Article

Incoherent Assemblages: Transgender Conflicts in US Security

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Abstract

Several identity-verifying procedures implemented in the wake of September 11, 2001, created conflicts for transgender people in the US who had different sex designations marked on various forms of identification. Trans studies scholars note that these conflicts highlight the assumption that sex is a stable marker of identity and expose that assumption as a fiction. The use of body scanners in airport security illuminates a similar reliance on binary sex categories. However, identity documentation policies and biometrics in airport security operate through different logics about how to solve the problem of affixing individual identities to changing bodies. The experiences of trans people with both identity documentation and airport security body scanners demonstrate that the requirements for passing as a proper citizen differ depending on the context: identity document policies prioritize medical alteration of the body while biometrics register medical alteration of the body as a potential threat to security.

Introduction

While the attacks on the Pentagon and World Trade Center of September 11, 2001, did not inaugurate new security practices, they did offer a rationale for expanding several surveillance practices and technologies already under consideration. The security practice noticeable to most US citizens was the installation of body scanners in airport security. Additionally, though, several identity-verifying and database integration procedures highlighted the conflicts in how various agencies govern identity documents. Trans theorists have pointed out that these policies, as they failed trans people, relied on the assumption that sex and gender are stable categories that can be relied upon for purposes of identity verification. When we look at the failures of these identity documentation policies in relation to airport biometric systems, we see further contradictions in the way the security apparatus deals with trying to connect identities to bodies: identity document policies prioritize medical modification of the body when considering who can be recognized as a properly gendered citizen, while the assemblage of airport security practices, given the centrality of biometric systems, treats medically modified bodies as threats to the citizenry. This incoherence in logics of security, especially when supplemented by the additional layers of incoherence I detail below, allows the state to divide trans populations into those qualified to be members of the national community and those categorized as threats to the nation. Moreover, multi-layered incoherence allows the state flexibility to reconstitute these two groups under different circumstances.

My discussion of incoherence is informed by assemblage theory, which draws attention to the relationship between component parts in any system that can be configured and reconfigured under different circumstances for different effects. This allows for a more supple analysis than frameworks that treat structures (for example, one's legal sex, airport security practices, or bodies) as coherent wholes whose component parts are meaningless outside of their relationship to other component parts (DeLanda 2006: 9–

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10). Jasbir Puar (2007: 205) uses assemblage theory to show that homosexuality could be put to a variety of uses by the state, especially in its relationship to race and the affective landscape of security: white gay and lesbian subjects could be held up as national heroes for their role in defending the nation at the same time that the figure of the terrorist was represented as a perverse sexual actor. Furthermore, her conception of “terrorist assemblages” allows her to challenge the distinction between a body and, for example, a turban, considered within security regimes as an “appendage” to the body rather than part of the body (193).

Assemblage is especially useful for thinking about transness in the context of security. Because policies for changing one’s sex designation on various identity documents require different kinds of procedures and evidence, many trans people are unable to obtain identity documentation presenting consistent legal sex. This assemblage of incoherently sexed documents marks people as trans, even though each individual document is marked as either male or female.¹ Additionally, biometric screening programs and policies operate from what Simone Browne (2015: 110) calls “prototypical whiteness,” where a white, cisgender, able body forms the normative template against which all other bodies are measured. Bodies that deviate from this template in any way are treated as threatening assemblages whose technologized appendages must be stripped away to determine the supposed truth of the body. Finally, examining the relationship between two central arenas of post-9/11 surveillance practices—identity document verification and airport security screening—demonstrates that these components of the “surveillant assemblage” take competing approaches to bodily normalization and filtering “safe” from “dangerous” populations (Haggerty and Ericson 2000).

As policies targeting the conflated figures of the undocumented worker and the terrorist were passed in the wake of September 11, 2001, the conflicting “common sense” of policies governing change of sex designation was brought into sharp relief. For example, the *Real ID Act* sought to standardize many aspects of identity documentation, setting minimum requirements for security features and identity information on driver’s licenses and ID cards. It furthermore required that supporting documents used to prove an applicant’s identity be kept on file for seven years (Spade 2008: 797–99; Beauchamp 2009: 360). As a result of the *Real ID Act*’s requirements, some trans people were required to provide additional documentation to prove identities listed on driver’s licenses or have their licenses revoked. Additionally, the Social Security Administration (SSA) escalated a process of sending “no-match” letters to employers whose employee records did not match information on file with SSA. Though SSA started this process in 1994, it sent eight times as many “no-match” letters in 2002 as in 2001 (Beauchamp 2009: 359). These “identity-standardizing aims of the War on Terror” had significant consequences for transgender people who were sometimes fired when their employers received gender no-match letters (Spade 2008: 793–94).

Though trans people had long been aware of the conflicting standards for changing legal sex designation across various state-issued identity documents, the increased integration of databases over the past decade accentuated this problem. For example, many trans people’s employer records prompted gender no-match letters because they had proven their identities with driver’s licenses that matched their gender presentation yet were unable to meet the stricter requirements of documenting surgery required by the SSA until 2013. The effects of these security policies on trans people illuminated the assumption that gender would operate as a stable category of identity verification and, furthermore, that several state agencies operated on conflicting ideas about what constitutes a “complete” transition from one sex to another (Spade 2008: 738). It is precisely this assemblage of conflicting, incoherent policies that operates as a productive mechanism to sort trans populations into those worthy of state recognition and those deemed threatening.

The identity-verifying intensifications of contemporary security policies intersect with and exacerbate ongoing forms of gender-policing administrative violence. In *Normal Life*, Dean Spade (2011: 32) discusses three key areas of administrative law impacting trans lives: “rules that govern gender classification on ID, rules that govern sex-segregation of key institutions (shelters, group homes, jails, prisons, bathrooms), and

¹ A growing number of states are allowing an “X” designation on driver’s licenses. At the time of writing, locations include California, Colorado, Indiana, Maine, Minnesota, Oregon, Washington, and the District of Columbia (Hwang 2019).

rules that govern access to gender-confirming health care for trans people.” These three areas frequently weave together to reinforce trans people’s exclusion from employment. For example, if a trans person cannot afford the medical care required to change sex on most identity documents, it can be difficult to obtain legal work without a gender-congruent ID. Without work, one is unlikely to be able to afford the medical care required to change legal sex designation on most identity documents. This loop pushes some people into illegal economies, increasing their interactions with police and the sex-segregated state agencies that rigidly enforce binary gender norms (Spade 2008: 755–58). In this way, the incoherent assemblage of identity policies leaves many people vulnerable to state violence.

Michel Foucault’s exposition of state racism illuminates why trans people are subjected to this administrative violence and life-shortening state neglect. In the context of a biopolitical system ostensibly designed to optimize the life of the population, some mechanism was needed to justify the state’s prerogative to dispatch some populations while fostering others. Foucault (2003: 255, 254) argues that state racism filled this void. As he describes, state racism is “a way of establishing a biological-type caesura within a population that appears to be a biological domain. This will allow power to ... subdivide the species it controls, into the subspecies known, precisely, as races. That is the first function of racism: to create caesuras within the biological continuum addressed by biopower.” This synergy between biopower and racism “inscribes [racism] in the mechanisms of the State.... As a result, the modern State can scarcely function without becoming involved with racism at some point, within certain limits and subject to certain conditions.”

However, in talking about state racism, Foucault does not only refer to skin color in the way we usually think about “race.” Instead, he refers to the transformation of “social, cultural, linguistic, or economic differences” into biologized, bodily differences. In other words, state racism is the process by which the state creates population groups that are supposedly biologically distinct and transforms one of those groups into an internal enemy from which the normative members of society must be defended (Stryker 2014: 40–41). Susan Stryker (2014: 39) notes that, where Foucault said that state racism creates a biological-type caesura in the body politic, the bureaucratic administration of gender performs a similar function. Not only does the state apparatus of gender parcel out the body politic into “male” and “female” for differential access to protections from and vulnerability to state violence, but any bodies that cannot be sorted easily into “male” and “female” are rendered threatening to the body politic.

While transness continues to operate in this moment as a form of threatening, biologized difference, the contemporary articulation of trans visibility with discourses of “terrorism” has introduced an additional layer of complexity. Race—as it is conventionally understood—is central to the division of trans subjects eligible for state recognition and gender-deviant threats to the nation. As Grace Hong and Roderick Ferguson (2011: 17) argue, while “categories such as race, gender, and sexuality [previously] stood as the dividing line between those who were protected from ‘premature death’ and those who were not, today these categories” have been reconfigured so that the cut between valued and valueless life runs *through* racial, gender, and sexual groups rather than between them. In other words, though transness has primarily registered as a form of biologized and threatening difference, during the Obama administration, some white trans people were able to access the privileges of citizenship while gender non-normative bodies of people of color registered as a significant symbol of threat (Clarkson 2015). As I demonstrate, conflicting priorities in securing identities to bodies provided a productive filtering mechanism to distinguish gender-deviant threats from acceptably normative trans citizens under liberal inclusion. Or, under more repressive circumstances, the filtering can be flexibly reconfigured to sort a much broader group of trans people into the category of threat.

Contemporary Documentation Landscape

As more agencies developed policies for changing legal sex designation, these policies have amassed into an incoherent assemblage of conflicting assertions about the point at which someone becomes a man or a woman. Federally-administered identity documents such as the passport and Social Security registration

have one policy for changing sex that applies to all US citizens. However, birth certificate and driver's license policies vary by state. Thus, each trans US citizen has an assemblage of legal sex designation possibilities, depending on which medical procedures they have or have not completed, where they were born, and where they currently live.

Requirements for changing sex on identity documents fall into three broad categories: some policies require a letter from a surgeon, some a letter from a physician, and some require a court order as evidence of a change of sex (Spade 2008: 736–37). Most frequently, policies for changing one's sex on identity documents require evidence of surgical alteration of the body. Some policies requiring such evidence specify which surgeries are necessary. For example, some jurisdictions require removal of reproductive organs (for example, oophorectomy and/or hysterectomy for trans men, orchiectomy for trans women). Some policies go further, specifying that applicants seeking to change their legal sex must have genital reconstruction—vaginoplasty for trans women and phalloplasty for trans men. However, several of the policies requiring a letter from a surgeon do not specify which surgeries are required (736). Prior to 2010, evidence of surgery was required for changing sex on a passport, and until 2013, the same was true for Social Security records. Many states still require documentation of surgery for changing the sex on one's driver's license (Spade 2008; National Center for Transgender Equality, n.d.).

Yet even where policies specify procedures, in practice, many clerks responsible for checking the letters from surgeons do not understand the nuances of trans-related medical procedures well enough to determine whether or not a letter meets the stated requirements of the policy. For example, trans men changing legal documentation might use a letter from the surgeon who performed “top surgery” or mastectomy; this letter may attest to “irreversible sex reassignment” without specifying which procedure was performed (Spade 2008: 756, 763, 772–73). In this sense, the requirement that applicants provide documentation of surgery produces the possibility that individuals will provide letters documenting procedures other than those ostensibly required by the policy. However, this strategy is most likely to work for white-passing trans people who are not regarded through racist stereotypes of criminality or potential terrorism.

In spite of the flexibility among procedures potentially allowed in practice, these policies are nevertheless widely critiqued among trans activists and scholars for requiring cost-prohibitive procedures, making it difficult for large numbers of trans people to obtain gender-congruent identity documentation. The National Transgender Discrimination Survey found that among trans women respondents, 21% had breast augmentation, 25% had orchiectomy, and 23% had vaginoplasty. While 43% of trans men respondents had chest surgery, only 21% had hysterectomy and only about 6% had any form of genital reconstruction (Grant, Mottet, and Tanis 2011: 79). Thus, requiring evidence of any surgery for gender reclassification makes it difficult for the vast majority of trans people to obtain gender-congruent identity documents.

A policy alternative involves a letter from a *physician* rather than a surgeon. In June 2010, the State Department relaxed the standards for changing sex on a passport so that one need only provide a letter from a physician (US Department of State 2010). In September 2013, the Social Security Administration followed suit. This update broadens the range of trans people who might apply for gender-congruent documentation; more trans people will be able to afford the medical care necessary to obtain hormones than will be able to pay for surgeries. Nevertheless, this step still excludes a significant portion of trans people from updating their legal documents. The National Transgender Discrimination Survey found that only 62% of respondents had taken hormones (Grant, Mottet, and Tanis 2011: 78). This number may include those who have accessed hormones in underground economies, meaning they do not have access to physicians who can provide documentation of their medical transition. Nineteen percent of respondents were uninsured, and even those with insurance or adequate funds to pay for health care may be unable to find a trans-friendly physician willing to prescribe or supervise hormone treatments (77).

For all these reasons, the medical gatekeeping involved in policies requiring a letter from a physician continues to expose many trans people to the violence of a neglectful medical system as well as the administrative violence of being unable to obtain gender-congruent identity documentation. At the same

time, this policy does allow for the possibility that someone could obtain the letter needed for a gender-congruent identity document without any transition-related medical care. For example, a trans-identified person who plans to socially transition but not take hormones or have surgery could hypothetically change the sex designation on their passport or Social Security record if they can find a physician who agrees to write a letter stating that they have completed all necessary steps to transition.

A final category of policies requires a court order to change one's legally designated sex. This policy shows up most frequently among policies for changing sex on one's birth certificate. Both Indiana and Maryland, for example, require a court order to change sex on a birth certificate, yet no court form exists for this process. Furthermore, in Indiana, the "short form" of the birth certificate—the form most people provide as an identity document—does not list sex. Sex is only documented in the birth registry, which is not typically cross-referenced in everyday instances of documenting one's identity. Accordingly, many trans people born in Indiana, myself included, have added provisions to name change orders to have a name change reflected on birth certificates but have not bothered to add a provision to also change sex on our birth certificates. As mentioned above, some agencies still do not have policies in place governing change of sex designation. A final category of policy options explicitly prohibits change of sex on identity documents. For example, trans people born in Idaho, Ohio, and Tennessee are currently unable to change the sex on their birth certificates at all (Spade 2008: 768).

Productive Incoherence

Multiple layers of sorting trans populations are happening in the system of administering gender that I have just described. First, each policy regulating change of sex designation establishes a dividing line between those who will be able to obtain gender-congruent sex designation on that form of identification from those who will not. This is far more consequential for some forms of identification and in some situations than in others. For example, an adult trans person may be able to get by in most situations without an amended birth certificate. However, someone unable to change the sex designation on their driver's license will be exposed to far more vulnerability when showing ID to obtain employment, enter age-restricted venues, or when confronted by police.

A second layer of sorting manifests in the incoherence of the policies. On most forms of ID, a person is either male or female. Across documents, the normative expectation is that legal sex should be consistent. While this is not a problem for a non-trans person, the incoherence of policies across documents makes this exceptionally difficult for many trans people. As mentioned, a trans person born in Idaho, Ohio, or Tennessee is unable to amend their birth certificate, regardless of the procedures they have undergone. In many other jurisdictions, requirements that one complete expensive surgeries before changing sex designation on a birth certificate make it effectively impossible for most trans people to obtain congruent records. As a result, many trans people have documents marked with inconsistent sex designations. Even though trans people are not legible to the administrative state through a trans-specific gender designation, we are potentially identifiable precisely because our legal sex is inconsistent across these documents. In this way, the incoherence of the assemblage of policies governing legal sex designation divides bodies into two groups: those who possess documents attesting to consistent legal sex and those who do not.

With these two levels of filtering in place, the relevance of the division between those with consistent legal sex and those without became more consequential as post-9/11 identity-verifying policies increasingly cross-referenced records of multiple administrative agencies. Additionally, the increased distribution of "gender no-match letters" caused several trans people who had successfully obtained employment to be outed to their employers because they had been unable to update the sex designation in their Social Security records. Prior to this cross-referencing, the divide between those with consistent legal sex and those without was far less meaningful. Increased securitization of employment eligibility rendered the population of people with inconsistent sex designation a more vulnerable group.

The Department of State in 2010 and then the SSA in 2013 updated their policies to allow a physician—rather than a surgeon—to confirm that an applicant’s transition was complete. Though these policies make it easier for some trans people to obtain congruent documentation, they do not fundamentally alter the situation I have described. Instead, they may produce some small shifts in which trans people are able to cross the division between those with consistent legal sex designation and those without. For example, if a trans person had managed to change their driver’s license without having had any surgeries, the SSA policy update might allow that person to establish consistent legal sex for the purposes of employment.² What is more likely, though, is that trans people who have been taking hormones but not pursuing surgery have not been able to update many forms of identification. For this group, the updated passport and SSA policies allow them to potentially obtain gender-congruent identification on these two documents. Yet for a trans person unable to update a driver’s license, for example, an updated passport and Social Security record simply shifts them into the category of those with inconsistent legal sex designation when seeking employment.

Incoherent policies do not only divide those who have had surgery from those who have not. Even for those trans people who have had all necessary surgeries to amend their documents, an incoherent array of policies requires that subjects be adept at navigating administrative bureaucracy. One must be able to either research policies on the websites of state agencies that are often difficult to navigate or contact other trans people who have already been through the process to know which documents to take to which agencies. Applicants also need to know the policy in case they encounter a refusal from the clerk with whom they speak. Even when a clear policy exists, it is not uncommon for a clerk to respond to a request to update records either by saying, “You can’t do that” or by demanding more documentation than the policy actually requires. This policy and document incoherence can be deadly for those unable to obtain employment, housing, or health care. At the same time, the incoherence of these policies also produces confusion for those responsible for implementing the policy. This, in addition to the fact that clerks exercise agency in deciding how and when to carry out policies, allows room for some trans subjects to negotiate state authority in interactions with bureaucrats.

Though some identity document policies now allow trans people to update their legal sex without evidence of gender-related surgeries, these policies nevertheless require a letter from a physician attesting that the necessary steps of medical transition have been completed. In this way, some identity-verifying state agencies have ceded authority of determining what counts as a “complete transition” to doctors, opening the possibility that a trans person could obtain a gender-congruent ID without surgeries if they can find a doctor willing to write that letter. However, since trans people in many areas of the US are unable to find a trans-friendly doctor at all, it seems unlikely that many people will be able to do this. Though some federal agencies have relaxed the standards for changing sex on IDs, they nevertheless continue to require the legitimization of medical authority. In managing gendered membership in the body politic, identity document policies require trans people to engage medical authority, ostensibly to refashion our bodies to meet normative expectations of sexed embodiment. Though the *Real ID Act* and database cross-referencing procedures focus on capturing undocumented immigrants, the experiences of trans US citizens trying to navigate these ID policies demonstrates that the security project of sorting citizens from immigrants was entwined with the implicit goal of maintaining the semblance of binary gender in the body politic.

Biometric Securitization

Though identity documentation policies were central to post-9/11 securitization efforts, they were insufficient for the state’s project of verifying identities. Many of the identifying markers used to link documents and individuals such as height, weight, eye color, and hair color are changeable. Furthermore, items like height and weight are not confirmed by the official issuing the document. The tenuous relationship between an identity document and its bearer has not escaped the notice of those charged with state security.

² For examples of potential constellations of identity documents produced by conflicting policies, see Spade (2008: 737).

Indeed, the insecurity of identification documents prompted calls for biometric identification, thought to offer an unmediated link between bodies and identities.

Prior to 2001, biometrics were already being used by Immigration and Naturalization Services (INS) and in prisons, among other applications (Beauchamp 2019: 94). In 1989, Congress provided funding to the INS to develop a fingerprinting program to identify those who repeatedly attempted to cross the border or had outstanding warrants. This program was piloted in the early '90s (Magnet 2011: 56). By drawing upon the techniques of identification central to criminal investigations (most notably, fingerprinting), the use of biometrics at borders participates in the criminalization of immigration. Furthermore, the body scan technologies used by the TSA are linked to criminalization. The backscatter scanners initially used in airport security were used in prisons in the 1990s, and after backscatter machines were replaced with millimeter wave scanners in airports, the retired machines were moved to prisons (Beauchamp 2019: 58–59, 74).

Furthermore, as body scanners were added to airport security screening for both domestic and international travel, they were implemented with the intention of stopping terrorists, a figuration racialized as Middle Eastern (Puar 2007: xxiii). Accordingly, body scanners were a central component of “racializing surveillance” (Browne 2015: 8). In other words, body scanners produce and reify racial categories by participating in the assumption that brown bodies are more dangerous to the nation than white bodies. In addition to the assumption of terrorism from those who appear to be of Middle Eastern descent, anti-black stereotypes of criminality affect who gets selected for “random” pat downs or additional security screenings. This is demonstrated both by disproportionate searches of women of color with natural hair and by responses of white US citizens angry at the unfamiliar experience of being “treated like a criminal” (Beauchamp 2019: 61, 64; Browne 2015: 148).

Biometrics are thoroughly embedded in projects of racializing surveillance and other forms of bodily normativization, yet they are often presented as objective technologies that will not discriminate against those being screened in the ways human agents would discriminate (Pugliese 2007: 115–16). However, rather than offering direct access to the truth of bodies, biometrics instead produce some bodies as coherent, whole, unproblematic bodies and others as excessively technologized, prostheticized, “anomalous,” and potentially dangerous bodies. Importantly, no body is free of technological modification. No body is “whole” and coherent in the ways biometrics developers imagine. Nevertheless, biometric systems, their designers, and the groups that make use of biometric systems are only interested in certain kinds of incoherence, notably racialized difference, ability, and sexed embodiment. Biometric systems are already encoded with normative assumptions about bodies, rendering coherent and whole the bodies that match those assumptions, while the bodies that do not match those norms register as excessively technologized and in need of further screening. While identity documentation policies divide trans populations on the basis of individuals’ abilities to navigate medical body modification, biometrics prioritize fictions of bodily wholeness and integrity as the dividing line between safe and threatening bodies. In the airport security screening line, then, successful navigation of medical transition is a liability.

Though body scanners were not designed to determine a subject’s gender, binary, grossly stereotypical understandings of gender appear through software additions to body scanners installed to protect traveler privacy. When body scanners were first introduced into airport security processes, Transportation Security Officers (TSOs) reviewed body scanner images. Privacy complaints prompted the installation of software designed to screen images. As a result, the current system includes a monitor attached to the scanner that displays pink and blue buttons. When a traveler steps into the scanner, the TSO standing on the far side of the scanner selects either the pink or blue button to instruct the software to scan a female or male body. The software then compares body scans to normative gender templates to determine whether or not any “anomalies” are appended to one’s body. If nothing is detected, the monitor displays an “OK” and the TSO sends the passenger on her way. If the software detects a potential problem, the system displays a generic, Gumby-like outline on the monitor, highlighting the area of the body where a potential problem was detected.

The move to provide a generic human outline for body scans is perhaps a step toward protecting the privacy of those whose bodies are gender normative, yet this still creates problems for transgender travelers. This pink and blue coding requires a TSO to make a judgment about a traveler's gender presentation to tell the software whether to screen images based on the assumption of a male or female body. As such, it does not improve the security experience for transgender travelers who are disproportionately selected for additional pat down screenings (National Center for Transgender Equality 2011). Bloggers at *Queerty* sarcastically note this software problem with the headline, "The TSA's New Gender-Typed Body Scanners May Mistake Penises for Deadly Weapons" (Villarreal 2011). That is, assumptions that passengers will be easily recognizable as either male or female have been coded into the infrastructure of body scanner software (Pugliese 2007). For those bodies that do not fit easily into pink or blue profiles, biometric systems often leave human operators to determine how to manage that body. Because these processes happen in the suspicion-laden affective environment of airport security, bodies that cannot be scanned are not seen as innocuous variations from the norm. Instead, any body that cannot be understood through the norms programmed into the scanner is potentially produced as an excessively technologized, threatening assemblage.

Furthermore, biometrics are programmed with the assumed universality of the white body by basing system design on the discredited theories of scientific racism. Not only have biometrics researchers failed to recognize that racial formations are culturally specific, they furthermore have failed to note that scientists long ago discredited the forms of racial knowledge on which they base their system designs. Biometrics researchers regularly reference outdated studies in anthropometry and phrenology (Magnet 2011: 39). Additionally, the geometric mapping of facial coordinates in facial recognition technology bears a striking resemblance to anthropometric illustrations such as those by Dutch physician Petrus Camper (1722-1789) (Pugliese 2007; Magnet 2011: 39).

In spite of biometrics manufacturers' claims that their systems are objective and free of racial bias, their reliance on biologized understandings of race makes race central to the ways in which biometric systems see bodies. Joseph Pugliese (2007) calls this the "infrastructural whiteness" of biometrics. He notes, for example, that the cameras used to take pictures of people's faces in facial recognition systems are optimized to take the clearest picture of white skin. This calibration allows for some variation in skin tones—referred to as "chromatic irregularities" in biometrics textbooks—yet the computer program is still unable to identify some dark skinned faces. As a biometrics textbook puts it, "At times, an individual may stand in front of a facial scan system and simply not be found" (113). Additionally, fingerprint scanning devices often disproportionately fail to read the fingerprints of Asian women. The makers of these devices explain this as a result of "lower-quality" fingerprint ridges. Such "failures to enroll" particular groups of users in a biometric security system expose the ways in which whiteness is infrastructurally encoded into these technologies as the norm by which all bodies are measured. Yet instead of recognizing that racial norms have been encoded into the system, this failure is instead attributed to the supposed insufficiency of the bodies of a homogenized group of "Asian women." Pugliese's discussion of the infrastructural template body of biometrics systems thus highlights the ways in which these supposedly objective technologies nevertheless rely on unacknowledged assumptions about gender and race.

The infrastructural whiteness of airport body scanners comes into focus as non-trans black women with natural hair are pulled aside for additional pat down screenings (Sharkey 2011). Ashanté Reese (2012), a doctoral student in anthropology, described three instances of having a hair pat down after going through a body scanner. After observing additional airport security pat downs, she concluded, "Every time I've seen it, it has been performed on a black woman with hair of the curly/kinky variety or with braids or locs." Through the infrastructural whiteness of the body scanners, natural hair appears as an unfamiliar appendage to the template body and thus a potential security threat. Additionally, TSA policy of requiring Sikh men to remove head coverings highlights the ways in which racialized markers—albeit, in this case, a more properly religious symbol—appear as prostheses to be removed from the body before stepping into the body scanner. These examples demonstrate that, in spite of biometrics researchers' claims that scanners will be objective,

they are nevertheless encoded with normative assumptions, producing some bodies as coherent wholes and others as excessively technologized.

TSA Policy and Practice

In what follows, I analyze the TSA website's advice to trans and disabled travelers from 2013. Currently, there is no link on the TSA website with information for trans-related security policies, but a page with advice is still available by searching for it on the TSA website or a search engine (TSA 2017; O'Hara 2017; Fairchild 2018). Tips for travelers with disabilities and medical conditions remain in a menu labeled "special procedures." Though the relationship between trans people and the state has shifted under the Trump administration, these shifts only reinforce my point that an incoherent assemblage of policies and practices allows for a flexible management of trans bodies, whether policies are aimed at liberal inclusion or bald repression.

In 2013, while the normative templates of biometric systems produced some bodies as sufficiently coherent and others as dangerous assemblages, TSA attempted to present an inclusive and accommodating image through its website. For example, the TSA website included advisory pages for those with "special considerations" in airport screening. TSA's website included general "traveler information," such as information about privacy, identification documents, and rules regarding carrying liquids through security. Links to pages addressed to specific groups of people appeared in the same list: "Religious/Cultural," "Transgender Travelers," "Wounded Warrior," and "Disabilities and Medical Conditions." Even as these pages highlighted procedures aimed at ameliorating the effects of body scanners' normative bodily templates, the pages for trans and disabled travelers highlighted conflicts between TSA's treatment of prostheses, whether on a trans or disabled body.

Conversations with two friends brought these conflicts to my attention. When I told an FTM friend that I was researching airport security, he said he always wondered what a packy (a silicone penis prosthetic) would look like going through body scanners. He had decided to never pack going through the airport so as not to risk additional security encounters. Another FTM friend's experience provided an answer to the question of how body scanners may deal with trans masculine prosthesis. When he went through security, the body scanners revealed an "anomaly." When the TSOs asked him what it was, he explained, "It's a penis prosthetic." He reported that the TSOs had a difficult time figuring out how to respond to his comment, because the official procedures for screening prostheses and the procedures for genitals conflict.

Though the first level of bodily normalization occurred at the infrastructural level of the software's blue and pink buttons, a deeper level of normalization happened as a body that does not fit the gender binary was categorized as an anomaly, activating supplemental security practices. My friend's experience with TSOs' confusion about how to deal with a "prosthetic penis" were illuminated by the TSA website, which explained the conflicting procedures for limb prostheses and the prosthetics of able-bodied trans bodies. The page of tips for transgender travelers first mentioned prostheses in advice about packing carry-on luggage. Yet for those who might be wearing their prostheses through airport security, they elaborated further down the page in a separate section dedicated to prosthetics: "Travelers should neither be asked to nor agree to lift, remove, or raise any article of clothing to reveal a prosthetic and should not be asked to remove it" (TSA, n.d.b.).

While the advice to trans travelers assumed trans prosthetics should not be exposed to security screeners, advice to those with limb prostheses assumed that these prosthetics should be screened. The instructions for travelers with disabilities page noted that removal of a prosthetic is voluntary, but it also noted, "an officer will need to see the prosthetic, which may require the lifting of clothing without exposing any sensitive areas or removing a belt that holds the prosthetic to the passenger's body" (TSA, n.d.a.). While trans prostheses were assumed to always be in "sensitive areas" that should not be exposed during security screening, TSA assumed it would be appropriate to expose a limb prosthesis for visual inspection. The TSA page describing procedures for screening prostheses elaborated that in addition to metal detector and body scanner imaging, prostheses were subject to further investigation. If a prosthetic was removed, it was X-

rayed. If a prosthesis was not removed, it was checked for traces of explosive material. TSA procedures seemed to assume that prosthetic limbs could be weapons or conceal contraband.

Genital prostheses could not be treated as potential weapons in the same way. In their advice to transgender travelers for packing a carry-on, TSA noted that they could request that baggage be screened in private if the X-ray revealed that visual inspection was necessary. They followed this up noting that if a prosthesis worn during body scanning appeared as an anomaly, additional screening would be necessary. This potentially included pat down screening. According to this web page, TSA policy was that trans travelers were entitled to be screened by a TSO of the same gender presentation as the traveler, regardless of the gender designation on the traveler's ID. However, it seemed unlikely that most TSOs were trained on this policy: TSA managers at Los Angeles airport were required to undergo transgender sensitivity training in 2011 as part of a settlement after a trans employee was fired (Associated Press 2011). Additionally, the National Center for Transgender Equality reported in 2013 that TSA has trained "Passenger Support Specialists" to assist those with special concerns (National Center for Transgender Equality 2013). This suggests that most TSOs were not being trained on TSA's "special considerations" policies and were expected to rely instead on consultations with Passenger Support Specialists. While training TSOs on TSA policy would eliminate one level of incoherence—the incoherence between TSA policy and screening practices—airport security is nevertheless designed to produce bodies that most closely match norms for white, able-bodied, cisgender citizenship as coherent wholes and to render non-normative bodies as anomalous threats to the nation; such conflicts are likely to continue even if TSA revamps its training.

A silicon penis worn through security could not be removed from the body and sent through the baggage scanner. Unless it was in a suitcase, it could not be swabbed for traces of explosive material. However, TSA's advice to trans travelers suggested that a prosthetic penis was treated as a potential threat. In the wake of the so-called underwear bomber, security procedures evolved to address the possibility that genitalia may be assembled with weapons. Nevertheless, ensuring that genitals were not bombs presented a problem for the TSA, especially in light of multiple constituencies analogizing pat downs to sexual assault and body scanner images to pornography. Though genital prostheses were treated as potential weapons, this did not explode the structure of bodily norms underpinning airport security screening. Instead of illuminating infrastructural norms of airport security procedures, non-normative bodies were treated as threatening assemblages.

Further incoherence was introduced into the process as TSOs attempted to carry out these policies, especially when TSOs failed to follow official policies during screenings. For example, a 2010 press release from the Amputee Coalition cites the experience of a woman named Peggy, who notes that instead of checking her prosthetic leg for traces of explosives as the procedure describes, the TSO insisted that she remove her leg and liner sock (Amputee Coalition of America 2010). Additionally, a 2013 YouTube video entitled, "Shh! TSA wants to touch your kids" recorded an 8-year-old girl crying off-screen in her wheelchair while her mother discussed security screening procedures with the TSO (Shulte 2013). This security screener incorrectly told the family that the girl would have to have a pat down. A TSA spokesperson told the *New York Times* that this incident occurred because the TSO was new to the job and unfamiliar with TSA screening procedures for travelers in wheelchairs. Instead of responding to this incident with promises to revamp employee training, TSA trained two hundred disability specialists from among the existing workforce (Sharkey 2013). Both of these incidents illuminate the persistence of able-bodied norms underpinning airport security in spite of policy-based attempts to incorporate bodies that do not meet normative templates.

As the normative infrastructure of biometric systems produced some bodies as sufficiently coherent and others as threatening assemblages in need of further screening, TSA responded by trying to make the security process more friendly to those who did not meet normative templates. Nevertheless, both TSA policy and the interactions of TSOs with travelers continued to assume a model of a whole, organic, non-technologized body. Bodily prostheses were potential weapons, whether prosthetic limbs, silicone genitals, or the signifiers of race that do not meet the white template body programmed into body scanner software.

Security procedures were aimed at stripping away prostheses by flagging any unexpected bodily variation as an “anomaly” requiring pat down inspection and by encouraging those with removable prostheses to send them through the baggage scanner. These procedures reproduced the fiction that an organic, non-technologized body existed outside of medical and social technologies. For those bodies that could not pass as coherent, organic, and whole, TSA policies and practices attempted to strip away the technological appendages and inscriptions of medical modifications to establish the truth of our identities underneath the excessively technologized surface of our bodies.

Conclusion

While identity documentation policies ask for evidence that one has successfully navigated medical body modification, biometrics—and body scanners in particular—demand a different biopolitical cut line: Those whose bodies can pass as non-technologized are produced as coherent, organic, whole bodies and are accordingly treated as non-threatening subjects. Importantly, it is not the case that these bodies are free from technological intervention; it is simply that biometric systems are not designed to detect the forms of technologization and incoherence present in normative bodies. Those whose bodies differ too much from biometrics’ normative templates are produced as excessively technologized, potentially threatening, and therefore in need of further screening. Consequently, a trans person’s ability to navigate medical body modification may actually work to their detriment in interactions with biometric systems.

Legal technologies for managing the body politic such as the administration of identity documents are especially amenable to separating out medicalized bodies, given the reliance on medical documentation for changing identity documents. However, biometric technologies that demand supposedly non-technologized, stable bodies cannot accommodate medicalized reconfigurations of the body. This is illustrated most prominently by TSA’s special policies for those with prostheses including breast cancer survivors, trans people, and those with prosthetic limbs. In spite of policies designed to amend the normalizing standard security procedure to accommodate non-normative bodies, the process repeatedly breaks down in the interactions between individual TSOs and travelers. Furthermore, the centrality of the TSA to “racializing surveillance”—focused as they are on identifying potential terrorists—can only reify the association of non-whiteness with criminality and whiteness with proper citizenship. The demand for the “truth” of the body continues, in spite of the TSA website’s insistence that non-normative bodies will be treated as whole, incorporated members of the body politic.

For trans people who have been accustomed to multiple forms of misrecognition and disregard by the state, updated identity documentation policies seem to promise a form of national inclusion. Previous policies for changing one’s sex on documentation highlighted the state’s interest in reifying the binary categories of sex and their associated genital morphologies by requiring documentation of surgery for those seeking to change a gender marker on an ID. As the state relaxed its emphasis on regulating particular forms of sexed embodiment—requiring a letter from a physician rather than a surgeon—biometric security systems stepped in to maintain the boundary between male and female and regulate those bodies understood to be excessively technologized.

Many layers of incoherence collaborate to flexibly filter “safe” from “threatening” bodies. Identity documentation policies operate as an incoherent assemblage of ideas about sex, gender, and race. Furthermore, norms of sex, gender, race, and ability assemble incoherently in the context of airport security: Body scanners are infrastructurally encoded with human understandings of bodily normativity, even as biometrics researchers claim that computers are more objective agents of security than human observers. Furthermore, TSA’s policies on different types of prostheses conflict, and TSA practice conflicts with TSA policy. Most importantly, though, the conflict between biometrics and identity documentation policies illuminates the security state’s competing approaches to tethering identities to bodies. Though both of these realms of security practice are aimed at verifying individual identities and securing the nation, they operate on different assumptions about which bodies should be integrated into the body politic. At least where bodily normativity is concerned, state deployments of biometric systems and the administrative state have adopted

competing approaches to contemporary security projects, allowing for flexible filtering of safe and dangerous populations.

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