalized people.

Malatino opens his book with the concept of *aftercare*. Beginning with the concept of an after seems to me a methodological choice, exemplary of the spiraling recursivity—the ruptures and repairs—of living and caring otherwise. Used in the context of social and medical transitions of various sorts as well as BDSM play, aftercare describes a deep ontological and ethical tending that facilitates shifts in reality or perception. What I love about this term is how it speaks to the transformational qualities of care, as well as a refusal to assume care a priori as a given norm or practice. For Malatino, aftercare is the care necessary “to heal from transformative physical and emotional experiences.” In this sense, “[t]here are two linked definitions of aftercare. . . . It is what needs to be provided in order to help a subject heal in the wake of massive upheaval and transformation, and it is what facilitates and supports emergence into a radically recalibrated experience of both bodymind and the world it encounters” (3).

Of course, this is not without dangers: care, like gender, is embodied and performed within a matrix of recognition and response that can harm as much as it can heal. Indeed, like all forms of care, “trans care can all too easily reproduce hierarchies of attention, aid, and deservingness.” This means that “[a]ny care praxis worth enacting must be attentive to such tendencies to reproduce injustice. This applies to forms of emotional support just as much as it does to forms of financial support” (69). The *how* of this ongoing attention to injustice lies at the heart of the book, and is a question it leaves open. For Malatino, “[c]are praxis is always within and beyond; forever prefigurative” (70). Hence, the need for aftercare as an ongoing ethico-political response.

Malatino’s book can perhaps be read as such a caring after—caring after the wounds and contradictions within care itself, which, at the same time, prefigures a beyond. In his presentation, trans care *is* at once response and prefiguration, an attention to both rupture and possibility in a particular calibration to the urgency of the present. *Trans Care* is a work of t4t love, a loving presentation of life-saving bonds painstakingly, exhaustingly, joyfully, woven by and for trans people. Indeed, it is the specificity of Malatino’s address that renders the book so exemplary of the transformative possibilities of care. The tenderness with which he cares for his community provides an opening through which other communities of struggle might connect, and from which all of us should carefully learn.

Notes

1 Malatino notes how medical gatekeeping mechanisms such as the “real life test” have further exposed BIPOC, migrant, and poor trans individuals to violence at the hands of institutions such as prisons, the police, or ICE (63). Dean Spade discusses how such “administrative catch 22’s” trap multiply marginalized trans people in cycles of violence (Spade 2020). Being hyper-exposed to, and/or underserved by, gender-segregated institutions—being incarcerated according to their sex assigned at birth, for example, or being refused entry to a domestic violence shelter—puts trans individuals at additional risk of sexual and intimate harm.

2 “We are all wounded” Anzaldúa states, “but we can connect through the wound that’s alienated us from others. When the wound forms a cicatrix, the scar can become a bridge linking people split apart” (Anzaldúa 2015, 21).

3 For Joan Tronto, parochial care is a “way to excuse the inattention of the privileged” (Tronto 1993, 146) and paternalistic care is care “in which care givers assume that they know better than care receivers what those care receivers need” (Tronto 2010, 161).

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