

NEW YORK CITY TRANS ORAL HISTORY PROJECT

INTERVIEW TRANSCRIPT

ELI OBERMAN

Interviewer: M. Henry Milks

Date of Interview: February 18, 2017

Location of Interview: Eli's home, Brighton Beach, Brooklyn, NY

Transcribed by Kelsi Davis

NYC TOHP Interview Transcript #072

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M. Henry Milks: Hello, my name is M. Henry Milks and I am having a conversation with Eli Oberman for the New York City Trans Oral History Project in collaboration with the New York Public Library's Community Oral History Project. This is an oral history project centered on the experiences of trans-identifying people. It is Saturday, February 18, 2017, and this is being recorded at Eli's home in Brighton Beach, Brooklyn. Hi, Eli.

Eli Oberman: Hi.

Milks: Can you tell us your name and, if you don't mind, your age?

Oberman: Sure, yeah, um, my name is Eli Oberman and I am thirty-three.

Milks: What are your gender pronouns?

Oberman: I use "he" and "him".

Milks: How would you describe your gender?

Oberman: Just a nice, easy question to—

[laughter] [inaudible]

Oberman: Um, it's funny and, I mean, I think it's changed a lot over time. I started identifying as trans back in the early 2000s in New York, in New York City and that was just a huge revelation for me. It felt like it changed everything. And I started using male pronouns, and a little bit later, went on hormones. And I feel like it took me quite a while to sort of settle in to a gender presentation and a gender identity that felt, um, that felt right for me. And then, and then I feel like even though I still, you know, use the same name that I had chosen and the same pronouns, I feel like my sense of it has changed a lot internally as the world has changed. The first, like, major change for me was, which, I think we'll probably get into a little more when we talk about health, was that I'm a breast cancer survivor. I know a lot of people say "chest cancer", which I'm totally fine with, but I, at this point anyway, I still say "breast cancer" because that feels like what my experience was. And it felt like being in a super-feminized space all the time when dealing with trans issues, and so saying "breast cancer" [laughs] actually feels accurate for me in terms of what my experience was with it and how that was alienating. But as a result, I had a mastectomy and I did a year of chemo and I lost all of my hair. And so, whereas I have, before I was diagnosed I had sort of finally settled into, I had been on hormones for about seven or eight years, and I'd sort of really settled into a gender presentation that I felt good about, and that where I would look at myself in the mirror and sort of recognize myself. And then, all of a sudden, I looked completely different as a result of the cancer treatment. And, so, all of a sudden I went from being this, like, masculine-presenting but very androgynous, you know, sort of, I would say passing-for-male like maybe half the time, which felt very accurate and, like, comfortable to me, because even though I chose to use male pronouns I don't really identify as a man. It was always, like I always felt much more

comfortable sort of in the spaces inbetween. And then, all of a sudden, I was like hypermasculinized by my cancer treatment in terms of surgery and in terms of—Like, basically what my hair loss looks like, since this is audio, is like it looks like very classic male-pattern baldness. And so I began passing, like, almost all the time and present in a masculine way that I would never have chosen for myself. And so that's sort of like rattled everything that I had come to, and I feel like it's been a really long process of sort of accepting the new way that I look and how that relates to my gender identity. And how it's wrong because of illness and trauma and all this stuff and then the last thing I'll say about that is that since the trans community is so much bigger now and there's so many more young trans people coming out and defining gender in new ways for themselves, there's so much more awareness about genderqueer and gender non-conforming experience than there was when I was first coming out and like a lot more third-gender pronoun usage. I knew very few people who would sort of use "ze" and "hir" when I was first coming out, and now there are so many people I know who are using "they". And I think I continue to use "he" and "him" because I have been for so long, and it's just sort of what I've settled into, but I think that if I was a young person coming out now, I definitely think I would be using third-gender pronouns and I think that the younger people coming up and changing the conversation around those things is really valuable and I think it's really interesting as, you know, it's funny the way queer community works, like even though thirty-three isn't that old, I sort of feel like an elder. And that's bizarre in certain ways, but I think there's—Like, I love that all that is happening, it's interesting as an older person to be thinking about if I was going through this now, I would have made different choices than I made. And that doesn't, that's not the same thing as regretting choices that I did make, or that it doesn't make me then change now, necessarily, that I'm still using the pronouns that I chose fifteen years ago. It's just like an interesting time shift thing. So, yeah.

[laughter]

Milks: So one of the first conversations that we had, you and I had, we realized that the gender-neutral bathrooms that I am enjoying right now in my experience as part-time faculty at the new school, are there in part because of you and your experience as one of the first, if not the first, openly trans students at the school. When was that? When were you there?

Oberman: I was there from 2000 to 2004. I graduated from Eugene Lang in 2004. And I love that we had that conversation and it made me feel like oh, like, we're part of this history together and all this stuff. I think I first started coming out in 2002 or 2003. So I'd have been a sophomore or a junior at Lang and I'm the only person that I know of that was trans-identified or genderqueer-identified in whatever way. It was before I was on hormones, but I was more presenting masculine, and I was sort of experimenting with what bathroom I felt more comfortable in. So, it started because I was using the men's room and one of the female faculty members, who I don't know who it was, but a female faculty member saw me using the men's bathroom, and went to my professor, who taught the class that was by that bathroom. I was going to the bathroom before class, so she saw me go into class. So he pulled me aside after class and was like, totally don't know how to handle this, but I need to talk to you about this. A female faculty member came and complained that you were using the men's bathroom. Which

is pretty atypical, you know? I feel like for women to be policing the men's bathroom, it's usually not how it goes, in my experience, but that is what happened. And he was like, I feel— He felt so uncomfortable prying into something that was, and this is someone who I really trust and adore politically, cis-male faculty member who was so great, but really didn't have experience with trans issues. No one that I knew did. So he was like, can you, like, what should I say to her? What—I don't know what to do. I was so embarrassed and freaked out, but I said to him—and he said I'm not trying to ask you to use the women's bathroom, but can you explain to me why you're not? I said that I was identifying as trans, but I was like, y'know, the main point is that there isn't a bathroom for me. I get harassed in women's bathrooms all the time, it's not like that's a safe choice. I'm choosing to do this other thing either because of my identity or because I'm trying to make a political point or I'm trying to rock the boat or whatever. This isn't, I'm not just trying to, this isn't for fun. That's not a safe place for me either. In fact, men's bathrooms tend to be safer places for me in terms of harassment than women's bathrooms. I think that there's a lot to say about why all of the fervor around bathroom laws that's happening at this point in time always focuses on transwomen and women's bathrooms. I think that because of violence towards women and because of patriarchy and because of misogyny, the sense of frailty and danger in women's space is much more intense than in men's space. My experience in men's bathrooms is that mostly they're all trying so hard to show that they're not looking at each other's dicks, that no one really looks at anybody. And they're not afraid for their physical safety, and are not afraid for their physical safety in a gendered way in a restroom. Even if I wasn't passing, the culture towards just ignoring me, towards ignoring each other at all costs, and each other's bodies at all costs, in that space because of the frailty of masculinity and because of homophobia, and not wanting to appear to be looking at another man in that space meant that mostly, even long before I was passing at all, it was a much safer space to be in than women's restrooms. Gender non-conforming and trans-assigned people have so much, like, it's so common to be harassed in women's bathrooms. The men's bathroom was always a safer space for me. Anyway, I explained this to my professor. I was like, I can't just go back. And it was hard because I was in process, too. I wasn't like, this is how I identify and this is what I want, or whatever. It was like, I am trying to figure this out, too, because there isn't a safe space for me. I don't remember all of exactly what happened, but he did go back and talk to that faculty member and I never had any trouble again. I did mostly, more and more, use men's bathrooms and no one else that I know of ever complained about it. So there was certainly never, while I was there, there was never all-gender bathrooms or any activism around having an all-gender bathrooms because I was the only person that I knew of. So the fact that so many years later that has happened and other people are benefitting from that makes me very happy! [laughter]

Milks: Yeah, as you said, it seems like so much has happened, you know, in the past however many years since you came into transness and came into trans identity. I am older than you, but I am much newer to it than you are, so I do think of you as like an uncle, or [Oberman laughs] the older generation. Life coming into transness in New York at that time, what was it like in terms of support and community?

Oberman: I feel like it was such a particular time that is often forgotten. This is, yeah, 2002, 2003, 2004. Because there was already sort of an enormous increase, an explosion of transmasculine visibility on the West Coast, especially in San Francisco, but in New York there really wasn't. I knew one other transmasculine-identified person at the time. So it was really, like I really did feel very alone. And then very quickly, the same thing happened in New York, in terms of an explosion in visibility and of transmasculine people coming out and identifying, just feeling like there was an enormous presence. So it happened very quickly, but in that, sort of, very small amount of time before that, it was a total void, wasteland.

Milks: Where would you put that moment of explosion in terms of your—

Oberman: It's hard to remember exactly. If I kept journals, which I don't, I could go back and look, but I would say probably like 2004, 2005? If I'm guessing, but don't hold me to that. So it feels —and like you said, so much has happened since then —it feels so easy to forget that moment in time. And it sounds hilarious to me now to think back on being one of only two trans people that I knew in New York City. It's bizarre. So one of the things, when I decided to start hormone-replacement therapy I was seventeen. No, no, no, I was older than that. I was 19 or 20, but the trans protocols at the time were that if you were under 21, you were considered youth, so you had to have a psychological evaluation, then you had to go to some sort of group counseling or support group or something. So yeah, I think I was probably 19 or 20. So to start hormone-replacement therapy I did do that, I went to a transmasculine support group at the LGBT center in New York. It was led by a transmasculine therapist and there were maybe ten other people in the group in various stages of identification or transition. It was such a complicated thing. While I am grateful that a space like that existed for people who wanted it, I was also resentful of going because it was something that I had to do to get the care that I needed and wanted. It wasn't voluntary, which, let's remember that I was a petulant teenager [laughter] at the time. At the same time, I was really hopeful, and I was excited about going, a little bit. For me, trans identity was always very—it wasn't just about like, I identify this way. For me, it was inextricably linked to anti-oppression politics, to being a feminist, to anti-racist politics, to awareness of classism. It was very much linked to those things and I was young and radicalized and politicized and super idealistic and bright-eyed. For me, it was about personal identification, but it was also like, oh my god, this changes everything. If gender can be deconstructed in this way, this changes the world. I felt like it changed the world inside of me, but it also changed my sense of what was possible in the world. I was like, oh my god, our existence brings down the patriarchy, like this—we're doing this! So what happened when I went to this support group was that it was not at all a politicized space. Which, I'm not saying that that should—people should have a space to go, I'm not saying they should have enforced a certain politics in order for people to come in and talk and have the connections that they needed. But for me, it was such a huge—a devastating disappointment because meeting these other transmasculine people who were the first other trans people that I was meeting whose politics were so different than mine. I think that I, in a sense, felt like—or what I thought, when because of how mind-blowing this was politically and personally, I was like, oh my god, these are my people. People who understand this —who understand that something as completely ingrained as gender is transient, and is non-essentializing, and is fluid —people who understand

that are going to be my people. When I walked into that room, I learned very quickly that those weren't my people. It was totally devastating, and the main incident that I remember—well, I remember being annoyed with how trivial a lot of it seemed, how self-centered a lot of it seemed, how much people wanted to talk about every detail of every new hair that was grown, or what clothes they were wearing, or what razor they were using. And I was like, this is what we're talking about? Like, oh god! You know? But so I remember the facilitator at the end of one session asking us to brainstorm topics for future sessions, for future conversations, and people were saying things like I want to talk about learning how to shave, and whatever and I was like, okay, okay. This is not what I want to talk about, but I get that this needs to be a safe space for people to ask questions that feel scary to them, like okay, okay, and I was trying so hard to stay with it. Then this one person who was definitely significantly older than me said: you know that feeling when you're in a room of all women and you're all women together and everyone's just talking and doing their thing or being, and a man walks in the room; and the entire energy of the room changes and is focused towards him and just by the fact of being a man, he has completely centered the space around him where for a moment before, it wasn't? I want to learn how to do that. —As a feminist, I was horrified, but I was also amazed at the—it was such a good description of what totally unconscious male privilege does. Not just at an energetic level. I blurted out, I know exactly what you're talking about and I never want to make anyone feel like that in my whole life. There was dead silence. It was just like, this moment for me of being like, oh! Okay. Some of these people do just want male privilege and it's not just about your own identity, it is about wanting power and privilege, or at least, at the very least, the inability to separate that from a male identity —to separate that power and privilege from a male identity. I remember that moment as if it were the deepest betrayal, even though I barely knew these people. I've had a lot of issues over the years about misogyny in the transmasculine community and there have been times when I just felt like I wanted nothing to do with it because of that. That moment really just crystallized that for me.

Milks: Are there other experiences during that time period that seem like they would be valuable to share?

Oberman: Well, I actually want to say one other thing about that moment, about that experience. Part of what was so devastating about it was that I was raised in a feminist household, my mom is a second-wave feminist who referred to our family as her permanent consciousness-raising group, jokingly. Part of what was another layer of the horror of hearing that was that I was, of course, engaged in these awful, awful, awful conversations with my family who were freaking out, rejecting me, hurting me in ways that I previously had not imagined, and the emotional anguish of dealing with that with my family and specifically with my mother. So much of her concern was about feminism, and saying things to me like, you just—you hate women, you're doing this because you hate women, because you hate me, because you think women are weak, because you're a misogynist, because you want male privilege, because you want power: Are you just going to walk into a sports bar and start catcalling women with a bunch of dudes? The totally inexperienced, uneducated, feminist terror about what it means for all of these assigned-female people to be saying that they identify as male or presenting in more masculine ways: there was a fever pitch of that. And this

is my feminist mother, but we're talking about in the queer community, too—like that's the other thing about that moment in time, was that the transphobia within the queer community was so intense. It wasn't just straight people being transphobic, it was the fear of losing everything, including being able to be in queer community. So part of the awful thing about hearing this trans guy express this deep misogyny and desire for power within patriarchy was like, I'm hearing my mom, and I'm like, this is exactly what she's afraid of and what she's telling me are the reasons why she's disowning me or trying to have me committed to a mental institution, or all of the shit that they've pulled on me, and like, oh my god, are they right? Oh my god, I've been telling her that's not true, I'm a feminist, it doesn't help feminism for me to be a way that doesn't feel right to me and that makes me horribly depressed and suicidal and the best way for me to fight patriarchy is to be true to myself and to be real and I'm never not going to be a feminist and I'm not—You know, it's like I've been fighting this line of reasoning with the people closest to me and telling them that it's not true and here, like, it is true for some people.

Milks: Let's talk more about your family and your upbringing. Where are you from?

Oberman: I was born on Long Island, but my family moved to Virginia when I was—I had just turned five, so I really identify as being from Virginia and from the South and I don't remember being on Long Island at all, so, we'll just say Virginia.

Milks: Charlottesville, right?

Oberman: Yeah, Charlottesville, Virginia, it's central Virginia, it's about two hours south of D.C., about an hour west and south of Richmond. And to people who say it's not the South, I will just say, have you been.

[laughter]

Milks: Yeah, as a fellow Virginian—[laughter] [inaudible]

Oberman: Yes, we grew up very, close to each other actually.

Milks: How old were you when you first addressed trans-related stuff with your family?

Oberman: I mean, I—I was very close to my mother growing up and very close to my older sibling who is also trans, so we had very different ways and paths of coming to that in our lives. So I was very open with my family very early on because that was—I was in college, but I can't say that I was an adult yet. I was out of their house, but I was still really close to them. At least with my mom, it felt very natural to talk to her about everything in my life, and that was the kind of close relationship that we had. So yeah, I really involved them if albeit very poorly from the very beginning. [laughter]

Milks: Why do you say poorly

Oberman: I mean, I think they were transphobic and horrible and said many horrible things to me that I have every right to still be upset about, [laughter] but also, I really was a teenager and I wish—I wish I could have approached them with the openness and compassion that I think I would be able to if I was coming out to them now. There was no room in my mind and my heart and my total dogmatic, teenage whatever for them to be having a hard time with it. I just—I was like, this is how it is, this is who I am, if you can't change and deal immediately, what's wrong with you? And just—yes, of course, we wish people understood right away, but—I just would do things very differently now. [laughter] It doesn't excuse what they did, but I—it's not realistic to expect people to accept something that shakes the fabric of their understanding of what it means to be a person in our culture overnight. That's not a realistic expectation, nor is it particularly kind.

Milks: I can see how it would be a coping mechanism or defense, you know, defensive view. In any case, you had already had a conversation with them about queerness—

Oberman: Yes—

Milks: —is that correct? And they had reacted more positively to that.

Oberman: Yeah, yeah.

Milks: Okay. Are you interested in talking about your relationship with your sibling, who's also trans, who came out—

Oberman: Yeah, yeah—

Milks: —as trans, much later?

Oberman: Yeah, yeah, sure. So, Miller is four years older than me, and in a lot of ways, had much much more quote unquote normal trans story. He was always—like, always masculine-presenting, you know, was good at sports, was a tomboy, was all of those things, was much much more masculine-presenting than I was, was tough, was all of these things, and I was like sensitive and artsy and terrible at sports. When I came out, my father actually said to me, you know you don't have to do this just to be more like Miller. It was, the fact of if one of their children was going to be doing this, it was me? was like a total shock. [laughter] So Miller did identify as trans for a very long time but in a much—but was still using “she” and “her” and was really reactive to the idea of hormones or surgery, really out of a stubbornness that I really admire that was based a lot around there's nothing fucking wrong with me. There's something wrong with the world, like why should I have to change my body to be more acceptable to people? And in the end—and he's also a feminist, we're very close still, now—and, so, was having—and he actually, going back to what we were talking about with the bicoastal stuff, he was living in San Francisco at the time. He was seeing this giant wave of transmen, whereas I was completely alone, so that was—our perspectives on that were really different. When we

were struggling during that time, when I was coming out, he was saying, I'm surrounded by people who say that they're feminists, who say that their experience as being raised as female was extremely important to them, and that they're never going to forget it, and they're never going to stop fighting for it, and then they go on hormones and it's like they never want to talk about it. And I was like, what are you talking about? This is me! I'm never going to do that! I don't know who you're talking to, but I'm all alone over here and I'm not going to do that! Years later, he apologized to me and he was like, I should have known you were the only person I know who wouldn't be like that. So he actually, even though he identified as trans for a long time in terms of using "he" and "him" and going on hormones, actually did that much, much later than me. Our journeys around that were just really different and I think it was really difficult for us, in our family, because I think it's hard enough for parents to accept one child or one version of transness that their child is presenting them with, but to ask them to have a nuanced enough understanding of transness that they have two very differently trans children was definitely beyond their capacity to understand. It meant that both of us were getting lost in certain ways, I think. When I started—when I came out to them as trans, they actually began feminizing him in all of these ways that they hadn't previously, in contrast to the decisions that I've made because it was sort of like, well, if Eli can be Eli and be on hormones and use "he" and "him", the fact that Miller's not choosing to is a choice of—toward femininity, and towards female identification, which wasn't his experience at all. It actually made things more uncomfortable for him and his experience of gender in our family, and it also masculinized me in ways that were never how I identified. Their understanding of—In my mother's struggle to understand, I told you—I said the thing about how she imagined this dystopia of me at a sports bar with dudes bro-ing down—[laughter] and at the same time, would say things—

Milks: [laughter] It's so comical.

Oberman: [laughter] I know! And in the same breath would be like, I can't see anything masculine about you, I can't see how anyone would ever think that you were a man. So the contradiction of those things in her struggle to understand. So I would—because the kind of masculinity that I have, which is about being a queer trans person, which is about being Jewish and Jewish-ethnic masculinity—it's not straight male imaginary of whatever it was she was struggling with. At the time, we had a very, very flaming gay man friend that she knew. I said to her, do you really think that I'm less-masculine than that person? And yet you don't question his masculinity at all, and why is that? I think she really didn't know what to say because it of course brought to the table the way that homophobia was informing your understanding of gender. Anyway, because my gender presentation is so much more feminine and queer than Miller's was, it was just very—[laughter] They were confusing times for everyone involved.

Milks: [sighs] Yeah, that must have been, um...a struggle. I can't imagine going through all that with so little community. [pause] How long have you been playing music?

Oberman: I have been playing music since I was four.

Milks: Mmhm.

Oberman: My father took me to go see a performance of Fiddler—uh, not Fiddler on the Roof, sorry, I do love Fiddler on the Roof—of Peter and the Wolf on Long Island when I was four, and I came home and asked if I could play the violin, which represents Peter, the main character in Peter and the Wolf. He—I don't remember this, but this is the story I've been told—So I begged to play violin, and he started weeping. Because, unbeknownst to me, his whole side of the family were violinists—a cellist or two thrown in for good measure—but mostly violinists. The story goes that my great-great-uncle Aaron played his violin in bars across Russia to pay for the boat for them to come to the United States. He was the first chair of the Philadelphia Orchestra for a long time, his brother was first chair cellist in the Philadelphia Orchestra, his other brother was second violinist in the Budapest String Quartet. My father was also a musician, he was a guitarist. Both of my grandfathers played. So I didn't know any of this, so it was coming into family tradition in a way that was super emotional for him that I didn't even know. So yeah, I played classical violin from when I was four until probably when I was twelve, and then I quit mostly because the—I mean, I think it's really common for teenagers to quit playing classical music. I was listening to Nirvana and Liz Phair and I was like, what is this stodgy old shit? I love classical music now, but. Also, the community was just so brutal.

Milks: The community...?

Oberman: Of classical music. It's so, so competitive, the conductor of the youth orchestra that I was a part of used these total humiliation tactics to shame people in front of each other. There's a saying that if you're a violinist and you leave another violinist, don't shake their hand because they would break your fingers. You know, I loved music, and it was about joy and it was about connection into myself and to others in a sense of the divine, and the cutthroat environment of classical music—which I think is true for lots of classical musicians, but I do think violin is particularly brutal—just had slowly sucked all of the joy out of it for me. So I quit. But I—but it was a huge loss for me, like I vividly remember having the conversation with my—'cause I had just stopped practicing, because there was, I hated it—and my parents confronted me about it, and they were like, we're not going to keep paying for you to take lessons if you're not going to play, like if you don't want to do this, don't do it. So I agreed, we agreed together, that I would stop taking lessons and that I would quit and I remember closing my violin case and pushing it under my bed and just sobbing, you know, because I didn't—I did actually love this thing, and yet, I had to admit that I wasn't doing it. It was very confusing. So I didn't play again—I played one more time. A friend of mine died of cancer and his parents asked me to play something at his memorial, which I did do, when I was thirteen or fourteen, I think. But, other than that, I never picked it up again and then I met my best friend, Louisa, at the New School—at Eugene Lang—Louisa who is now married to Miller, my brother. They just had an adorable baby two months ago. So I met Louisa and she was in a punk band with two other women who went to—they had all gone to high school together in Ithaca, New York and been in a band together there and then all went to Lang and were still in a band. I ended up living with Louisa and her girlfriend at the time, who was in the band, and we were talking about music and I—like, having been in Virginia, completely missed riot grrrl, I had no idea that that happened. I was listening to Tori Amos and the Indigo Girls and Ani and such. [laughter] I was

like, what is punk? What is riot grrrl? [laughter] What the fuck are you telling me? This is— you're blowing my mind right now. She was like yeah, okay, we're going to catch you up. And they would have band practice in our basement and one day she was like, I want you—do you maybe be, try playing with us? We had talked about singing—she was the lead singer—and I was like, oh! Do you want me to sing harmony, sing back-up and stuff? That sounds fun, I would love to do that. And she was like, well, I guess, but no. I—I want you to play violin. And I was like, well, I don't play violin anymore and I haven't for a really long time, and she just looked at me and said yes, you do. I was like—I didn't have my violin in New York, it was still under the bed in Virginia, and she was like, okay, well, next time you go home, just bring your violin back. So the next time I went home, I got my violin out, I very dramatically drove up to the top of a mountain, in the Blue Ridge [Blue Ridge Mountains], in the middle of the night, to play. Because yes, I was a drama queen, but also the deeply ingrained perfectionism of classical music and of violin especially...I could only imagine how bad it was going to sound, and how deeply uncomfortable that would be and the loss of—to have so finely honed a skill over so many years of diligent practice and then not be able to do it. It's in your gut, just so uncomfortable to be bad at something that you were so good at and worked so hard for, and I was so, so ashamed at what I knew was going to come out. So I was like, I can only do this if I literally—like if I know that not a single person could possibly be hearing me right now. I just played a D [note], like just an open-string D for what felt like an eternity and it sounded so bad and I was crying, and I was like, you have to do this. You've just met somebody who is worth trying to do this for, and who is bringing a way of this possibly being a part of your life back into your life and like, you are a fucking coward if you don't do this. You have to just do it and it sounds so bad and just face it and I did and it was—but it was like—I swear to God, playing that D on that mountain is one of the hardest things I've ever done. It was so painful. But, yeah! So—she and I—I started playing with them, and that band broke up and she and I started another band called the Shondes, but we're still in and music is just...playing music makes me happier than anything else in the world. It's totally my connection to myself and to my sense of the divine or God or utter spirituality or whatever you want to call it, and a way of non-verbally connecting to other people. Also, it's just total straight-up mental health survival. [laughter] If we're not playing, it takes two weeks before I'm like, why am I here? [laughter] You know, what am I doing? I should die. But it also, I think, just to tie it back to transness, I think that so much of my experience of transness as a child and then also of coming out in that particular moment—like, particular weird, super-brief moment in time in New York—was of this experience of constantly falling through the cracks of language. There were no words, there were no words to explain the experience that I was having in any way in terms of my body, in terms of gender, in terms of how I was relating to other people, how—the ways that everything felt wrong. There was no, there was no way to express it. I just literally didn't have words for anything that I felt or who I was. Being—growing up in a hyper-verbal, hyper-communication-oriented household, being Jewish, like if we're not talking what are we even doing, and feminism, and the personal is political. The idea of not being able to speak your truth and your experience and put words to it was probably half the dysphoria. More than I'm in the wrong body or whatever—which I never felt exactly—the true dysphoria was not being able to express yourself, which I feel like is a hilariously feminist and Jewish thing to say. Music is non-verbal communication, so having a way to express feeling, non-verbally and be able to like, in some way, be externalizing an

experience and the fact that other people could receive that experience and be moved by it, or touched by it, was totally life-saving.

Milks: My first introduction to the Shondes' music was the documentary on—that Madison and Simon did—what was it called? Do you remember?

Oberman: Oh god. Uh, Riot Acts.

Milks: Riot Acts, yes. Which spotlighted a number of trans musicians and gender non-conforming musicians. I was just blown away by the force of your music on, you know, in the few clips that were in the documentary, so then I sought out your music live and just...You all are such amazing performers.

Oberman: Thank you.

Milks: But, what I want to get around to, is the issue of transness within the music world. How do you feel like that has impacted your career as a musician, if at all?

Oberman: I mean, I think that there are lots of queer and trans musicians out there and I do feel a sense of community in certain ways. A couple years ago, we had the chance to open for Against Me! on their first tour since Laura Jane came out, which was such an honor, and I remember she—one of the songs, she says, does God bless your transsexual heart? True trans soul rebel. But having—I didn't have the record yet and so, to hear it, I couldn't hear the "does". So I didn't hear it as a question. So I heard, God bless your transsexual heart.

Milks: That's actually what I hear all the time—

Oberman: Right.

Milks: I didn't know there was—

Oberman: It's a question—

Milks: Oh...oh!

Oberman: Does God bless your transsexual heart? So they were—the band, Against Me!—understandably were like, really didn't know what to expect. They had, through their, the bands that they had opened with, through some of their more mainstream exposure, a lot of their—certainly not all, but a lot of their audience was very bro-y. I think they just really didn't know how people were going to react in a live setting. Obviously she had come out and done interviews and written with people and there was online response, but like, how are people going to—what's going to happen when we show up and play a show? And all of the material for that record was so about her trans experience and I know that she really wanted trans musicians and female musicians to be a part of that and especially for that first tour. I

remember on one of the first nights of the tour, we were watching their set from backstage, so we're seeing the audience. We're seeing Against Me!'s backs and the audience's faces. It was this very special view of what was happening in this moment that felt so huge, like as a trans person and as a musician to watch this person who is the most-mainstream-that-I-was-aware-of, out trans person doing this thing. I was, and so, what I saw was a thousand, two thousand people all just adoring her and being her fans and all singing along, "God bless your transsexual heart, true trans soul rebel", like passionately singing it along, like gives me chills just to say it right now. I was standing next to my friend Emily and we were watching this together and we just looked at each other and were like, oh my god. We've won. Like this is—like, there's so much left to do—not in that way, but just a like, if this can happen then we are riding the tide of change. There's no going back. There are a thousand frat boys singing, "God bless your transsexual heart, true trans soul rebel", like *fuck*, you know? And...yeah, I will just, I will never forget that moment and that sort of extended moment of being on that tour for a month and just feeling like yeah, we got this. And artists—artists change things in ways that other people can't, you know? It's not more valuable, it's not better, but we all have our roles to play and all you can do is give the thing that you have to give. And when artists do that, it just touches people in a particular way, and if you'll allow me to nerd out for like, one second, obviously I value all art forms but as a musician, one of the things that I find the most remarkable about music is that—my uncle, who teaches anatomy and physiology once told me that we don't actually have five senses, we have four senses, because what defines a sense is that there's a specific part of your body with a specific receptor that is unique, that only does one thing. So the receptors in your eyes that are able to receive, even transform light into images in your brain are unique, there's no other part of your body that does that. Your sense of smell is able to receive particles and gasses and change them into information and he was saying the sense that we call a sense that isn't really, is hearing, because the sensors are not unique. What they are, are the same sensors as touch. So what's actually happening when you hear is that the physical force of a vibration is physically touching your inner ear. So he was saying the sense of hearing and the sense of touch are the same. And I'm not, I do not teach anatomy and physiology, so if someone wants to totally debunk this and argue with me, that's fine. It doesn't have to be...I don't care [laughter] basically is what I'm saying. That is my experience of music, is that it is like being physically touched. And so it alters you in a way that for me, looking at a photograph or reading a poem doesn't do. It's just, those things affect me emotionally and music affects me physically and viscerally. That's why I think live music is so important, is because you are, you're literally being touched by the volume, the soundwaves of live music. To be in a group of people who are all being touched by the same thing at the same time—like that's why people have crazy spiritual experiences at giant shows. That's what it feels like to me, both as an audience member and as a performer, this enormous exchange of energy of like literally physically touching each other. And that's why when you hear music that you hate, people are so intense about it, like I fucking hate that band. Because it's like, it's like someone's touching you in a way that you don't want to be touched, you know? It's like when someone fucking hugs you and you're like UGH, why are you touching me? I didn't give you permission to touch my body. It's violating. In the same way, being touched in a way that you need to be touched is healing and is transcendent and is all of those things. So that is like, my biological nerd-out about [laughter] what music means to me. [laughter]

Milks: That's wonderful...How are you doing? Do you have energy to keep going?

Oberman: Sure!

Milks: Okay. Great, great...I wanted to get back to healthcare and talk more comprehensively about your experiences. So I definitely want to talk about your experience with breast cancer and mental health, but I'm also interested in hearing about what your experiences were like accessing trans-related healthcare in the early 2000s, uh...Some things have changed considerably.

Oberman: Yeah. I mean, I think I was really lucky, like I got my first trans care from the Callen-Lorde Community Health Center, which is such a New York institution, and it's flawed and it's busy and it's not perfect and people complain about it all the time, [laughter] but it's also such an incredibly valuable institution. So I first got my care there through their HOT program, the Health Outreach to Teens youth program, because I was under 21 and it was just so positive. People were so kind and explaining things and like, I had this nurse practitioner who just took so much time with me, who every time I would—like I would have to come in for my shots for a period of time before they trained me to do self-injection and she would just, like, talk to me, you know? And ask me how I was, and be with me for like an hour sometimes, which is unheard of in medical care. So I'm just so grateful and had such positive experiences with healthcare providers there and their administrative staff, like it was just really, I feel really, really grateful for that...I do, like, I know that protocols have changed and I think that's good and, you know, things are hopefully—I know that there's people who are working really hard within the medical system to make changes. I feel like a couple years ago, half of the queer world decided to become nurses and librarians. [laughter] Totally, totally all for that. Um, so there are lots of people who are really working to continue to make change on the inside, on those fronts...And we love you! [laughter]

Milks: Um...okay, yeah! So you mentioned a little bit about your treatments, breast cancer-related treatments, and having to navigate that whole thing and the gender politics of that...Tell us more about that.

Oberman: Um...yeah. [sigh] Definitely that is, like, one of the defining moments of my life in so many ways, both in terms of gender stuff, in terms of how different I was physically and emotionally on the other side of it, in terms of mental health, in terms of trauma, in terms of so many things. But in terms of being trans and navigating those spaces, I mean, it was—you know, there's certainly the discomfort of being in very, very predominately female space, not just in terms of who's sitting in the waiting room, but also in terms of the...all the language, all the pamphlets, all the every—all the support groups. And, God, I went, so I got my treatment—I had my surgery at NYU and I had my chemo at what was Beth Israel and now is St. Vincent's, but I got a second opinion at Sloan Kettering [Sloan Kettering Cancer Center]. I was waiting in the waiting room to see the doctor and their gift shop for their cancer center, for their breast cancer center, was like, in the waiting room, and had these like, giant—you know, the walls

were like glass, so you're sitting in the waiting room, looking into the gift shop, and the main display are these mannequins that are—I can't even believe this is real—wearing sexy pink ribbon lingerie. So it's like bra and underwear covered in designs of pink ribbon and it's for, you know, breast cancer awareness or whatever, and I'm like, oh my god! Like it just...First of all, I can't imagine that any cis-woman who's there either because she might have breast cancer, she does have breast cancer, she did have breast cancer, she may not have breasts anymore, she is getting a regular screening—and that's always just sort of anxious anyway—like wants to be looking at breast cancer lingerie? Like, on a mannequin, with giant boobs? It was like—I was like, how is this real? But yeah, I'm just like, sitting there, as this passing trans guy and I'm just like, oh my god! This is so aggressively feminizing, not only—we're supposed to be sexy, like sexy ladies, even when we're fucking dying! Like, you fucking patriarchy, like—[laughter] I was so mad, and I was like—and I was so—like I know that Sloan Kettering provides incredible life-saving care or whatever, I'm not trying to diminish that, but I was like, I'm so fucking glad that I'm getting my treatment at Beth Israel because if I had to sit in this waiting room and look at that every time I came in for chemo, I wouldn't make it. It's so, I was so repulsed by it. Um...so that's an example. But, in terms of my actual care, I think the hardest part was just that really, with the best of intentions, really, just no one knew what to do with me, and none of the normal rule applied to me.

Milks: They had not had patients that had been trans.

Oberman: One. One other trans breast-cancer survivor who, I don't know who he was, but yeah, one. So...I mean, like—

Milks: And can I back you up for a sec?

Oberman: Yeah!

Milks: Had you just had routine preventive care prior to—

Oberman: No, so—

Milks: —discovering it, or?

Oberman: Oh, you mean just like general medical care or preventive cancer screening or something?

Milks: Oh, yeah, I guess I mean a cancer screening.

Oberman: So I was twenty-seven. So, like, you're not supposed to have started having regular mammograms or anything until way after that. It was, I—I do have some women in my family who had breast cancer, but way post-menopause, which doesn't have anything to do with family history, it has to do with the fact that forty percent of postmenopausal women—I think it's forty, it's something really high—forty percent of postmenopausal women get breast

cancer, like it's just super normal. So basically I was twenty-seven years old with no family history, negative for BRCA, which is the gene that is super common among Ashkenazi Jews—of which I am one—that would explain having early-onset breast cancer. So there's no explanation for why this should have happened to me, and there still isn't one. There are no answers. So there was no routine anything. I just felt a lump and sort of was like, it was like, directly under my nipple, so it was kind of hard to tell because that's like—if it had been just in one of the more fleshy parts it would have been more clear to me, but because it was under a part that was already sort of harder or lumpier, it was sort of hard to tell. So it did take me awhile to do anything about it, because I was like, is—am I imagining this? Is this a thing? Like, what could that be? And then I was like, it's getting bigger. This is a thing. So first I went to my primary care doctor and then I got a sonogram and then I had a thin-needle biopsy and then I had a core biopsy and then I—and it was like, every single step along the way, everyone was like, you can't—like, yeah, we're gonna, we're gonna check this, but this is not possible, you're gonna have a fibroid or something, like I don't know. It just—everyone was like, this is not possible, up until after the core biopsy and they called and were like, okay, yeah, you have breast cancer. Um, this is for real. So there was really no road map in terms of my treatment, there was—they had to ask the question, like, could your hormones—could testosterone be the cause of this? There's no evidence that it was...Like, just a whole conversation about whether I should go off it, I did go off it for a little while in the worst possible way—it was a nightmare. Also in terms of post care, because it was, my tumour was HER2 positive, which means that it was estrogen-responsive breast cancer, estrogen-positive. So part of the treatment, part of the long-term post-chemo treatment for a ciswoman who had my same cancer would be significantly altering the hormonal environment of her body, the idea being: we don't know what caused your cancer, but we know that the hormonal environment of your body allowed this cancer to come into existence and grow and thrive, so we want to change that. So then, talking about what I would change, if anything, in terms of my hormones afterwards was also like there was nothing, like, no roadmap for that. It was just very confusing and I think there are still—I see my medical oncologist twice a year and there are still options that we weigh and talk about and decisions that I make all the time.

Milks: Okay, this is M. Henry Milks, interviewing Eli Oberman, part two. [laughter] Um, okay, so we were just talking about your experience with breast cancer and your relationship to healthcare. More generally, what do you feel like are the limitations of healthcare for trans people? What do we need to change?

Oberman: I mean, I guess, the first thing that I'll say is not specific to trans people about healthcare, but it is just about how passionately I feel about healthcare in general, which is—although it affects trans people too—is that we fucking need free, universal, socialized healthcare and not having it is so barbaric and unimaginable and people not being able to receive care that they need because of money is insane and like, makes me so mad. So yeah, I would say that one of the biggest barriers to trans people receiving the healthcare that they need is that we need free universal social healthcare. And then, of course, barriers of institutional racism and classism and ability and all of these other things that are of course intersectional with trans identity and trans people um, compound the issues that we have to

receiving the care that we need and to receiving informed care and care that is kind. Also, when I say “informed care”, I don't mean—I mean that they're not informed about—like, medical providers aren't informed about our bodies and our needs and our care, but also being able to inform us—like your doctor or your nurse or whatever, like, they're supposed to know more about your body and your options and your health than you do. And they're supposed to tell you about it so that you can make choices, so that you can make informed choices. Being in the position of trying to explain your body to your healthcare provider is so bad. Not only is it transphobic and demoralizing and scary and vulnerable in all of these ways that it shouldn't be, but it means that—you should never know more about it than they do. They're supposed to tell you, like, hey, did you know that you're at risk for this? Have you screened this? Have you whatever? [laughter] They're supposed to tell YOU shit, not the other way around! Just from a medical point of view, besides all the emotional toll of receiving bad care, or of receiving no care at all because you're too afraid to go in or you don't have the money or whatever—So, yeah, having been through a major medical trauma as a trans person it's just—No one, like, no one should ever have to do it. I had the most privileged, the most—the best thing that our current healthcare system has to offer, I had really good insurance, I had a really understanding job that I could go to when I felt well enough, I have enough of a family financial safety net that I knew I would be okay, like, everything that a person could want, I had. And it was so fucking horrible. If that's—If what I experienced is the best that our system has to offer—which it pretty much was—that is a disgrace. The lack of training about trans health and trans bodies in the general medical community that's not about trans-specific care like hormone-replacement therapy or surgery—you know, gender-affirming surgery—that's just about general healthcare, is so disturbing. My experience has been that there are lots of people in those fields who are good people and who are kind people and who will treat you well and with compassion and figure out what they need to do for you, and there's a lot of people who aren't, too. I have been treated so badly as well as so well in that system. So I feel so strongly about the need for really in-depth, across-the-board education and trans-competency trainings, both with medical providers and administrative staff. It just, it is so hard to even get us to come in the door in so many instances that if you then treat a person badly when they do, you—that person's never coming back. That is one of the reasons why we're such a medically-at-risk population, because care of us is both ignorant and hostile and inaccessible. That's a total recipe for disaster. The other thing that I feel really strongly about in terms of trans health is about all of the—There's so much transphobia that is trying to get in the way of us receiving gender-affirming care and options that the people who—in my experience, and I know not everyone is like, this, but—the providers that I've had who are totally on-board and supportive and want to get us the care that we want and need don't ask the difficult questions, or at least they're not asking them in view of patients, maybe they're asking them with each other because to ask them is so rooted in a context of transphobia that it feels detrimental. So it's like, I'm not hearing my providers asking, does testosterone cause cancer because the people asking those questions are crazy, transphobic people who are trying to keep us from getting hormones. So when I was going to have my mastectomy, the woman who performed the—I had a surgical oncologist and then a plastic surgeon who did the closing-up. But the surgical oncologist who is an awesome, total New-York Jewish dyke, awesome person, the first time—not the first time I met with her, but the first time I met with her to talk about my surgery after it was cleared that I had cancer and I

was going to have to have it I think I sort of unthinkingly referred to it as top surgery, and she was like, you're not having top surgery, you're having a mastectomy. And I was like, huh? Like okay, what? What are you talking about? She said, I don't—I don't do top surgeries. You're not allowed to have one because you have cancer but even if you were, I don't do that. Other people do that and that's fine, but I'm morally opposed to it. And I was like, what are you talking about? And she said: The end result looks very similar, between a bilateral mastectomy and top surgery, but the goals are completely different. The goal of a healthy person going to a plastic surgeon and asking for top surgery is aesthetic and it is to come out with a male-appearing chest—and there are different versions and ideas of what that might look like—but most of them leave in a significant amount of breast tissue that means that that person is still very much at risk for breast cancer. They don't know it, they can't be screened—like they can't physically have a mammogram—and they're incredibly unlikely to willingly go and ask for screenings of other kinds of care, so you're creating an extremely at-risk population that's already discriminated against and doesn't know they're an at-risk population for breast cancer. As a breast cancer surgeon, I cannot live with myself if I do that. What a mastectomy is, is to get out as much breast tissue as is humanly possible: in my case, to keep my cancer from coming back back, or from a healthy person, to keep yourself from getting breast cancer. So my chest doesn't look that much different than many versions of top surgery that I've seen, but so that to me, like—I've just never forgotten it, because I was like, okay, here's a person who is queer, who has done tons of surgeries for trans people, who is a fierce ally of trans people and their right to have gender-affirming surgeries, who is asking hard medical questions with our health in mind as a priority, that I at that point had not heard a single other person ask. So I was like, oh my God. In order to not be—like, the only people asking the hard questions are the transphobic people. We need our allies to be asking the hard questions about what is, what do these things really mean for you in terms of your long-term health. Yes, we want you to have the gender-affirming hormones and surgeries that you need, but we need to ask hard questions about it because we care if you live or die. I'm not seeing that, much of that, and it really scares me. That's just something I feel incredibly strongly about, and that we need to make a trans-positive space for questioning all of these things. Similarly, like in terms of research and stuff, if you had asked twenty-year-old me do you want to be tracked and researched by the medical community for the next fifty years, as a trans person with your health? I would have been like, that's so fucking creepy, get away from me. But as a thirty-three-year-old, I realize that the medical community studies and researches you when they care if you live or die, when they care about your health. The fact that we're not being studied, that's actually what's creepy and scary. We're not, we're not valuable, we're not valuable socially, we're not valuable financially, to anybody, and that's why there's not more research. My primary care physician up in Callen-Lorde is actually one of the only people who has started to, in the last like five years, actually track the healthcare of trans patients of all kinds over time, and part of, part of why that's so important is, for example, when I, when I started testosterone a million years ago, they were telling you there are all of these studies that show that there's no link between testosterone and breast cancer, and that may be true—and I think it probably is because I think, my doctors couldn't find any reason to think that that was what, why, I had cancer, and I think that there would be a lot more trans people with breast cancer on testosterone if that were true, I'm glad it's not. But those studies are coming out of places like the Netherlands that have completely

different and much stricter trans protocols: So for example, you can't start testosterone unless you've had a mastectomy and a full hysterectomy, so of course those people aren't getting breast cancer, or uterine cancer—

Milks: Wow.

Oberman: Because they don't have uteruses, or breasts. So it's like, to then compare that to the U.S. population that is incredibly more various in terms of what hormones or surgeries or identities people choose to adopt or not—there need to be studies in the U.S. that are actually tracking these things. So that's just starting to happen in the last five years or so yeah, I think that that's really, really, really important. We need studies and we need research and we need to wrest those questions from the control of transphobic medical-industrial complex and be asking those questions of ourselves in a deeply loving and trans-positive way. That is what I have to say about that! [laughter]

Milks: Do you feel, feel that there are similar issues at play in the arena of mental health, mental wellness?

Oberman: Yeah, I think it's a lot of the same issues, like the fact that you need to have a letter from a psychiatrist to have surgery or start hormones is like—You know, I was terrified to do my psych evaluation, I have a huge family history of mental illness and there were people being like, if they ask you if—you know, there are like five people in my family who have committed suicide, like it's like—People were like, they're just going to ask you all this stuff, just say no, like, you can't let them know you have a family history of mental illness or whatever. So again these questions are, when they're coming from a place of trying to pathologize trans identity in and of itself, and when they are questions that are being put between you and the care that you need, that's not a space to actually in a nurturing and positive way, deal with a mental health issue that a person might have. I think it feels incredibly unsafe for a lot of trans people to talk about mental health issues that they're having because it's already—like we're already pathologized. Our existence is already a mental illness, so to admit that you have other mental health concerns just feels like an incredible risk both materially and in terms of being like, am I fucking trans because I'm crazy? Am I depressed because I'm trans? Am I trans because I was sexually abused as a child? All of these things that are coming at us in the worst possible ways, how do we—how do we ask those questions of ourselves in a loving way to get the care that we need? I've struggled with severe depression my entire life and that's just hard enough for anybody, but then feeling like, is that tied to my identity? Is that tied to transness? is so uncomfortable and terrifying and I think that I now—and it's partly related to, related to my experience with cancer, like I'd been living like this for so long and I just didn't know any other way. It's this bizarre feeling, and actually there's this awesome film about our wonderful trans, queer, elder, Kate Bornstein, called *Kate Bornstein is a Queer and Pleasant Danger*, and she talks about her experience with lung cancer, and it connected to mental health, and there's this scene in it when she says I can't—Like, I don't remember her exact words, but basically she says: It is so surreal to have been suicidal my entire life and then find myself fighting for my life. Why am I fighting for my life when all I've ever wanted to do is die? And it's this bizarre

experience, but that was—and when I saw this scene of her talking about this, I just started bawling because I was like, oh my God, that’s exactly right. I just fought like a fucking fierce, wild beast to stay alive even though all I’ve ever wanted to do is kill myself. Then I come out on the other side and my quality of life is so bad both in terms of recovering from cancer care and because of my depression, which obviously has just got so much worse from having just been through a trauma, and I’m sitting there being like, I just fought so hard for my life but my quality of life is so bad. It has got to be better than this. That actually was a huge motivating factor for me to start getting the mental health care that I needed. I’d been so opposed to antidepressants for so long and I finally was like, I just have to do something. I found a psychiatrist that really helped me and I also have a therapist who I talk to and who I adore, but I was like, I’ve got to try drugs. This is just not—I’ve been working on myself for almost thirty years and I work really hard and I’m self-aware to the best of my ability, and I still am suicidal all the time? I just need to try something else. I tried like a million different things and it was really hard and then I found something that worked for me and it totally changed my life. I’m happier and more stable than I’ve ever been, it really did—It needed the motivation of being like what? Is this what I just went through that for? Is this what I just fought for? Is this what I just went through excruciating pain and trauma, to feel like this? This is my life? Fuck that! [laughter] So it for me, it took almost dying five times to get me to actually get the mental healthcare that I needed, so that’s pretty extreme, I think. I know everyone’s different and hopefully there are people out there who are smarter and less stubborn than me who like, it doesn’t take—for them to get the care that they need, but I’m sure that I’m not the only one, too. I really don’t want people to have to have cancer to figure it out. It’s just, there’s so much—there are so many barriers, there’s so much in the way of us asking the questions that we need to ask of ourselves and each other and our providers and our communities and our families and our chosen families. I think we need to, we just really need to make a place to ask ourselves, our—the big “we”, those questions and not let those questions just be in the—be the purview of people who don’t give a shit about us.

Milks: Wow, yeah. Thank you for...Okay, last couple questions and then we’ll close our conversation. So you’ve lived in New York for how long?

Oberman: Seventeen years—

Milks: Seventeen years? How long has that been in right here-ish?

Oberman: I’ve been here for the last three or four [years], I think?

Milks: Okay.

Oberman: Yeah—

Milks: And where were you before that?

Oberman: Before that I was in Prospect Heights. I was there for a long time and before that I was in Williamsburg.

Milks: Oh, okay. Um—

Oberman: I'd just moved here, I didn't know any better.

[laughter]

Milks: Um, what led you to move here?

Oberman: So, Louisa was thinking about moving here and she just, has always loved it down here, and it's one of our favorite places and we would come here together all the time. She was worried about being down here and would anyone ever come down here and was she self-isolating. She was like, would you ever think about moving down here? [laughter] I was like, well, actually, yeah. That sounds like a great idea. So she moved down here first and I came like six months—hmm, less than that—later. I mean, certainly being near her is a big part of my life just in terms of her being my chosen family, and also the band, but—So I came down here, you know, I'd never considered it, and like many things in my life, Louisa Solomon considered it first and then I realized it was a really good idea. So I came down here with her to look at a couple of apartments with her, and we would like, look at something and then walk on the boardwalk. We talked about me being from Virginia, and the mountains, and I grew up actually—I say Charlottesville, but for the first number of years, it was outside of Charlottesville in Albemarle County, which is—was at the time just pure country, like so beautiful, just farms and farms and fields and fields and fields and mountains. As a little kid, that was—like nature was such a place of solace for me and it was a place of safety and creativity and wonder and awe and I would just—My parents were super not protective about just letting me wander around, so I would just spend all day exploring a mountain by myself and learning about plants and moss and it was just such a big part of me, feeling nature. When I first moved here, I had a really, really hard time adjusting to the city. I was like, I know that the culture I want is here, I know that the people I want are here, I know that there are queers here, I know that there are Jews here, I know that there's like radical politics happening here, like I can't—I don't know where else I would possibly go. But the sheer separation from nature was spiritually devastating. Just all of the metal and concrete and like, can't see more than ninety feet in front of your face, like literally no horizon, literally no perspective, and everyone's so closed and caught up and all this stuff. So I did eventually decide to stay here but that was like—and I adjusted, obviously, but that was like, the one thing that was just still—Am I going to live the rest of my life in this totally artificial environment where I can't put my hands in the dirt? It never in a million years occurred to me to live here, but then when I did think about it because of Louisa, I was down here and I was just looking at the ocean and I was like, oh my God. We do have nature in New York City, it's called the fucking Atlantic Ocean! [laughter] No one thinks about us being a coast city, because Manhattan, you know? So I was like, this is a total game changer. This is the one thing that I was missing, and I see the ocean every single day and can see, like, have perspective and have a horizon and can see farther than I can see and look out into nature and space and

nothingness and hear the waves and it's beautiful and I'm not gentrifying anyone. [laughter] I think the Russians are doing just fine, and...yeah. So I was just like oh, this was the missing piece, this just totally made my life complete. I think any other place in the world that I can think of that is a major city on the ocean, like oceanfront property, is not in any way affordable to queer musicians, for example. But here, because everything is measured by how close it is to Manhattan, I think this is the one place in the entire world where I could live in a major city and live on the beach. So basically I live in Russia, and also I live—I live in Russia on the ocean, little Odessa by the sea, and also I happen to be a half-hour train ride from Manhattan. So, I win. I win at life. [laughter]

Milks: Is there anything else that you would like to share or mention that we haven't gotten to?

Oberman: I probably couldn't stand to talk about myself for any longer, but I'm just really grateful that you and everyone else working on this project are doing this and I think it's really great and I'm very honored to be a part of it.

Milks: Well, thank you so much for sharing your time, your experience, and your perspective on all of these things. It's been a pleasure talking with you.

Oberman: Thank you, you too.