

Apropos of the '**Consensus Statement on Management of Intersex Disorders**' a short letter cum article of concern:

The '*Consensus Statement on Management of Intersex Disorders*' by Hughes, I. A.¹ et al amongst a number of professional health care providers and others have gathered together and formed an alliance or coalition amongst themselves and a few members of the intersexed community. It refers to those who are *intersex* or have *Variations of Sex Development* (Diamond, D. 2006.) as being **Disorders of Sex Development** and *suggests that all individuals should receive a gender assignment that concurs with the assumed 'norms' of male and female* and that open discussion between both patient and families be respected in strict confidence. Whereas confidentiality should always be respected, there is in this case a real danger that parents may be again cajoled into complying to have their child assigned as either '*male*' or '*female*' per se, without the informed consent of the individual concerned when they are in full cognizance of the facts which will affect their future for life, as was the late David Reimer by Dr. John Money in the infamous case known as The John / Joan Case².

This disavows those who feel neither one nor the other but a variation on the theme of what it means to be a human being. Feminists in the past and present have spoken of the androgynous as a metaphor but failed to recognise that there were and are those who were in the living reality. One such feminist amongst others was Donna Harroway [(1990) as in her "Manifesto for Cyborgs: Science, Technology, and Socialist Feminism in the 1980's" in *Feminism / Postmodernism*, edited by Linda Jay Nicholson. 1990. Routledge. New York and London. pp 190-233.].

Whereas any given person may live as one of the predominant sexes and or genders, that is bound under the generic terminology of either 'male' or 'female' and generally feel comfortable within those categories, there are others who do not. They prefer to be acknowledged as *Intersex* and or *Variations of Sex Development* or one of which has been more recently mooted as: *Differences of Sex Development* (Diamond 2008) or other designators as being that in which they feel more secure within. Those who are intersex regardless of any designations that may be used, do not on the whole identify as being **disorders of sex development**. An

¹ (Cambridge University, UK)

² Revealed in the compelling book for general readership: Colapinto, John. 2000. *As Nature Made Him – The Boy Who Was Raised as a Girl*. HarperCollinsPublishersLtd

unfortunate terminology³ which is disparaging and misleading as well as being akin to an academic methodology of applying a state of eugenic principles of which the USA⁴ is famous for its inception in the first place; let alone people like the late and infamous Pol Pot of Cambodia or the extermination of millions of Jews and others in World War II and places elsewhere throughout time.

It seems that an unwittingly large number within the medical fields are now determined at all costs to maintain the status quo, that is the bi-polar social construct of *male* versus *female* and anything that falls outside of those categories cannot exist in the world, certainly not without seemingly to be anomalous to the rest of the community. Whereas for example there are a number of rare species of flowers on our planet, yet they may be no more abnormal than the majority, just different in some respects and yet if placed in a different location may find difficulty in surviving unless given a modified environment to survive, just as it is difficult for humans to survive in a desert region without a deep understanding of survival strategies and knowledge of the environment they are in. In the analogy of the rarer plant species, they often generate great pleasure to many where variation adds to the whole, just as humans and other life forms can do too. In recognising that the world is full of differences so we may find that the *exception proves the rule* more often than we might assume, particularly when we find the clues to enable us to see beyond the self limiting horizons we set ourselves:

"...This rigid and unyielding adherence to a bipolar gender framework and refusal to accept the spectrum of gender and gender expression is simply destructive. The rigid bi-polar model is not true biologically and has never been true culturally."

(cited in letter to Somers xxy: Cope.R. Ph.D. 1999. from '*Sexing The Differences and the Anomalies of Interpretation*' P.4.)

Interestingly enough it appears that when medical, allied and other professionals find aspects of science difficult to comprehend, and or resolve, instead of looking at the wider picture and honing into the detail as well as allowing for the very differences of life and the interpretations

³ (That is being circulated by a number within the medical fraternity but by no means all who are influential, though many are... it appears that they are signalling in a new wave of terminology that is fractious and embarrassing, despite their saying there is no shame in Disorders of Sex Development. They are in actuality making it humiliating to all who may be intersex, and or, have Variations of Sex Development or Differences of Sex Development, by the very lexicographic terms they are using. Instead of consultation with those in the lived experience, rather they are basing it upon some dubious reinterpretations of what it means to be a human being; that is those who do not acquiesce to the bi-polar social construct or their interpretation to that which constitutes a person of worth or why advocate that "*all individuals should receive a gender assignment.*")

⁴The Englishman Sir Francis Galton developed the concept of eugenics.

of it, medicine together with various individuals who are often afraid of themselves and or differences want instead to be in control, in fear of losing their power base:

“The existence of intersexed people have been concealed for many decades because they threaten man-made laws of nature, which dictate that there are two sexes: male and female. Yet nature does not manifest in comfortable, finite boxes. Rather it exists as infinite spectrums of variation. But to our modern scientific mind this variation threatens to unleash chaos. And what drives science? The desire to control nature.”

(Noble, Michael. 2002. P1)

Whereas there are aspects which may be understandable, there is a difference between that which is part of our inhibitions and antediluvian attitudes, as opposed to our wishing to understand the science behind why any given transition may be taking place whether through evolutionary processes or other – not all transitions or that which differs from what is considered the ‘norm’ are negative at all, but rather variations where the ‘norm’ is in effect no less than a loose term with many interpretations dependent upon a whole raft of considerations. A number of which may be deliberately ignored to attain the status quo and maintain a tenuous hold on those that are considered a threat to the hegemony that may prevail. Just as Galileo proved through his groundbreaking observations that the *Flat Earth Policy* was no longer a reality which threatened the power of the Church of the time.

And similarly as the current perplexing debate as to why Cheryl Chase appears to be an identikit of Bo Laurent and one or the other has seemingly masked their true intent as to who they may or may not have been or are. This therefore begs the question of which one is which, by taking on a pseudonym and are they really intersex and why is there an apparent cover-up by them and or others who may be involved in something that appears to be highly unethical, unscholarly and in which trust has been placed on them by disenfranchised peoples around the world. Where many may have entrusted those associated with the now collapsed or defunct *Intersex Society of North America* with their confidences through what appears to be a dishonest or misleading pretext. Further, this kind practice whether well meaning or not, sets in place an open opportunity for malpractice where any given individual can thus call themselves any number of names, where each backs up the other or where a seemingly discursive discussion is taking place between a few different people, when in fact they are all one and the same person.

This would make a mockery of any scholarly research let alone any other unseen agendas that may be at play. For the simple reason we rely on a certain truth within academic research, whereas one person's truth may not be another's. It does not give the excuse for a given person/s to hoodwink those investing an enormous trust in who they are, when in actuality they are someone else and who, if they had known the real facts, may well have refused to endow those camouflaged as someone who they were not, with their personal details. This was assumed to be authentic research not a Mills and Boon story or fictitious scenario but that which dealt with real lives, many which have been severely hoodwinked by both the medical, allied professions and indeed the parents of those who are, whether well meaning or not and further stigmatised by the general population at large, and others who did not know the full story. The media is then used to usurp those in the lived experience but not all are so easily duped. It serves no purpose to go to war with each other but rather, to recognise that not everyone will ever fit all the paradigms that have been attributed to them.

In the *Consensus statement on management of intersex disorders* by Huges, I. A. et al (2006) it would be interesting to know why would they advocate a patient's consent and at the same not always carry this out. In one reference they appertain to photography being invasive to the person and suggests instead this be done while under anaesthesia, presumably while the patient is unaware of what is going on. The author of this document having actually worked in this field for a while and was concerned that some procedures did not have the approval of the parents, significant others and nor the person concerned or if they did, it was sometimes in couched terms.

Whereas there is no doubt that photography plays a very important part of medical education and training not only for the students but the professionals concerned, whereby much would be unknown without its aid to inform and compare, it should be done with permission where humanly possible whether or not it is under anaesthesia or other, and preferably when the patient is in cognizance of the facts and certainly where the patient is unrecognisable as to who they may be. It is certainly very understandable why those who are genuinely doing their best to learn of the complexities of life, be given a helping hand to enable them to carry through what at times may seem an impossible responsibility to carry out their profession as a primary health care provider. However, this does not mean they can flout the very things they say they will not do.

This same document purports to claim under the subheading *General concepts of care* under ***Investigation and management of DSD*** in both points 4 and 5 (P.150) respectively that the patient should be an intrinsic part of the process of evaluation and yet this does not seem to be the real case, particularly if a child is unable to be cognizant of the facts that will alter their lives forever; and if not are very likely that aspects of their lives may be seriously compromised, where there may well be no return to their former self when they can make an informed decision later on. To carry out Hormone Replacement Therapy and or surgeries or other to fit a binary disposition which is deemed to be the cultural norm in most of Western and many other societies, though not all, is not necessarily the right answer. This can be seen by many who are intersex, who are in many respects happy to be left alone as they are, whereby instead they should be able to receive medical treatment as and when required with their full cognizance of the facts as it is known at the time.

There is no excuse for parents and or medical teams to exert pressure or other to defend a binary or a social construct which in reality is neither in nature nor within a number of those who are of the human population. The fixation that to be human one must be 'male' or 'female' per se is a deceptive scheme which has to date caused undue harm to far too many, however well intentioned anyone may be. It is quite likely that many of those who are intersex could equally be polymorphous and are happy enough to be left that way, with the help afforded to others when needed, that is those assumed to be within the accepted 'norms' of what it means to be a human being without prejudice.

Further there is insufficient evidence that those who are intersex and who may have an ova testis or two, ovaries or streak ovaries or other may be prone to develop cancer of their gonads. Interestingly enough over 12% of women in the USA are assumed to get breast cancer sometime within their lives. It would thus seem even more preferable for women to have their breasts removed due to the figures that prevail. Whereas this might seem logical there would be a massive riot if this were suggested by both 'females' and indeed their 'male' counterparts, inclusive of a number of those who may have variations of sex development or other... seeing it as a massive invasion of not only their sexuality and gender and more... However, Intersex individuals are at less risk percentage wise than others and whereas the percentages are not fully known, are assumed to develop carcinoma of their internal gonads; whereas this may be true for some, there has been little research or follow ups in this area to confirm

substantial concerns for removal of their gonads in comparison to those with breast cancer probabilities.⁵

There are people within the medical and allied professions who would wholly support the aspirations of those who are *Intersex* or *Variations of Sex Development* or *Differences of Sex Development*, where indeed some are themselves intersex or other too. However sadly, there are an uncomfortable number within the medical and allied professions who seem unable to adjust to the fact that the world is full of differences. People who would take delight in seeing the world as shown by our naturalists, zoologists, botanists, etc. through the mind's eye of famous documentary film makers such as David Attenborough and many others too. People who are in the forefront of science and where many value the huge diversities and differences or variations and yet when it comes to humans, a number feel threatened where the worst inadvertently or calculatingly destroy that which they fear; thus losing some of the very secrets to life that they and all of us may be searching for.

Some of these differences being an adaptation to varying scenarios within our world or where a number may be part of an evolutionary process of infinite differences that make up our universe. Humankind appears in some respects to be heading towards 'destructionism' in so many areas in its search for meaning – particularly when it does not like that which it wishes to control and be master of or which threatens the status quo – in this case which is commonly known as the bi-polar social construct. Thus:

"Our fatal assumptions concerning a bi-polar social construct in western society or any other community are in fact extremely naive. The reality is quite the contrary to popular belief that to be a person one must be either male or female per se.

Sex and gender from my point of view is no more than a continuum or a kind of wheel with millions of spokes radiating out in many directions, whereby these spokes eventually form a sphere where every strand interweaves within and externally to itself throughout and in a complex entity which is the human form it so takes: where the concept of human dynamics and the bi-polar construct of Male / Femaleness can no longer be held as a fixed and indisputable assumption or it will then become no less than an illusion of its own reality."

(Somers xxy, C. 1999. Sexing the Difference and the Anomalies of Interpretation, updated in 2006.
[http://www.intersexualite.org/SEXING THE DIFFERENCE.pdf](http://www.intersexualite.org/SEXING_THE_DIFFERENCE.pdf) [accessed July 1-2008]).

⁵ (As for those subject to breast or other cancers normal observational and preventative procedures should be carried out).

A construct is in actuality only that and nothing more and any amount of reductionism will not alter that reality other than elimination of the given paradigm. The worst case scenario may result in the extermination of any individual who challenges the assumed construct and the prevailing society through academic, political and or medical ‘interventionalism’ and those with hidden agendas pertaining to real people; individuals who may be different in some respects to others that are considered acceptable, just as everyone is dissimilar to one or another to a greater or lesser degree. The distinction here being that those who defy the accepted ‘norms’ are thus singled out as *aberrations* to most of the societies to which they belong, save for a few exceptions, where fear of difference is in command rather than rational acceptance.

In closing it may be well to take note of Catherine Harper’s last words in her recent publication “Intersex” (2007. pp 181-182):

Consequently, to permanently alter that child where there is no threat to health is to wrongly close down its possibilities to somatically illustrate its own essential gender identification when it is capable of doing so. Surgery and hormonal treatment will alter the somatic presentation but will not adjust the gender identification of the subject, and because for the intersexed harmony between gender identity and the sex assigned is the desired conclusion, a non-surgical, non-endocrinal approach must be preferred, at least until adolescence. This approach leaves open the possibility that the person can express his/her gender identity, and that can inform subsequent sex assignment.

This then in turn requires a family, a physician and a community to deal with the difficult challenge of intersex in real terms and not run screaming towards the cave. That is, while we acknowledge that Western culture operates in a binary *gender* system of males and females, men and women, feminine and masculine, *sex* does not align exactly to that. Intersex evidences that *sex* is constructed of multiple variations on binary themes. Where all characteristics are in alignment, male or female is indicated. Where characteristics are not aligned, the extra-ordinary – but nevertheless real – variations of intersex are present and that subject, *gender* identifying as male or female, *gender* role playing as masculine or feminine, is not capable of inclusion in a binary *sex* framework.

Lets stop non-consensual cosmetic sex assignment until comprehensive, qualitative research on past treatments reveals that its benefits outweigh the pain currently being reported. Let’s consider ways by which to make amends for deceitful practices and secrecy, however well intentioned. Let’s evaluate humans not as monsters, symbols or archetypes, nor as ‘phallic females’ or ‘failed males’ but as people capable of love, intimacy in relationships, sexual function and mutual pleasure.

First do not harm: *Primum non nocere*

(Harper, Catherine. 2007. *Intersex*. Berg Publications, Oxford and New York.– an imprint of Oxford International Publishers Ltd.)

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