

Essays on Intersex

by

Curtis E. Hinkle

Founder, Organisation Intersex International

<http://www.intersexualite.org/>



Table of Contents

Ten Misconceptions about Intersex	3
Sex versus Gender : Exposing medical violence and dishonesty	7
Who owns our bodies? Human rights and the intersexed	10
People without faces : Controlling discourse to objectify and silence marginalized groups	14
The fundamental error of conflating intersex with birth defects	16
One binary please, supersize: The McDonaldization of Intersex activism	19
Alice Dreger: Disorders of Sex Development	21
Disordering the lives of children	26
Handbook for Parents is transphobic and homophobic	29
Pathological (hetero)sexism and the medicalisation of sex in children Intersex - The sex that dare not speak its name	32
DSD: N.A. Medical fascism and manufacturing consent	37
Medical Fraud and Quackery (Satire)	41
New Guidelines for Sex Development Disorders - Parody	43
Talking About What Matters?: A response to Alice Dreger	45
Why the intergender community is so important to the intersex community?	49
Organisation Intersex International - Official Positions	52
Mutilations or Non-consensual normalization treatments ?	54

Ten Misconceptions about Intersex

By Curtis E. Hinkle

Founder, Organisation Intersex International

1. Intersex means that a person has both sets of genitalia.

This is probably one of the most common misconceptions about intersex. Intersex usually has nothing to do with the genitalia of the person, much less having two sets. There are intersex people with a penis and a vaginal opening. However, there are no documented cases of a person being born with fully developed male and female genitalia. The vast majority of intersex people have genitalia that look pretty typically male or female with a small minority having atypical genitalia. As a matter of fact, the quaint, pseudoscientific term “true hermaphrodite” can refer to a person with totally typical male or female genitalia.

2. 1 in 2000 infants is born intersex.

This is one of the most common statistics given. It would be more accurate to state simply that in hospitals with gender assignment teams, 1 in 2000 infants is born with genitalia that are so atypical that the attending physician requests the help of the specialists in the team to assign a sex. Most hospitals in the world have no gender assignment teams and most intersex people have typical genitalia. One should be careful to note that even in the majority of births with atypical genitalia, the doctor does not request any assistance from a gender assignment team even if one is available. Therefore, one can readily see that this figure gives the impression that intersex is very, very rare. It isn't.

There are so many different ways of being intersexed that it is very hard to give a statistic at this time. A more accurate estimate is given by Sharon Preves who has researched the topic of intersex very thoroughly. According to Preves, “The frequency could be as high as four percent.”

3. Intersex is about homosexuality.

The underlying reasons for pathologizing intersex and suggesting treatments which are often barbaric most likely are a result of homophobia. However, there is nothing about intersex per se that would cause one to state that intersex and homosexuality are the same issue or that they are directly related. There quite possibly are links but the physiological reasons are not fully understood at this time.

What is important to understand is that many intersexed people do identify as gay or lesbian. At the same time, many intersex adults find the whole issue of

homosexuality irrelevant to their perception of themselves. More and more intersex people are comfortable with an intersex gender identity which they feel is more accurate in describing how they perceive themselves. The socially constructed model of eroticism offered up by many cultures which divides people into homosexual and heterosexual erases their identity. Even bisexuality which has been reluctantly accepted further perpetuates the idea of only two genders by the use of the prefix “bi” which means “both.” Actual experience has led me to realize that there are people who are primarily attracted to androgynous people, to “masculine” women or “feminine” men. And most important of all, what is the opposite sex of an intersex person who clearly states they have an intersex identity?

4. Intersex is not about gender.

To many intersex people, gender is the main issue. In many countries around the world, there are no early surgeries to “treat” intersex bodies. These people’s main issues are often based on not being able to fit into either gender or growing up with a body incompatible with the gender in which they were raised.

The very theories used to support mutilating intersex bodies both surgically and hormonally are based on notions of gender which have been proved to be unreliable. According to the theories often espoused by followers of Dr. John Money, gender is merely the result of social factors. We have very reliable proof that this is not true. Many other factors are involved that are not simply social. The individual is the best source for determining their identity – not someone looking at them from the outside.

Intersex is not just about our bodies but also about how we perceive ourselves within those bodies and gender identity is a crucial part of everyone’s identity. To erase the importance of gender to the individual intersex person is to reduce that person to only the physical aspects of their body, neglecting the more important part of the equation, their own perception of that body and themselves, as opposed to how other’s perceive them.

5. Intersex is part of the transgender movement.

No. Whereas individuals who are intersexed might identify as transgender, the opposite is not true. Most people who are part of the transgender movement are not intersexed. To include intersex under the umbrella term “transgender,” overlooks our specific needs which often are medical reform, legal issues concerning which gender we are, health issues specific to intersexed bodies and more importantly, the fact that most intersexed people are not trans. Many are perfectly happy with being men or women and more and more of us are quite happy being simply intersex and find the notion of trans totally foreign to our identity because we are rejecting binary gender categories altogether and the prefix “trans,” just like the prefix “bi” mentioned earlier, keeps the binary well intact.

6. Only true hermaphrodites are real hermaphrodites.

This is as silly as saying there are true males and pseudomales. The whole idea of dividing intersexed people into true hermaphrodites and pseudohermaphrodites is just another desperate attempt to keep the arbitrary binary gender categories intact. According to this pseudoscientific terminology, only people with gonadal tissue of both “official” sexes are hermaphrodites. Choosing only testicles and ovaries as the indicator of one’s true sex has been totally dismissed by modern science. There are women born with no ovaries, men born with no testicles and their true sex as they perceive it is often clearly that of a man or a woman.

7. Transsexualism is not an intersex condition.

We don’t know. The definition for Transsexualism can lead one to think so because it is so intricately bound to the diagnosis of Gender Dysphoria that one is left with the impression that it is a mental disorder. The fact that many infants born intersexed reject their sex assigned at birth would cause a reasonable person to wonder if in fact all cases of Transsexualism are simply a mental phenomenon. Is the intersexed person merely delusional about their true sex? Should they just try harder and get over the “Gender Dysphoria?” I find it more likely that the medical personnel are the ones that are delusional in thinking that they can determine what sex an intersexed infant is without asking first. The Organisation Intersex International maintains that all persons born intersexed should have the right to speak for themselves and this includes those who were assigned the wrong sex. To view us through the lens of Gender Dysphoria simply silences us once again, making our problem a mental one and not a societal one. The delusion and mental pathology are in the society at large which feels the need to determine one’s true sex based on genitals and to stigmatize individuals who do not fit into neatly packaged gender stereotypes.

8. The intersex movement is an identity movement like other GLBT movements.

No. The Organisation Intersex International campaigns for full Human Rights for all people born intersexed and one of those rights should be the right to self-identify. The intersex movement should include us all whether we identify as a man, woman or simply intersex, and regardless of sexual orientation.

9. Most intersex people were assigned female.

From personal experience, I have not found this to be the case. Many intersexed infants assigned male are often overlooked and the parents are simply told there is some work necessary for proper urination or that a testicle has not descended, etc. When one reads about all the various ways of being intersexed, one realizes that an intersex person is just as likely to be assigned male as female.

10. Intersexuality is a condition which can be cured.

Intersex people have health problems just like everyone else. Mutilating our bodies is not a cure. It is simply barbaric. Being a male or a female is not in and of itself a health problem but there are health problems specific to females and males. This is also true of people born intersexed. To view intersex as a condition which can be cured only further justifies the barbaric medical practices we are often subjected to, such as mutilating surgeries, hormones which may be contrary to our own core identity and psychological treatments for not wishing to comply with the barbaric treatments.

Intersex rights are Human Rights and all people born with an intersex condition should have all the rights granted all other people. This is the mission of the Organisation Intersex International.

Sex versus Gender

Exposing medical violence and dishonesty

by Curtis E. Hinkle

March 29, 2008

Medical specialists complicate and erase intersex experience and visibility by insisting that sex is a biological fact and gender a social construct.

The first harm done to many intersexed infants is what is called "assigning a gender". In other words, the intersexed child is actually being assigned a "gender identity" (not a sex because the sex is considered to be "ambiguous"). However, the same specialists write that there is no clear understanding of how a child develops a "gender identity". Then after having assigned a "gender identity" to the intersexed child, the specialists choose the sex corresponding to the "gender identity" assigned and that is what they put as the sex on the birth certificate and other documents. If the medical specialists were logical in their use of the terms "sex" and "gender" (but this is illogical and that is why I do not accept that sex and gender are two distinct categories in a linguistic sense), they would refuse to put a "gender identity" on a birth certificate as the sex of the infant but that is precisely what they do. Therefore, the birth certificate of an intersexed child does not state the sex of the child; it is the child's "gender identity" as determined by the experts, not the children themselves.

Then all during their lives, people are concerned about the "gender identity" of the individual. It can become exasperating because each little difference detected can become enormously important and exaggerated as a sign of non-conformity to the gender identity imposed by the experts.

Then when one consults a physician, "gender identity" issues can become the focus rather than the real health problems that need to be attended to because we are perceived within a bi-gendered lens and if one does not agree with the "gender identity" discourse, then one is made to feel the problem is in our mind, not the mind of the physicians.

How many hours have been lost discussing gender issues with doctors instead of getting actual health care? How many times have we had to explain we are not in the doctor's office to talk about our identity but because our feet hurt, for example?

Navigating all this dishonest discourse throughout one's life saps one's energy and has done little if anything to improve the lives of intersexed children and adults.

If one asks the specialists what a "gender identity" is, one is often given a definition such as this:

Gender identity is a person's own sense of identification as male or female.

If gender identity is a person's own sense of identification, how can these same specialists justify assigning a "gender identity" to an intersexed child? How can these specialists predict the future and know the "person's own sense of identification"? One reads in their own protocols that they cannot predict someone's personal sense of identification as male or female. This is not scientific. This is dishonest. It is a hoax.

We are told that gender is social and that sex is biological. Then we are told that our sex (that is our legal sex classification) is really our "gender identity" which many of these same specialists state is not biological. Therefore, if "gender identity" is not a biological fact, why use this concept in place of the sex of the child on their birth certificate? This is because birth certificates which state the sex of an individual are using that term in a way which has redefined sex as a "gender identity", which proves that competence within biology is not what is being applied. This is a social exercise, a social construct. It is not about biology.

If other sciences used terms in this contradictory and dishonest manner, they would be exposed as not being scientific at all.

To state that gender is a social construct but that sex is a biological fact can at first appear logical but the actual use of these terms proves that this semantic distinction is not valid because the semantic field of the word "gender" overlaps and intersects the same semantic field as the word "sex" in English and it does this in medical discourse about the topic and in legal discourse also.

It is impossible to categorize all people into two distinct biological sexes. We are not even aware at this time of the degree to which sexual orientation and sex identity are linked with the sex development of an individual. However, we do know that these categories would not be as functional without a binary construct of sex and gender which is the fundamental principal justifying such categories.

Sex is a social construct and so is gender and often they are one and the same if you look closely at how medical and legal discourse are defining and categorizing people.

Why Oll denounces transphobia and the pathologisation of intersex people

Now, I hope it is clear that it is not necessarily the word "gender" which bothers me. It is the notion that sex is a biological category and that gender is purely a social construct which I find troubling and inaccurate.

It is important to expose the dishonesty of what the experts are trying to tell us.

The sex of an individual is not really a biological fact as that term is used medically and legally and intersexed children prove that sex as used in medical

and legal discourse is really an identity (not a biological reality) that is imposed on children.

However, the doctors admit that one cannot predict a child's identity or personal sense of self as a male or female. Nevertheless, this does not stop them from imposing a gender identity on the child and that becomes the SEX of the individual.

If doctors really are convinced that the "gender identity" of a person is the real sex of the individual (and it appears that the protocols in effect would confirm that they do in fact believe that this is the case, otherwise why put a "gender identity" as the sex of a person on a birth certificate?), then it would be logical to conclude that any person who is not in agreement with the identity imposed is better placed to declare their TRUE SEX since in essence we are dealing with an identity and not biological facts which can be substantiated.

It is not the word that causes so much harm. It is the dishonesty of how the specialists use this word which causes so much harm.

It is only the individual person who can determine their own sense of self and their identity and not a doctor. If one disagrees with the doctor's imposed "gender identity", one is not ill. The person who is violently imposing his own definitions and using his medical and legal power to erase and damage another person's most intimate sense of self is the one who is part of the problem and the society which would knowingly condone this needs to be questioned, challenged and eventually given the help it needs to enlarge its vision of human rights.

Who owns our bodies? Human rights and the intersexed

Presentation given in Montreal, July 2006 during the Outgames

- **Who owns your body?**

At first, this question probably seems absurd because the answer seems obvious. However, this is a fundamental question that we all face today, especially the intersexed.

- **Who is intersexed?**

We are all born into a system in which our sex is defined by simply looking at the body, more specifically genitals. Everyone must have a male or female body. There is no other possibility. The power that doctors and the legal system have to determine the sex of an individual has very serious consequences which affect the life and the future of all children, not just those who are born intersexed. Let us speak about the birth of children with atypical genitalia. The bodies of such children do not belong to them because such bodies question the validity of the binary system which stipulates that everyone must be either male or female. Such births become social emergencies for parents and doctors and the social emergency immediately becomes a medical emergency in most Western countries where the medical technology to normalize them exists. This arbitrary decision concerning which of the two sexes to assign the intersexed child is accompanied by many treatments which in the past and even today to a certain degree are intended to result in both a normalized gender and sexual orientation of the child. We normalize the bodies surgically in order to facilitate the adjustment of the child into this heterosexist system in which people who are determined to be of the female sex are expected to meet the norms also established for this sex, that is, to be feminine and heterosexual – attracted to men. The same expectations apply to children assigned male, i.e., they are expected to be masculine and to be attracted sexually to women.

- **The underlying homophobia implicit in the treatments**

The treatments that are in effect to normalize intersexed bodies are a revealing symbol of the measures taken by the authorities to maintain compulsory heterosexuality in our societies. Current treatments of intersexed infants

consist of making changes to their bodies by means of surgical intervention, in other words, mutilation, so as to make their bodies fit for heterosexual intercourse. These surgeries are often followed by hormone replacement therapy. All of this in order to force the child's body into a binary system which rejects us and to which we must conform.

- **The main problem that the intersexed face is the arbitrary division of sex and gender into two categories.**

There are not just two preexistent sex categories. We often accept that gender is a social construct in that different social roles are associated with being a man or a woman in our different cultures. However, the study of hermaphrodites or the intersexed has proven that sex itself is also a social construct in that it is arbitrarily constructed as a dichotomy. Year after year, scientists and other researchers are coming up with other aspects or parts of the body which are sexed – genes, the brain, even the length of the ring finger. The problem is that each time a new body part is found to be a sex marker; it is invariably classified as either male or female despite the evidence of many intermediate states along with a vast combination of all these different sex markers among themselves which makes sex a continuum, not a dichotomy. As we learn more about all the different factors which determine the sex of an individual and the possibilities of all the combinations of them within the same individual, hopefully we will eventually realize how absurd it is to suppose that everyone is standard male or female.

- **Why do we feel that intersex is a human rights issue?**

Everyone is affected by this binary system which requires conformity to the norms established for the two official sexes and not just those of us who are born with what the professionals call intersexed bodies. Why is it that the body of an intersexed child is considered sick and in need of treatment? Why is it that medical doctors have the right to make permanent changes to intersex infants' bodies without their consent? And why is it that parents who are often not well informed of the consequences of many of these surgeries and other treatments have the right to make such decisions for the child? Who should have the right to decide the sex of the child, the doctors, the parents or the child? Is it the comfort of the parents or that of the child which is given more importance? We need more choices, to move beyond this binary system which is legally and medically imposed on all of us. For OII it is essential that the person in question and therefore the children themselves make this decision about normalization procedures for their bodies. The current normalizing surgeries and other

hormonal treatments resemble genital mutilation which occurs in other countries for traditional reasons. In both cases, here and in other countries, it is all about conforming to beliefs that we feel are normal for sex and gender.

- **Should we accept rigid, biological and essentialist definitions of intersex?**

If we accept a fixed, biological definition of intersex, we are only creating another essentialist and reductionist definition to be determined and controlled by the medical professionals who are already an integral part of the heterosexual system which predominates in our societies. Without insisting on a third fixed category, intersex should be an option, another possibility for anyone. Just as we have no clear, essentialist definition of what a woman or a man is, we should not expect to have a fixed, essentialist definition of what intersex is. Many people in the intersex community insist on having the right to be men or women without essentialist definitions based on genitals and other sex markers. If intersex people are to ever be given this right, then why should everyone not have this same right, which would also include the right to be intersex or intergender?

What we wish is that everyone have the right to define themselves without any categories being imposed either medically or legally because we see no way to come up with clear boundaries that would make these categories definable.

- **The Organisation Intersex International is opposed to all efforts to classify intersex as a pathological condition. Being intersex is not an illness any more than being male or female is.**

To define intersex as a medical pathology is a very dangerous pitfall for the intersex community because it reinforces the need to treat us and to cure us. Being intersex or intergendered should be one existential possibility among others for deconstructing the current male-female, homo-hetero binary system which oppresses all of us.

- **The body is the basis for the whole binary structure of sex, gender and sexual orientation.**

Within the binary system which is the fundamental basis for heterosexual patriarchy, no ambiguity is permitted because otherwise, the sexist and very

oppressive system would be destabilized. The body in such a system becomes an object of control used to determine who is granted the privilege of normalcy – in other words, to determine who lives up to the norms. We are using the word “normal” to mean only those who conform to the norms imposed by such a sexist system. For example, every person who is determined to have a female body is granted privilege within this system only by conforming to feminine stereotypes for gender and also conforming to heterosexuality and the same applies to those who are assigned male. All others, those who have bodies which do not meet the norms, those which have gender identities which do not conform to the norms or who do not act in accordance with the expected gender roles and those who do not have sexual attraction for those classified as the opposite sex, all of us, intersex, transgendered, transsexual and gays, lesbians and bisexuals are deprived of this privilege of normalcy and it all results from our bodies being classified within this heterosexist binary system.

The medical system is the institution which ensures the privilege of normalcy to the person who conforms to the heterosexist binary system. It is essential that the body of the individual actually be the property of the state in order to preserve this system. What we all share, those of us in the LGBT community and the intersexed is that we are all deprived of the privilege of normalcy that men and women who are considered “normal” have within this mutilating system. Without the normalization of bodies, the system would collapse. Therefore, in order to preserve this system, it is necessary that everyone be classified as male or female and that intersex people also be classified as one or the other and be diagnosed as suffering from an illness which must be treated without their consent in many cases so as not to jeopardize the system.

· In conclusion, what is important is that we be “people”, “persons” above all else and that we be granted equal standing legally with other people and that we respect diversity which is an integral part of the natural world.

The intersex community is caught in a complex labyrinth of legal and medical controls which render us invisible. Just as homosexuality before Stonewall was an illness, we in the intersex community are still considered ill, deformed and in need of treatment. Those of you within the LGBT community understand what it means to be invisible and to be deprived of the privilege of normalcy. We are here to ask for your solidarity in our struggle to be visible and to be accorded the same rights as other people in our different countries and cultures.

People without faces

Controlling discourse to objectify and silence marginalized groups

By Curtis E. Hinkle, Founder of OII, Organisation Intersex International

The purpose of the following essay is to analyze the language used on ISNA's website and how an organization which has such visibility concerning intersexuality has either consciously or unconsciously used discursive techniques which silence the very subjects of that discourse.

The following is an outline of the topics to be considered in this analysis:

1. There is no substantive (noun) used for a person who is intersex.
2. Preponderance of blogs hosted by non-intersexed people
3. Constant focus on bodies
4. Refusal to include gender as an important issue for intersexuals.
5. Constant infantilization
6. Proliferation of medical discourse

After reading through the site, I noticed that the most glaring use of language to objectify and marginalize intersexuals was the total absence of a noun for us. How could this be? To have no name, no substantive for the object you are speaking about means that the object of discussion is not substantial, of no real consequence. Otherwise, one would create a name, a substantive to categorize the object of discussion. Instead of using a noun such as intersexual or the old term hermaphrodite, which may not be biologically exact but which has very significant historical weight as a noun used to categorize us, we are constantly referred to as people with intersex, infants with intersex and then forced back into the male/female categories which our bodies have challenged in the first place.

Refusing to use a noun or coming up with one that many intersexuals might agree with has dehumanized the actual subjects of discussion because we must agree to be seen through the binary prism of male or female in order to be the topic of discussion. This is self-effacing and creates a vacuum into which those of us who were formally called hermaphrodites once again disappear, become objects without faces, the object we dare not name.

However, if you do a textual analysis of the site, you will come to this conclusion, i.e., there is no name for us here. This keeps the discourse very firmly in control of those who wish to speak about us as objects and this particular discursive technique underpins all the other techniques which devolve from it.

Some of the other discursive techniques which further represent the intersexual as an object without agency is the preponderance of blogs on

the site by women who are not intersexed. This keeps the subject of the discourse as an object to be spoken about with no real first-person narrative in which the subject becomes the actual narrator.

By doing this we can keep the focus on bodies, not the people in the bodies. When we are spoken of, it is almost always about our bodies, another form of objectification, and in order to keep the object firmly objectified, all dialogue about gender is dismissed, despite the fact that the subject of gender is very important to almost all the intersexuals I have spoken with. However, to allow discussion about gender would humanize the object and challenge the very validity of the people who are talking for us, how they are looking at us, what words they are using and how they are not allowing us to speak about our identities, our day-to-day experiences in societies which have made no place for us. If you allow discussions of gender, you have to give the subject some voice because you are talking about their identities, not just their bodies.

Another discursive technique is the constant infantilization of the intersexual. By this I mean, most all the discussion is about us as infants and very young children. It is important to talk about this. However, by keeping the focus on that particular stage of our lives, others keep the power to speak for us because when we are constantly viewed as infants who cannot speak for ourselves, we must have someone else to speak for us. But we are adults now. Our lives have been enriched by all those who have loved us and supported us in our growth to adulthood. There are many issues which are important to us.

And lastly, the overwhelming use of medical discourse which keeps the whole topic within the framework of a pathology undermines the emancipation of intersexuals from the very institution which has consistently defined us out of existence. The purpose of medicalization of intersexuals is to make sure we do not exist as such, but as males and females. It is to normalize our bodies and our genders so that the status quo will not be destabilized.

These discursive techniques: 1) having no name 2) having women who are not intersexuals speak for us 3) refusing any discussion of gender and actual identity issues 4) infantilization 5) focus on bodies and 6) predominance of medical discourse, dehumanize us and once again we are the people without faces we found in the medical textbooks when we were children many years ago and cried in shame as we looked and saw ourselves, our own bodies on display as mere freaks. No voice, no face, and no place. So we hid and the shame continues.

The fundamental error of conflating intersex with birth defects

by Curtis E. Hinkle

In order to make a very strict separation between intersex and transgender issues, the North American intersex movement has made a fundamental error and that error is conflating intersex with birth defects, an error they have committed so as to differentiate transgender issues which are viewed as gender issues and intersex issues which are viewed as purely a body issue. In this essay we will see that it is not that simple and that this political tactic has limited the action and growth of the intersex movement and objectified those who are intersexed.

The fundamental problem with viewing intersex as a medical condition only is that unlike other congenital conditions which affect the body, sex is recorded on birth certificates. Intersex can often pose serious challenges in deciding which of the two official sexes to put on the birth certificate which then affects the whole life of the individual who has been placed in one of the two categories, often resulting in treatments deemed necessary to normalize their bodies so they fit the stereotypes of that sex and furthermore can result in assigning a sex which is totally alien to the person in the body which has been normalized. This can cause very serious trauma which affects many intersexed individuals and the underlying justification for these "medical" treatments is the legal need to impose one of only two sex categories on all individuals born. This legal requirement to sex all bodies as male or female is the one, basic justification that the medical community has for mutilating intersex bodies, putting the child in boxes which may be totally unacceptable to them and coming up with a very rich set of pathological terms and labels to pathologize any deviation from standard male or female.

I like the analysis that Judith Butler has made about gender as performative. Many people have misunderstood her terminology and thought that the term performative was equivalent to "performance". She did later incorporate that idea. However, the original use of this term which comes from the field of linguistics is the more fundamental meaning she gives to the idea of gender as performative. In linguistics, the use of the word "performative" refers to statements which cannot be categorized as true or false but which "perform" the action they state. For example: "I promise." "I swear." "I pronounce you man and wife." By saying these sentences, you have performed the act stated.

As opposed to people with other congenital conditions, those who are intersexed face a series of performative discourses which affect identity issues, not just their bodies. First, the statement, "It's a girl". The newborn in question is a girl because the person who writes this on the birth certificate has so stated. In other words the person's discursive power and authority over the infant has placed her in the category simply by stating it and then recording it. This is all about the use of language to make something so, whether it is or not in reality true or false. Such legal discourse is purely performative because by saying it one makes it so and the individual is categorized without consent and for what purpose?

Then the child is given a name on the birth certificate, another performative use of language and these names are often "sexed". Then the intersexed person might decide they wish to get married and once again they are faced with the use of performative language which often will not "pronounce them as man and wife" with the partner of their choice.

Medical, legal and religious discourse controls our lives in ways that other people with bodies that do not meet norms do not face and this is the serious problem with conflating intersex with just a body issue.

A person who is born without an arm is not faced with legal, medical and religious discourse which separates all people into one-armed and two-armed people and then sets very rigid norms which all the people of each category must adhere to. This is not recorded on the birth certificate. It does not require sorting through different lists of names, one for one-armed people and the other for those that are two-armed and it does not prevent a one-armed person from getting an artificial limb by making them agree to psychological treatments and being categorized as mentally ill for wanting to change their status from one-armed to two-armed people. Furthermore, it does not prevent a two-armed person from marrying another two-armed person.

Conflating intersex with body issues merely objectifies the intersexed and overlooks the complexity of issues and the trauma that many face trying to live in a world that has no place for them.

Our society has norms and these norms are not natural. They only appear to be natural because we have often unconsciously internalized them to such a degree that they seem not only "normal" but natural. Sex, gender and orientation are all part of the same basic problem which results from sexing bodies into just two categories. Some of us

are granted the privilege of normalcy, while others are not and it all is based on our bodies and who owns those bodies – the state or the individual.

Intersex is one of the most challenging threats to this arbitrary division of people into just two categories because intersex is based on what is supposedly the very criteria for placing us in the categories male or female to begin with, the body. In this respect, intersex is a body issue and very few people would challenge that and to understand the topic, one has to deal with the body and how many bodies do not fit the norms imposed legally, not naturally, which are then medicalized into conformity.

However, this need to normalize bodies and to categorize people into just two categories also involves gender norms and sexual orientation norms which affect the intersexed to a much higher degree we have found out than the population in general. To minimize the issues of gender norms and sexual orientation norms which are all based on the body we have been “normalized” into, or legally defined by, is a very serious disregard for the intersexed person who has been placed in a legal category and normalized without their consent.

Until sex is no longer a legal category imposed on people, it is a very serious mistake to view intersex as just a body issue. Intersex is about forced normalization, about people assigned genders they do not agree with. It is about people who love others that society sees as the inappropriate sex. It is about all of this. About mutilated bodies, mutilated genders and identities and often being deprived of legally marrying the partner of one's choice.

One binary please, supersize
The McDonaldization of Intersex activism
By Curtis E. Hinkle

After reading the following article:

http://www.isna.org/faq/not_eradicating_gender

I started thinking about how many of us in the intersex community feel marginalized, ridiculed and excluded from groups which speak for us.

Imagine a world in which the main division between individuals was size. This would be the first thing noticed at birth and would have to be indicated on the birth certificate.

Imagine a world in which big people dominated little people and made it very difficult for a little person to become a big person and vice versa.

Imagine a world in which medium sized people could not exist legally without being designated as a big person or a little person.

In this world, here are the possible solutions for granting personhood to medium-sized people: forced starvation or forced feeding so as not to have that dreaded ambiguity because we all know that everyone really is a big person or a little person. They might just be a big person born with a defect which makes them look more like a little person or vice versa.

In order for big people to remain in power, the division must be legally and socially imposed on all members so we all know our place as a big or little person.

Here are some consequences of this legally imposed norm:

- 1) Big people can only marry little people and vice versa.
- 2) Big people are entitled to more money, power and prestige.
- 3) Little people are to take care of the everyday needs of big people.
- 4) One can change from a little person to a big person only after having been diagnosed as mentally ill and then agreeing to forced feeding under a doctor's supervision.
- 5) No one can ever become a medium-sized person. That is illegal.

A group of people which is medium-sized (Group A) feels marginalized and decides to fight the oppression of the binary size-based system because they feel it is oppressive and imposes unnatural treatments on them to make them fit in. They also feel that their natural size is not recognized and that their identities are erased in such a system. They feel that classifying people by size is not necessary and only reinforces oppression not only of themselves but others. One should simply be a person and have the rights under the law that all others have. Another group of medium-sized persons (Group B) feels that the binary division based on size is perfectly fine because they know that they really are a big or a little person and feel quite comfortable with this binary division.

My question is: Which group of medium-sized people is being exclusionary and marginalizing the other group?

Next question: Group B alleges that Group A is fighting for a sizeless society. Is that really the truth?

No. Group A is fighting for the right of people to be any size and to have the same rights as everyone else regardless of size. They do not feel that size is something that will just disappear. They feel it is not something that should be imposed on people against their will and with only two possible choices - big or small. They wish to put an end to sizism.

One argument often used by intersex binarians to marginalize intergender and transgender members from our community is the following:

"Many people who are not intersex also identify as intergender. Many people who are not intersex also identify as transgender."

We would like to state the obvious:

Many people who are not intersex also identify within the binary - that is not something specific to intersex either and it does not make binarians a more "valid" group within the intersex community.

Alice Dreger: Disorders of Sex Development

A report from OII, Edited by Curtis E. Hinkle

Alice Dreger recently announced that she is resigning from the Consortium on the Management of Disorders of Sex Development ("The DSD Consortium"), and is trying to distance herself from the pathologizing terminology being used by that Consortium – as if she never had anything to do with it.

In a letter dated September 15, 2006 and addressed to "Dear handbook contributor", Dreger said:

"I am writing to let you know that I am resigning from the DSD Consortium and to make a few suggestions about avenues that might be pursued to further the work we did together. . ."

". . . Work on ways to ensure that the language of "disorders of sex development" does not result in negative experiences for people with DSDs and their families (Even while this language has allowed productive dialog, we have already seen that some affected individuals find this language to be stigmatizing and unnecessarily pathologizing). . ." – Alice Dreger

However, Ms. Dreger cannot rewrite history and escape her record as a major champion of the use of "disorders of sex development" (DSD) as the umbrella term for intersex variations.

Dreger is the editor-in-chief of the new ISNA handbooks which heavily promote that terminology, and it was to the contributors to those handbooks that she sent her recent letter:

<http://www.dsdguidelines.org/htdocs/clinical/index.html>

<http://www.dsdguidelines.org/htdocs/parents/index.html>

Dreger is even credited by ISNA as being the prime mover who brought those handbooks forward:

"Perhaps most importantly, Alice acted as project manager and editor-in-chief for the DSD Consortium's clinical guidelines and parents' handbook. These groundbreaking consensus documents would not have happened without her extraordinary talents and efforts. She is continuing her work as Project Coordinator for the DSD Consortium." – ISNA Website

<http://www.isna.org/about/dreger>

Furthermore, Dreger's job title at Northwestern University includes that very terminology:

Alice Dreger . . . serves as the project coordinator for publications of the Consortium on the Management of Disorders of Sex Development.

<http://www.bioethics.northwestern.edu/faculty/dreger.html>

Perhaps most significantly, Dreger, as a new hire at Northwestern University, was the principal author of a journal article that began the Consortium's process of popularizing their terminology as a replacement for intersex, both within and outside the medical community:

"Changing the Nomenclature/Taxonomy for Intersex: A Scientific and Clinical Rationale", Alice Dreger et al, *Journal of Pediatric Endocrinology & Metabolism*, 18. (729-733 (2005)).

<http://www.medhelp.org/ais/PDFs/Dreger-Nomenclature-2005.pdf>

Dreger's disorders paper promotes the use of the old-time medical phrase "disorders of sexual differentiation" (later changed to "development") – using the straw man of "hermaphroditism" as if it were the word being replaced (instead of intersex being the word they wanted to replace):

In conclusion, we suggest the language of 'hermaphroditism' and 'pseudohermaphroditism' be abandoned. One possible alternative . . . is to use instead . . . the umbrella term "disorders of sexual differentiation". Such an approach would have the salutary effects of improving patient and physician understanding and reducing the biases that are inherent in the use of the current language of 'hermaphroditism'. – Dreger et al.

That old medical terminology had been adopted in 2003 in the mission statement of "The Network on Psychosexual Differentiation". It was that NICHD group of researchers, funded by NIH, who are behind the Northwestern/Penn State DSD Consortium that had hired Dreger:

<http://nichdnet.psych.psu.edu/>
<http://nichdnet.psych.psu.edu/aims.html>
http://www.intersexualite.org/English_OII/IAIA/IAIA_index.html

As lead author of the “disorders paper” and as a spokesperson for the Consortium, Dreger became a staunch defender of that terminology, even as the early backlash developed (although using somewhat obscure logic in her defenses), as seen in a March 2006 ISNA blog entry:

We realize, of course, that any terminology including the word “disorder” can be construed as pejorative. We’d also like to emphasize that we use the abbreviated form of DSD whenever possible. Explaining why this is important, Alice Dreger writes, “we find that, when accompanied by an explanation of what we mean, DSD isn’t terribly stigmatizing. And an important point: the acronym DSD is very useful—and thus, the acronym should be favored over the spelled-out term— because as an abbreviation we don’t focus on ‘disorder’.” We explain what we mean, and then use the term “DSDs.” Thus, we recognize that this is not a perfect term, but we hope ISNA’s supporters and allies will understand that it’s helping us enact real change in medical care. – ISNA Website

<http://www.isna.org/node/1028>

Note: That entry has recently been removed from the ISNA blog page.

To counter the escalating backlash, Dreger and ISNA ramped up their efforts to promote the terminology on behalf of the DSD Consortium during 2006 – including helping with widespread dissemination of a so-called “medical consensus statement” published on May 4, 2006 and again in August 2006. However, contrary to all appearances, that “consensus” involved many medical DSD supporters but had almost no intersex representation.

“Consensus statement on management of intersex disorders”, by I A Hughes, et al; Archives of Disease in Childhood ac98319 Module 2 5/4/06:

<http://www.medhelp.org/ais/PDFs/Chicago-Consensus-Statement-06.pdf>

"Summary of Consensus Statement on Intersex Disorders and Their Management", Christopher P. Houk, et al; PEDIATRICS Vol. 118 No. 2 August 2006, pp. 753-757

<http://pediatrics.aappublications.org/cgi/content/extract/118/2/753>

"DSDs and the Chicago Consensus Meeting/Statement", AISSG-UK

http://www.medhelp.org/ais/15_ANNOUNCE.HTM#16%20Aug%202006

The terminology was then positioned for major national exposure, in a glowing article about Cheryl Chase in the New York Times on September 24, 2006:

["What if It's \(Sort of\) a Boy and \(Sort of\) a Girl?"](#)

However, those efforts have clearly failed, because of the huge backlash that has developed in the intersex community against such terminology – and as prominent researchers such as Prof. Milton Diamond made eloquent pleas for the use of less pathologizing language:

"Variations of Sex Development Instead of Disorders of Sex Development",

Milton Diamond, ADC-Online, 27 July 2006.

<http://adc.bmjournals.com/cgi/eletters/91/7/554#2460>

Just one month before she announced her resignation, and now under obvious pressure, Dreger posted an entry in her blog entitled "My Identity/Politics", in which she said:

"Do I sometimes take crap from people in identity rights movements (like the intersex rights movement) for being a supposed interloper? Sure, sometimes. But most people figure out that it's a good thing to have someone capable helping out."

– Alice Dreger, 14 August 2006

http://www.alicedreger.com/identity_politics.html

By then many intersex people were asking themselves: "With friends like that, who needs enemies?"

And now, in the midst of an unstoppable backlash, Dreger has suddenly announced that she is resigning from the DSD Consortium – and goes

on to criticize others for using the very terminology she has so widely promoted.

Here we have yet another interloper (her own word) who intrudes into the lives of intersex people and does great harm against us, without getting to know us in large numbers and consulting us, and without giving us a real voice through her writings. Then, when the going gets rough and the harm she'd been doing is exposed, she is now simply walking away - leaving it to others to clean up the mess she created.

Disordering the lives of children

By Curtis E. Hinkle

We are no longer hermaphrodites. We are no longer intersexed. We are all men and women with disorders of sex development according to many of the medical experts who have managed our lives over the past decades. We now have a new Consortium for the Management of Disorders of Sex Development and they are proposing to manage the lives of future children born with this disorder. What are the risks involved with this change in terminology? I think there are many.

Is intersexuality normal? No. However, it is totally natural and not life threatening in most cases. There are so many different phenomena in our natural world that are not normal. Our world is filled with people who are not normal in one way or another. However, what criteria do we use to judge whether these natural phenomena are disorders or not? What criteria do we use to determine if a natural variation in the human population is good, bad or neutral? I don't have the answer to these questions because there seems to be no precise answer. It varies with the person making the judgments. I feel that there are two main questions to ask before judging behaviors, variations and other phenomena in the natural world. Are they harmful to society and if so why? Do they pose a serious risk to the individual and if so why? If the reason for the risk to the individual is simply society's reaction to the issue and not any real threat to that society, then is it the individual who should be deemed disordered or the reactions of those judging the individual? I think that it would be most likely that the problem is within the one judging the individual, not the individual being judged.

Now that the managers of disorders are ready to start treating children with these disorders of sex development, I have a few questions about how this pejorative terminology will actually be explained to the child and the consequences of such pathological views that will be used to explain not only the physical sex of the child but the implications this will have on all aspects of the child's life associated with sex, those being their gender identity, gender role, sexual orientation and actual health needs.

Once a parent is told that their child has a disorder, they most likely will assume there must be some treatment to either cure or manage this disorder. The consortium is not holding out a cure because this is not something that can be cured or needs to be cured in my opinion. However, they will become managers along with the parents. Are they

becoming managers just of the child's body which is the initial reason for the diagnosis? No, they are becoming managers of all aspects related to sex in the child's life, their gender and their orientation. What starts out as a physical disorder to be managed is now viewed as a possible psychological problem with other disorders that could become evident if the child does not comply with the gender imposed and also we have the undercurrent of homophobia. Some of these managers may inform the parent that their child is more likely to be homosexual as a result of the disorder which could make a lot of parents think that the homosexuality is also a disorder, part of the original diagnosis when told their child has a disorder of sex development.

There are many people who do believe that homosexuality is a disorder and they are involved in research to prove it. They may not use the word "disorder" at this time but when links are made with intersexed children, it would be much easier to introduce this concept of homosexuality being a disorder also. Once you decide that certain variations of sex development are disorders, then most behaviors closely connected with that group could be viewed as part of that disorder.

When would a manager of the child's disorder reveal to the patient that they had a disorder of sex development? How could this be done in such a way that the child does not feel that puberty, identity and other essential aspects of their lives would not be disordered also? I don't think there is. The very term "disorder" implies that compliance with the protocols will be essential not to be disordered, not to have a disorderly life and that the managers are the only ones who have the solution. But they are not living in the body of the child. They are not living in the mind and heart of the child. Children do not have the words or the experience to understand sex, gender and orientation.

When speaking with children, one needs to keep it simple. This is why I like Dr. Hazel Beh's and Dr. Milton Diamond's suggestion that we use the term variation. It is easy for a child to grasp that boys and girls come in all varieties. They can look around them and see that there are all kinds of boys and girls but that each kind or variety is not necessarily a bad thing or a good thing. We are just all different. What is damaging to a child is to feel that they are not just a different kind of boy or girl but that they are a disordered or defective boy or girl. This has very serious implications for the child and could make their future development even more stigmatic and traumatizing while interacting with those in control of their bodies.

Every feeling the child has could be internalized as part of the disorder and something else that needs management and which is shameful. Not feeling like other boys or girls, not looking like other boys or girls and not having a sexual orientation that is like most other boys or girls could be and most likely will be interpreted by the child as part of their original diagnosis, part of their disorder of sex development.

Welcoming children into our lives is a wonderful gift for many of us. Watching them grow and holding out a helping hand not only enriches our lives but builds character and strong bonds which overall helps society as a whole. Let's give intersexed children the assistance they need to live in a world that does not understand them and make sure we do not simply manage them and further damage them with pathological, pejorative terms which make them not only feel different but defective and defective in one of the most essential parts of what our society has deemed all people must be to be fully human – their sex.

Handbook for Parents is transphobic and homophobic

The Consortium for the Management of Disorders of Sex Development in Children has published a handbook specifically for parents of children born intersexed or as the Consortium prefers to call them – disordered in their sex development. It is very revealing that the consortium has published handbooks for doctors and for parents but nothing for the actual child. There is a reason for this. The Consortium serves the interests of the two groups just mentioned at the expense of the child being managed.

This Handbook for Parents is very misleading and gives parents a lot of misinformation about intersexed children. It minimizes the suffering and trauma that many have reported over the years about being assigned the wrong gender and also being persecuted for being lesbian or gay. The propaganda in this handbook repeatedly brushes aside the serious issues of transphobia and homophobia which many of intersexed people have experienced from their earliest years and throughout life. The handbook is not about making intersexed children actually feel secure and comfortable with themselves but more about assuring the parents that their intersexed children will most likely NOT be transsexual or homosexual.

The Consortium has heralded these publications as advances in the healthcare of intersex children and not about "gender". However, if one takes the time to read the Handbook for Parents, that is all it is about – gender. And how could it be about much of anything else? The whole reason for combining a lot of different conditions which have nothing in common medically under the umbrella term "disorder of sex development" is not to treat real health conditions of intersexed children but to relieve the sufferings and anxieties that gender "ambiguity" provokes within society.

The introduction of the Handbook for Parents makes this very clear:

"This handbook does not include a large amount of medical information about your child's specific condition. That is because there are many conditions that count as disorders of sex development (DSDs), so it would be impossible for us to cover them all. Instead, this book is meant to give you some basic information about sex and gender development."

The actual research on intersexed children is not truthfully dealt with in this handbook and one needs to ask why. The actual experiences of

thousands of intersexed adults are not dealt with either. Many intersexed adults have denounced not only the early, barbaric treatments but also the very reason for the treatments – to assign a gender without consent or input from the child. Many have also denounced the homophobia that they were subjected to in childhood and later in life. Their narratives and personal experiences are almost invisible and actually trivialized in this handbook so as to give comfort to parents who most likely do not want homosexual or transsexual children.

Parents should be told truthfully that their intersex child is more likely to reject the imposed sex assignment and they should be prepared for just how difficult it will be in most states to do this, if not outright impossible. They should be prepared to cope with the intense trauma and psychological damage that adults have reported who are transsexual or intersexed and assigned the wrong sex. They should be prepared to deal with the very large number of intersexed people who have felt very damaged by the gender they were assigned and there are many of them and more and more are coming forward each day.

We also know that intersexed adults are much more likely to be lesbian or gay and this should not be trivialized or brushed off as it is in this manual. The mistreatment that young children are subjected to who are homosexual is not dealt with adequately and since the parents are usually heterosexual, they are probably not able to understand the long-term damage that many lesbians and gays have reported from such abusive treatment and prejudice they experienced growing up.

One of the most glaring contradictions between the handbook for parents and the handbook for doctors of intersexed infants is rooted in the very transphobia which permeates these documents. The Handbook for Parents repeatedly states that we do not know what determines a child's gender identity. The Handbook for Doctors repeatedly assures other doctors who are assigning the gender of intersex infants that they can do this quite easily by simply following the guidelines based on the intersex condition of the infant. How could we have no clue what determines gender identity on the one hand and on the other be so sure that doctors can determine the gender arbitrarily by following the guidelines of the DSD experts? Well, it is quite simple. It is always the child who is disordered in these handbooks. If the intersex child rejects the arbitrary sex assignment, they have another disorder. What started out as a disorder of the child's sex has become a disorder of the child's gender and the doctors

are still totally correct at all points of the treatment protocols and the child is always wrong and suffering from a disorder.

Another interesting transphobic detail, other than constantly asserting that intersex children almost never reject their sex assignment, is expressed when we read that in very rare cases the child may grow up and seek a sex change along with surgical and hormone treatments. Nowhere does this expert mention the most likely fact that the adult had already been altered in childhood without consent. An interesting omission because these earlier procedures can have severe consequences later in life by totally altering the genitalia and sensitive tissue and/or hormonal balance making adult reassignment much more difficult.

This document does not prepare parents for the problems that normalization often causes such as post traumatic stress and other psychological damage to the child. What is so tragic is that in this handbook for parents the disorder is always in the child and the parents are given the false impression that all will be well, i.e., that most likely their child will not be gay or trans. Many intersexed adults feel that the parents would be better served by learning to deal with their own prejudices if they have any and embracing the richness of identities within the intersex community. Those identities are conspicuously absent in this handbook because the subtext of homophobia and transphobia make it almost impossible to not think that part of the normalization process is to prevent other "disorders" also.

Pathological (hetero)sexism and the medicalisation of sex in children
Intersex – The sex that dare not speak its name
by Curtis E. Hinkle

It is hardly a newsflash that we live in a sexist society. However, just when we think we might be making progress in our struggle for equality and dignity, we are sometimes surprised at the backlash and the political power behind it. We have seen evidence of this powerful (hetero)sexist machinery in the United States just recently with the announcement by ISNA, the Intersex Society of North American, concerning its embrace of the term “disorder of sex development”. This term is supposedly better for children than the term “intersex”, according to this US group.

I read an article just the other day by Vincent Guillot, an intersex activist in Europe, entitled “C’est à nous de sortir du discours médical” (“It is up to us to distance ourselves from medical discourse”). I agree. It is also up to those of us who are intersex adults to speak out against pathological (hetero)sexism and its devastating effects on intersex children. We were once children. The doctors and experts who speak for us often do not have our best interest at heart. They are part of the sexist machinery which has so damaged many of us as children, who have not listened to us and who continue to control our lives.

The fact that many intersex adults may in fact feel that they suffer from a medical condition in no way should silence those of us who disagree with this view of our sex. The term intersex was quite capable of being used as both a medical term referring to a condition of atypical sex differentiation and those wishing medical help were able to get help with all the current pathological diagnoses which are associated with those of us who have bodies which are not standard male or female. No one was dictating to the intersex adults who viewed their bodies from a pathological perspective about how to seek help, nor was anyone saying they did not have a right to view their intersex condition as a pathology. The situation has changed drastically however with the term DSD or “disorder of sex development”. This disenfranchises a large segment of the intersex community because it is purely pathological, sexist and humiliating to many of us. We also have a right to protect children from such damaging, sexist, pathological politics which are entrenched in our medical, legal and social institutions.

Let's look closely at this term. It may help us understand the mentality of those who would choose to use this in speaking about a defenceless child. First of all, they are saying the child is disordered. Merck is the publisher of one of the most popular medical reference books in the United States. This is the definition of "disorder" from their website: "a derangement or abnormality of function; a morbid physical or mental state." (1) From the day of birth and often even before birth, the intersexed child is now going to be labelled as deranged or abnormal because there is a perceived malfunction or morbid physical state. This deranged or abnormal malfunction is based on centuries of defining people by sexual reproductive function. To define a child based on their future sexual and reproductive function is clearly sexist and something most children would not understand since most have no concept what it means to be sexually functioning adults. It sexualizes infants and sends the message that their real purpose in life is to have biological parts which would work heterosexually for reproductive purposes even if no treatment devised will probably permit many of them to reproduce. The proposed treatments often simply allow the intersexed infant to simulate heterosexual activity later in life, something the child may have no interest in as they mature and come to terms with their sexuality or lack of sexual interest. It is incorrect to assume that all children will want to simulate heterosexual copulation as adults. This often makes them even more ashamed because they are being treated for a deranged state (that of not being born with what is deemed proper for future reproductive, and therefore heterosexual, functioning). Their body becomes a destabilizing element to such sexist, political institutions and the young child is propelled into an array of sexist discourse about who they are and what their body should look like in order to have any hope of fitting into the system. But what I would like to ask is this: Is this really helping the child? Is the child really deranged or abnormal? Does this really require medical intervention? What is really sick about the body of the intersexed child? Why does the child need to be ordered? I think that the answer to everyone of these questions is based on profoundly sexist and heterosexist political discourse which controls our societies and has little to do with the interest of the child. It is all about the health of the heterosexist political institutions in our societies. The disorder or derangement is not in the body of the child in my opinion; it is in the society which the child is going to have to live in which is going to use a whole panoply of biomedical technology to enforce an unnatural order which has been accepted as self-evident and therefore requiring all possible measures to impose this unnatural order on all bodies which do not conform to the sexist division of all people into female and male. To blur the arbitrary division between

these two categories of people is threatening to (hetero)sexist dictatorships which thrive on male/female dichotomies and the resulting power they receive within the system. The inequality of power among members within this system is not viewed as the real threat. No, it is the body of a defenceless child which is the battleground and s/he will pay a big price for having a body which questions the arbitrary, sexist categories required to make the heterosexist system work.

Sex is the next word in the new term "DSD" used to replace intersex, the sex that dare not speak its name. The following is a rather good definition of what most people are talking about when they use this word:

"A biological construct premised upon biological characteristics enabling sexual reproduction" (from Krieger N. A Glossary for Social Epidemiology, J Epidemiol Community Health 2001; 55:693-700.)

We see the inherent heterosexism in this definition. From a biological perspective, sex in humans is basically dimorphic. But even from a biological perspective, sex cannot be defined as dimorphic. However, biology is just one area of science dealing with the human body and sex. From a genetic perspective, sex in humans becomes much more complex and less dimorphic. Genetic variations within individuals which would make them not standard male or female are numerous, with very few people being totally male or totally female. Even using the terms "male" and "female" when referring to genetic markers poses serious problems because what one is calling a "male" marker does not inevitably lead to "maleness", etc. The sexism of the arbitrary, binary construct becomes even more obvious when trying to talk about genetic components of sex.

The message that many intersexed children will hear is that their sex itself is a disorder, a disability and a deranged physical state. This does nothing to relieve the shame and stigma associated with being intersex. I feel it only increases the shame and stigma because we are once again making intersex the sex that dare not speak its name. Just as being a hermaphrodite was so humiliating, the more accurate term "intersex" now is deemed too "political" to use when speaking about an infant. (See article by ISNA about why they feel intersex is too political.) (2) What is really wrong with not being clearly male or female? Can we not love a child that does not meet these unnatural norms? Red hair is not typical but it is natural for infants to be born

with red hair and it is just as natural for children to be born intersex and it usually requires no more medical treatment than being born with red hair. Both children, the one with red hair and the intersexed child need love and acceptance from parents. Denying who you are and pretending you are not intersexed is not a loving, nurturing act in my opinion. It further damages the child.

We have two officially legal sexes. This legal system is necessary for a heterosexist patriarchy. However, it is not natural. It is politically and socially imposed and the intersexed child risks paying an extremely high price for revealing the obvious – there are not just two sexes. The child was unfortunate enough to be born of a sex that dare not speak its name – intersex.

Next, we have the word “development” as part of the new medical diagnosis for the young child. I have personally felt that the word “differentiation” is more accurate because what the medical experts are viewing as disordered is that the foetus did not differentiate “properly” into a male or a female. The word “differentiate” seems more accurate because we are actually talking about maintaining strict “differences” between male and female. Choosing the word “development” appears obfuscating to me – as if the DSD activists are trying to say that the problem is just that certain reproductive parts did not develop properly when the problem really is that the child is defying the strict and very arbitrary divisions between what we classify as male or female. This is clear if we were to consider how a child born with a big penis is treated. Most likely the child would not be viewed as having a disorder of sex development, even though the genitalia would be “overdeveloped” in relation to most other infants born. No, having a big penis would not blur the sexist legal categories of male and female. There would be no treatments for this child most likely. The problem is not clearly being differentiated as male or female and has nothing to do with development, underdevelopment or overdevelopment.

I read an interesting commentary by a very articulate intersex activist who mentioned the connotations of the word “development” and his reasoning made a lot of sense to me. By using this term, the child is being told they might be undeveloped. This is certainly not a very enabling way of talking about children.

What it seems to boil down to in my opinion is that those of us who did not develop into the full malehood are now simply underdeveloped people and children. This keeps the category “male” even safer and

harder to attain, even though many of us identify as male or live as male.

I think that those of us in the intersex community who disagree with this sexist politicization of intersex infants and their bodies have a right to speak out. Others have the right to speak for children also, not just a select few.

In my opinion, being deranged, deformed, of the wrong sex, and undeveloped does not help infants and children. Dare to speak up for them. Dare to speak the sex that dare not speak its name – INTERSEX.

Footnotes:

(1) Mercks definition of disorder is found at <http://tinyurl.com/7flku>

(2) "Parents and doctors are not going to want to give a child a label with a politicized meaning." From ISNA's article on why they are using the term DSD (Disorder of Sex Development) found at <http://www.isna.org/node/1066>

DSD: North American Medical fascism and manufacturing consent

By Curtis E. Hinkle

Founder, [Organisation Intersex International](http://www.organisationintersexinternational.org)

One of the most important questions to ask concerning the controversy surrounding the term “DSD”, Disorders of sex development, as a replacement for intersex is a simple one. Why do we need to have a name at all? Why do we need to have a diagnosis at all? Other important questions include who is naming us and for what reasons? Does this have anything to do with us at all? Should it even concern us?

In the last several years, many people who are not intersexed have been working to come up with a new term to replace the term “intersex”? It is interesting that we in OII have found almost no intersex people that were actively involved in this search for a new term. We have found almost no intersex people who had previously been writing articles and scientific justifications for replacing the term intersex with the term “Disorders of Sex Development”. We therefore conclude that the search for a new term was something of intense importance to people who are not intersexed but of little or no importance to intersexed people themselves. The only exception that I can document is Cheryl Chase, the one intersexed person who co-authored the following article with Alice Dreger and Dreger’s husband, Dr. Aron Sousa.

“Changing the Nomenclature/Taxonomy for Intersex: A Scientific and Clinical Rationale”, Alice Dreger et al, Journal of Pediatric Endocrinology & Metabolism, 18. (729-733 (2005).

<http://www.medhelp.org/ais/PDFs/Dreger-Nomenclature-2005.pdf>

In this article, the authors propose replacing the term hermaphrodite and the 5-sex system which divides humans into females, males, true hermaphrodite, male pseudohermaphrodite and female pseudohermaphrodite with the term “disorders of sex differentiation” (later changed to disorders of sex development) because this would work better in a medical context. What is so problematic about this article which was seminal in the shift from intersex to DSD is that there is no challenge to the assumption that intersex variations need to have a medically accurate name at all. The whole article is based on the assumption that sex variations are indeed pathological and require treatment. However, the article gives no proof at all for such an assumption and that is the serious contradiction in the arguments put forward in the article. Any serious medical conditions that a person who is not standard male or female has are exactly the same medical conditions that standard males and females have. The more important question would have been to focus on medical conditions that actually do affect people who are intersex and explain how these might require slightly different medical treatments than in a person who is not intersexed. However, this article assumes that one’s sex variation is the disease to be treated and never challenges that

assumption and it concludes by suggesting that one approach would be to use etiology-based diagnoses. (1)

For years both Dreger and Chase stressed that intersex was not a pathological condition but a biological variation. "Intersex is a socially constructed category that reflects real biological variation." (2) If this is so, it is also obvious that the shape and size of one's nose is also a biological variation just as the size and shape of one's clitoris. If a person wishes to change the size and shape of one's nose, that is available to them and there are surgeons who will do these operations for them. There is no group I am aware of that is coming up with an umbrella term to include all nose variations in the population which would make all these variations a medical pathology and which could justify changing the shape of noses without the consent of the person with the nose. Parents can still have cosmetic surgery on a child's nose if they feel it will prevent their child from functioning well in society. There could be an argument made that nose shape and size could be more stigmatizing than the size of one's clitoris or penis because we usually present ourselves in public with our noses exposed.

Despite the good intentions that are expressed in this article, the medical emergency that intersex supposedly represents is what is the focus for justifying the change of the terminology. In this article, the emergency now is coming up with a medical diagnosis which will classify all variations of sex development so that people with this "medical emergency" can get better treatment. But shouldn't the more basic question be to ask why this is being treated at all? That is not the case.

Dreger's article promotes the use of the old-time medical phrase "disorders of sexual differentiation" (later changed to "development") – using the straw man of "hermaphroditism" as if it were the word being replaced (instead of intersex being the word they wanted to replace):

In conclusion, we suggest the language of 'hermaphroditism' and 'pseudohermaphroditism' be abandoned. One possible alternative . . . is to use instead . . . the umbrella term "disorders of sexual differentiation". Such an approach would have the salutary effects of improving patient and physician understanding and reducing the biases that are inherent in the use of the current language of 'hermaphroditism'. – Dreger et al.

That old medical terminology had been adopted in 2003 in the mission statement of "The Network on Psychosexual Differentiation" and the Johns Hopkins. It was that NICHD group of researchers, funded by NIH, who are behind the Northwestern/Penn State DSD Consortium that had hired Dreger:

<http://nichdnet.psych.psu.edu/>
<http://nichdnet.psych.psu.edu/aims.html>

It would appear that the Johns Hopkins Medical University (responsible for all the traumatizing experiments on intersex children by Dr. John Money and the theories he developed which continue to justify irreversible sex assignment surgeries) has a vested interest in protecting itself from the possible litigation that could have been directed against them and it was the Johns Hopkins Medical University which started using the "disorder" terminology even before the NICHD. It is also interesting to note that the author and central figure in this shift in terminology, Alice Dreger, is the associate editor of one of the official publications of the Johns Hopkins University Press. [\(3\)](#)

There seems to be a conflict of interest on Dreger's part. And if you read her articles closely this conflict of interest will become more and more evident. What appears at first to be a move towards depathologizing intersex starts being seen for what it really is – a way of pinning down intersex and ALL variations of sex differentiation as an illness.

In a recent lecture at the Kinsey Institute that Alice Dreger entitled: ["No Matter How You Slice It? Parsing Intersex"](#), Dreger stated:

"A couple of people at my Kinsey talk pressed me about the terminology and asked me to work more on trying to find a new, better term. What about, for example, "variations of sex development," as some have suggested? Honestly, I don't see that term flying in the medical system; I've asked about it, and it doesn't go anywhere. Part of the reasonable fear among medical professionals is over-de-pathologizing sex anomalies. . ." [\(4\)](#)

Sophie Siedleberg responded to Dreger's pathological defense: "Reasonable fear of de-pathologizing sex anomalies? Like what is that supposed to mean? That doctors are upset because some people object to terminology that in law allows the doctors to slice, dice and rotate children on a spit or something?" [\(5\)](#)

Is there a need for name for sex variations at all? Many people will not feel there is and feel comfortable with the terms male and female but to others the term intersex appears helpful and has been working well for many of us. It is to be noted that no one is imposing this term on anyone. It is not a legally imposed sex and intersex activists are not working to impose this term on people in a medical context either. Nothing could be further from the truth. People born with sex variations are free to consult doctors for problems which affect their health but does that give them the right to work to impose medically defined pathologies on all people who are born with sex variations who see their body as a natural variation, not a medical emergency? The fact is that there are almost no intersex people involved in doing this. It is people like Dreger who is not intersex and medical doctors and parents who are behind this and we should hold them accountable and ask them why they want to humiliate us and pathologize us.

Footnotes:

1. Page 733. "Changing the Nomenclature/Taxonomy for Intersex: A Scientific and Clinical Rationale", Alice Dreger et al, Journal of Pediatric Endocrinology & Metabolism, 18. (729-733 (2005).

2. What is intersex? http://www.isna.org/faq/what_is_intersex

3. According to the official site for the journal Perspectives in Biology and Medicine, the Associate Editors are Alan N. Schechter and Alice D. Dreger. http://www.press.jhu.edu/journals/perspectives_in_biology_and_medicine/editori

[al.html](#)

(4) Dreger, Alice. *Why "Disorders of Sex Development"?* (*On Language and Life*)

<http://www.alicedreger.com/dsd.html>

(5) Siedlberg, Sophia. Treestumps and Broomsticks.

http://www.intersexualite.org/Siedlberg.html#anchor_12

Medical Fraud and Quackery (Satire)

A fable by Curtis E. Hinkle

Imagine a world in which people were only allowed to have blonde or brown hair. The inhabitants of this world are totally convinced that all people can be divided into only two categories – those with blonde hair and those with brown hair. This is a myth but one that is so entrenched in the minds of the inhabitants that when a child is born with orange hair, they simply insist that the child's hair really is either blonde or brown and they need to have experts from the medical community to help them diagnose what condition has resulted in the child's disorder of hair development or DHD, formerly simply known as orange hair.

More and more orange haired people were starting to live openly without hiding their orange hair and were proclaiming that they were actually pleased with their natural color hair and resented all the prolonged enforced treatments that they had been subjected to in order to make them appear to have blonde or brown hair. A certain group called the Orange Hair Society of the Universe had been instrumental in making people with orange hair feel they had some right to be who they were.

As the years went by, the people in OHSU started insisting that they really were blonde and brown haired people and that in fact very few people born with orange hair actually identified as orange-haired people. They later decided that it would be better to do away with the very term used in the name of their organization – Orange Hair – and replace it with the term DHD – Disorder of Hair Development, but keep the name of the organization the same.

Many people with orange hair were very disturbed by this new terminology which made their hair color an illness and a disorder to be treated in childhood, something they had been working to change. Those who objected to this new disorder concept also felt that this would make children with orange hair even more ashamed and likely to want to hide who they were in a society structured only to accommodate people with blonde or brown hair.

The OHSU started selling guidelines that medical quacks had come up with for dyeing the hair of all infants born with orange hair. In this consensus statement published by a Consortium for the management of infants born with DHD's, a whole group of very different medical illnesses and disorders were grouped together under this new medical diagnosis called a Disorder of Hair Development. The OHSU published

news releases with great fanfare stating that this was a big breakthrough for the treatment of children born with orange hair and that these new guidelines written by quacks would finally help us move away from the single-minded focus on hair color and start dealing with the real health problems of children with DHD's.

What was so fraudulent about all this was that this new diagnosis – DHD – included diseases that had nothing at all in common. It included diseases that affected a sizeable part of the population but very rarely resulted in orange hair along with other conditions that always caused infants to be born with orange hair and other conditions which might cause an individual to develop orange hair later in life. The underlying causes for developing orange hair were so different that one was left to wonder how this new diagnostic scheme could actually facilitate any sort of recommendations concerning medical care for people with this new disorder other than treating the color of the hair because that was the only thing that all these different conditions had in common. Other than that, the health needs of the individual children with DHD's would be so different from group to group, condition to condition, that a consensus would actually be impossible because they had no real medical illnesses in common.

Adults affected with orange hair started reading the guidelines and discovered that the whole consensus was simply fraudulent in its allegations that this was about treating the real health needs of infants with orange hair. After reading through the guidelines of the Consortium, many adults with orange hair realized that the guidelines were nothing but a handbook for removing any evidence of orange hair that would be visible in public and telling the parents and legal authorities which color of hair the infant really should have – blonde or brown. Each condition which might produce an infant with orange hair was accompanied by the appropriate blonde or brown hair category and that category would be imposed on the child without consent based solely on the condition the child was born with.

The OHSU has published in its latest press release that these guidelines published by the Consortium for the management of Disorders of Hair Development in infants are not about hair color but a great step forward in the health care of orange haired people.

New Guidelines for Sex Development Disorders - Parody Sci-Fi by Curtis E. Hinkle

**Release Date: Sept. 19, 2006
Planet Normalis Hermaphroditus**

One particular planet in our galaxy has been plagued recently by more and more births of children who differentiate sexually into extreme male or female and this has caused the doctors and parents who are all hermaphrodites to study the underlying causes of this abnormality within their population. As a result, the doctors and parents have just announced the publication of new guidelines for the management of children born with disorders of sex differentiation, also known as DSD's. The goal of the Consortium, a group of hermaphrodite doctors who wish to help male and female children by making them appear hermaphroditic, is to normalize these children so as to help both their parents who are hermaphrodites and the children themselves by making it possible for them to fit into a unisex society.

Sept. 19, 2006 — A consensus statement published in the September issue of the Archives of Disorders of early Childhood reviews the management of sex differentiation disorders in children.

"The birth of a child that is not a hermaphrodite prompts a long term management strategy that involves a myriad of professionals working with the family," writes Ian A. Phooey, MD, and colleagues from the Consensus Group from the Department of Pediatrics, University of Juno, Confederation Galactica.

"The initial contact with the parents of a child with a DSD is important, as first impressions from these encounters often persist," the panel writes. "A key point to emphasize is that the DSD child has the potential to become a well adjusted, functional member of society and pseudo-hermaphrodite who for all intents and purposes will be visibly indistinguishable from a true hermaphrodite."

Clinical evaluation should include family and prenatal history, general physical examination to detect any associated dysmorphic features, and assessment of the genital anatomy in comparison with published norms typical for hermaphrodites. Features suggesting DSD include overt genital absence of a phalloslit or a vaginal opening, a phalloslit that is too long or too short and gonads which are not mixed. The underlying causes could be a result of insensitivity to estrotestrogen and/or a lack of an extra X chromosome, making them XX or XY instead of XXY.

They have come to the following conclusions:

- All children must be legally hermaphrodites and be normalized to look like hermaphrodites.
- All phalloclits which are more than one inch long will be surgically corrected to appear normal.
- All phalloclits that are shorter than 2 centimeters will be hormonally corrected by testosterone injections.
- Any child born without a vaginal opening will be surgically corrected.
- In the end, all children will have phalloclits and vaginas and will be ready to participate in a unisex society.

The treatments to maintain health and normalization will need to be life long and any identities that do not conform to intergender (or hermaphroditic identity development) will be treated as a gender identity disorder and a specialist will help the children and adults develop a healthy hermaphroditic gender identity (intergender) so as to avoid extreme male and female identities which are bipolar disorder deviations.

The local Male and Female Human Rights Association on the planet heralded this as an advance in health care for all children who were born with a male or female sex differentiation disorder. Some splinter groups of males and females who actually are much bigger than the MFHRA are declaring this to be a violation of their human rights and demand to be accepted as the males and females they are.

The doctors and parents laughed at such a silly notion. The very idea - to let THOSE people have a say in our planetary affairs.

Talking About What Matters?

A response to Alice Dreger

From: Curtis E. Hinkle, Founder OII

Revised by Jim Costich,

OII-USA (New York)

www.intersexualite.org

I am writing this response publicly because I write this in fear of further distortions and retaliation from the self-appointed Mother of the intersex community in the United States, Alice Dreger. She recently wrote a blog in which she once again tells us in the intersex community what is best for us, something which has been typical of her activism for years: "The Mommy Knows Best" syndrome of intersex activism. The title of her blog entry is "[Talking about What Matters](http://www.alicedreger.com/dsd)" (<http://www.alicedreger.com/dsd>).

In this blog entry and others she has recently written, the message is clear:

We, the intersexed, do not matter.

I think it is time to tell Ms. Dreger just how offensive her activism is to many intersexed people from all over the world and it has indeed been VERY offensive to many of us for the following reasons:

- 1) She has a history of silencing people and denying them access to being heard if they do not conform to HER ideas on sex and gender.
- 2) She works closely with people who have eugenic ideas concerning children who are not born "normal". She actively defends them as serious scientists and condemns those who oppose their pseudoscience as the ones who are radical. She has been actively defending J. Michael Bailey, well-known for supporting selective abortion for homosexual fetuses and who is now involved in intersex research along with Alice Dreger. [See footnote (a)]
- 3) She has consistently refused to give any visibility to Intergender issues and has written that Intergender does not in essence exist. In her world only males and females have a "real" gender identity. All others need help from her experts from the Consortium of DSD, (Disorders of Sexual Development) to know what gender they "should" be. In essence, she advocates forcing gender assignments on the intersexed. [See footnote (b)]

4) She is one of the main architects of one of the most universally offensive paradigm shifts in intersex protocols in recent history. It is she who wrote the article that recommended that the term "intersex" be replaced by "Disorders of Sex Development" and she did this without consulting almost anyone in the intersex community. It is almost impossible to find any support for such pejorative terminology among actual intersexed people.

[See footnote (c)]

5) She has consistently been in favor of pathologizing any rejection of one's original sex assignment and has written many times over the years that transsexuality is a mental illness.

6) She is now recommending that a person with a sexual fetish for feminizing surgeries, Anne Lawrence, be invited as a speaker. People in the intersex movement adamantly oppose Anne Lawrence and others who have surgical fetishes being involved in intersex. Lawrence is now on an influential APA committee for intersex. Not only is this offensive to many intersexed people who suffered genital surgery as infants in order to "normalize" their appearance but Ms. Lawrence is in no way connected to actual intersexed people. [See footnote (d)]

7) She misrepresents the objections of intersexed individuals to the denial and erasure of our experience of ourselves by accusing us of promoting establishment of a third gender. What we have been advocating in OII is allowing the intersexed child self-definition and self-determination of their bodies and identities. Intersexed people and our allies from all over the world have voiced our objection to the physical violence against our bodies and the psychological violence against our lives imposed by a medical paradigm that was not patient centered. She has mistranslated this to mean that we want to be raised as a third gender and that mistranslation furthers a violent image of us as freakish and marginalized.

Ms. Dreger does not in fact talk about things that really matter to the intersexed. The following list illustrates some of the things she has misused her position of power to impose on the intersexed. These were done without knowledge of or input from actual intersexed people themselves. We object!

1) Supporting the eugenics movement and conflating intersex with a birth defect.

2) Perpetuating the binary identity movements of male and female only.

- 3) Telling doctors to change the terminology from "intersex" to "Disorders of Sex Development".
- 4) Actively supporting a well-known sex fetish and one of its main apologists, Anne Lawrence and thereby conflating issues involving people who get sexually excited at the idea of feminizing surgeries and children who undergo these same surgeries without consent.

Not only do all the above issues not matter, they actually undermine intersex visibility and progress. Intersex is not about identifying as a male or female which is something that applies to the whole human population. Intersex is not about birth defects to most of us and it is certainly not a disorder to most of us. And please, no sex fetishists for feminizing surgeries need apply to "help" us. Intersexed people, by and large are ardently working toward an end to genital surgeries which have been historically forced upon us without informed consent. I would recommend that Dreger start talking about what matters: actual intersex issues as articulated by intersexed people and that she stop supporting eugenics, sex fetishes, imposing binary male/female identities on all people and calling the whole intersex community disordered.

Footnotes

(a) To read about Dregers' defense of J Michael Bailey and his support of homosexual eugenics see:

[DSD: Homophobia and Transphobia exposed](#)

(b) To read Dregers' view that Intergender does not exist:

Quote from Dreger: *Second, and much more importantly, we are trying to make the world a safe place for intersex kids, and we don't think labeling them with a gender category that in essence doesn't exist would help them.*

Source: <http://www.isna.org/faq/third-gender>

By the way, I am not aware of anyone in the intersex community who is advocating raising children as third gender. What we have been advocating in OII is allowing the child to self-define. However, many intersexed people all over the world would disagree that Intergender does not in essence exist and actually consider that perspective a form of violent erasure of our existence. – Curtis E. Hinkle

(c) To read about Dregers' responsibility in changing the very label intersex people are to be called, read:

[Alice Dreger: Disorders of Sex Development](#)

(d) To read about Dreger's support of Anne Lawrence, who promotes the rights of those with a sex fetish for feminizing surgeries see:

http://www.alicedreger.com/in_fear.html

Quote from Dreger's blog: *P.S. Several readers have asked me who I would recommend if they were interested in inviting a transgender activist/advocate to their campus to speak. I recommend clinician and scholar Anne Lawrence, M.D., Ph.D. whose work has focused on improving healthcare for transgender women like herself;*

Why the intergender community is so important to the intersex community?

by Curtis E. Hinkle

Often those of us who are intersex who also affirm our intergender identity are marginalized not only by society at large but by the intersex community itself. It is time that we take our rightful place at the table and articulate our own views about the importance of our presence. We must speak up and resist the erasure of our identity both within the intersex movement and elsewhere. Our inclusion in society is crucial to ending the underlying violent oppression that many different people face, not just the intersex community.

One objection that often comes from intersex activists is to dismiss those of us who are intergender as insignificant because we are a minority. First of all, how do they know this to be so? Simply looking at one's small circle of intersex friends and extrapolating generalizations from that close-knit community is very misleading. There are many intersex people all over the world who do identify as intergender. I don't accept the premise that those of us with intergender identities are a minority. But, what if it we were? Is that a reason to dismiss us and our issues? If so, then society is perfectly justified in dismissing intersex since the definition that most experts give for it makes it such a small category of people. So-called "specialists" have defined intersex in such a limited way in order to erase almost all ambiguity which does not confirm the binary categories for sex which have been constructed in our societies and this is the same reason people, even intersex activists, erase intergender. They are just as uncomfortable with ambiguous gender as society is with ambiguity of sex. But what is really ambiguous, an intergender identity or the definitions that we have used to define gender? For the same reason that intersex is viewed as ambiguous, the ambiguity of gender ascribed to the intergender individual is not in the person but within the faulty binary lens that others view us through.

Another disturbing reason why many activists and "experts" dismiss intergender is a direct result of their insistence on a very essentialist definition of intersex. They often appear to have a vested interest in excluding as many people as possible from their "special" class. This seems quite odd for such a marginalized group of people as the intersexed, but it is true. However, the threat to the intersex movement is not from the intergender community. It is from the very essentialist ideas about intersex that many activists perpetuate based on faulty biological and pathological definitions which not only erase our existence by being so limited but also justify the elimination of any further "ambiguity" and intersex altogether.

No one has a problem with the idea that most people with female gender identities are of female sex and do not contest this. Is it not a rational assumption that most people with intergender identities are in fact intersex (i.e. of intermediate sex)? I think so. Should I require some medical proof that they are intersex? That is absurd. I would never ask a female or male to provide medical

proof that they were a woman or a man. What would be the point? Male, female and intersex are not discreet categories. There is no clear way to determine where one category ends and the other begins. Why not let the person tell me who and what they are? I think they would most likely be more accurate than some outside expert who most likely views intersex as a rare pathology as most medical experts do – a view which is not scientific and which geneticists would not accept.

If we are ever going to expand our community and our visibility, the intergender community is essential. There is no way to exist socially without a gender. Gender is about how we perceive ourselves in relation to others within a social context. In other words, it is our most basic interpretation of where we fit based on our own core feelings and identity. To minimize intergender is one of the most effective methods for erasing intersex because it perpetuates the blindness and intolerance which is one of the main justifications for intersex genital mutilation and other pathological views of intersex.. Would it not be healthier for society to deal with the actual variations within the human population rather than to continue passing laws, making medical decisions and other intrusive forays into our private lives in order to enforce norms that most people really can't meet? I think it would be and in so doing, we would be further deconstructing the binary construct of sex which is at the root of the binary gender expectations.

Another important contribution that intergender activists bring to intersex activism is their insistence on being viewed as whole people, not just bodies. They force us to take our focus from the body and away from an essentialist idea of who we are to the more basic idea of how we actually perceive ourselves and where we fit. For intersex activists to stay focused primarily on the body and our trauma without incorporating the needs of the actual individual in that body and his/her gender identity serves little purpose in the long run because we are seeking to be an integral part of humanity. One cannot be deemed human and intersex legally. To exist as a human legally, you must be categorized as male or female. By listening to intergender voices, we begin to understand the frustration of being silenced and mutilated psychologically and emotionally within this binary system. We have to be allowed to speak for ourselves and insist that not only does intersex exist but that it is the sex of a large part of humanity and moreover that many people are realizing this on their own, i.e. that they are not simply male or female but intergender. Their solidarity with us will help us eliminate a lot of the stigma associated with being intersex.

This is probably the most significant contribution of intergender activists. We clearly force society to deal with the fact that intersex bodies are not just mutilated but our identities are often mutilated too. This is something that many people can understand because it is obvious to a large segment of the humanity that the current social construct of sex and gender as a binary is oppressive and mutilating to their self actualization as fully functioning members of society. This increases our visibility and the solidarity from others that we so need for our very survival. Most people can see that gender stereotypes are harmful and this is

something that affects not just intersex people. We welcome our closest allies who are intergender to join us. They understand our erasure, the silence that has been imposed on us. If everyone is just a man and a woman with male and female identities, then what is the purpose of intersex activism really? What do we have to offer society if we just stop a few medical treatments and disappear once again while society continues to forcefully categorize us and insist that we meet norms that are unrealistic and unnatural, while using violence and sexist propaganda to maintain this inhumane system?

Organisation Intersex International – Official Positions

On Health Care

Our societies have accepted a binary construct between male and female which does not reflect Nature and the enormous variety of possible sexes which overlap one another in various gradations on a spectrum with male at one end and female at the other. The arbitrary division of biological sex into only two categories makes all sex assignments of an individual problematic. Neither the genitalia, nor the chromosomes helps one determine the "true" sex of an infant. The gonads, hormones and the internal reproductive organs of the infant are also not reliable indicators for determining conclusively the sex of a child. Each child is born with a unique combination of all these factors and the different possible combinations are very numerous, making all sex assignments of infants a mere conjecture.

We campaign against all non-consensual normalisation treatments of infants that are not medically necessary and favour the right of all intersexed children to determine their own sex identity once they are capable of communicating it to us. Furthermore we advise parents to respect the sex identity of their children and to do all that is necessary so that their children can live according to their choice.

Once the child has communicated clearly their own sex identity, it is crucial that his/her identity be respected both by the parents, physicians and therapists who are caring for the child. All steps should be taken to assist the child in his/her choice by being given access to hormones at puberty and to other medical care necessary to facilitate life in the sex the child considers most appropriate.

Therefore, we are campaigning in favour of changing the current medical paradigm concerning nonconsensual normalisation treatments and against the diagnosis of gender dysphoria or GID in intersex individuals who feel they were assigned the wrong sex. OII affirms that the true sex of the child is determined by their own inner psychological perceptions and that the right of the individual intersex person to affirm her/his own sex without medical or governmental interference should be a basic human right.

See also: [Mutilations or non-consensual normalization treatments?](#)

This gives an explanation for why OII does not use the word "mutilation" in any of its official positions.

On a Third Sex

The creation of a new category to be designated intersex poses several problems. First of all, how do we define intersexuality? OII believes that there

will be never a clear definition and at the same time, that it is not necessary to have a legal definition for intersex. We have no clear definitions for what a woman is or a man is. We only assume this to be the case.

The purpose of OII is to work in favour of human rights for the intersexed by helping people to understand that there are not just two pre-existing sexes. There is an infinite combination of possibilities on the spectrum of sex and gender.

The creation of a specific category for the intersexed risks even more marginalisation of a group which is poorly understood. We base our legal arguments on the right of every person to determine her/his own identity in the binary system in the hope that eventually there would be no attempt to impose legal sex categories on anyone.

Mutilations or non-consensual normalization treatments?

By Curtis E. Hinkle, Founder of OII

We have been asked why [OII's Official Position on Health Care](#) does not mention mutilations. There are many reasons for this. Most intersex activism has been focused on just denouncing surgery (basically feminizing surgery), while insisting on a gender assignment as soon as possible. However, this does not seem to have helped intersex infants and adults. As a matter of fact, we are now faced with a more pathological definition of [intersex as a genetic defect](#) (the real goal of the new DSD terminology is to classify all intersex variations by their genetic etiology) and non-consensual treatments are more justifiable now with the new terminology of ["disorders of sex development"](#) than when intersex activism began in the United States.

Instead of insisting on a gender identity assignment as quickly as possible, OII is convinced that it would be better to inform the parents of their child's physical difference in such a way that they will be able to make informed decisions about the real health needs of their child (and not all this focus on which gender identity is best for the child which is what we are doing now). Understanding the intersex variation and the anatomical, endocrinological and other physical differences are very important and this can be very difficult for parents who are usually not specialists in genetics or anatomy. They need help to manage the health care decisions concerning their child and understanding their child's body is what is important – not spending weeks deciding what gender identity is most appropriate. This wastes precious time and it makes the parents feel their child is so different that they can be overwhelmed, shocked and confused.

Once the parents are able to understand the intersexed body of their child and the particular [intersex variation](#), that is the physical state of their child, it is important to stress to the parents that from a psychological and socio-cultural perspective, their child is like any other child. And this is why it is important that doctors be given the freedom to make TEMPORARY gender assignments because we do not understand the process of [gender identity development](#) and trans adults prove that we cannot predict a gender identity. The parents need support and help in understanding that a child that is classified as intersexed is not that different from other children – that intersexuality is a physical characteristic and that all children whether they are categorized as intersex or not face the same dilemma because the [sex development process](#) is so complex and there are so many factors involved that sex can never be understood clearly as a false dichotomy of just male or female. There are numerous ways that the sex of any individual could be different from just one of these categories and there will never be clear divisions between the two categories. Doctors would be more honest in stating that they are not assigning a SEX by explaining that what they are really doing is assigning a GENDER identity and the reason for this is to help the child integrate into the current socio-cultural system which is for the moment bi-gendered. This is why it is crucial that the child be allowed to be involved in the process because the point is to help the child best fit into the system and OII

hopes that the system will eventually evolve to accept more gender variations and diversity.

At present, because of the way intersex children are treated, the parents are led to think that their children are very DIFFERENT from other children and that is not true. There is a physical difference and it is important to understand that in order to take care of the child's health, but taking care of the child's health should also include taking care of the child's emotional well-being and in order to do that the parents should understand that psychologically and socially their child is in the same situation as all other children and that is :

- 1) there are only two genders currently accepted
- 2) there is no way to predict the gender identity of any child, intersexed or not

If one starts constantly using the word "mutilation" in such a context, this could limit the choices of the child and the parents. There are many reasons OII prefers not to use that word in the official position while leaving it to individuals affected to use that term when it applies to their own experience. Instead, we prefer the term "non-consensual normalization treatments".

1) There are operations that are necessary for the health of the child, for example when there are serious [urinary problems](#). There are other reasons also and the parents should not be concerned so much about mutilations as normalization treatments which are not necessary for the health of the child. At each step, the parent should be free to ask if the treatment is for normalization only or for real physical health concerns.

2) OII was contacted by a few people who were born with [cloacal exstrophy](#) and some had photos and they felt it was irresponsible to condemn surgeries in their case.

3) The problem is not always the [surgery](#) itself; it is the timing of the surgeries in many cases which makes them problematic. If you make generalizations and just denounce all surgery (and for the most part the US intersex movement has basically spent most of its time denouncing only [feminizing surgeries](#) which OII has found to be no more troubling than masculinizing surgeries), this can undermine a panoply of technologies that are already available which the child could eventually have access to in order to help them affirm their own identities. There is a place for normalization treatments if desired and those should be timed so that the child and parents can help make the decisions.

4) This is why psychological care can be important in helping the child express their "true face" to the world and in helping the parents deal with the unknown which can be a severely traumatic shock for them.

5) OII works with people on all continents and we have noticed that it is principally people who live in more affluent regions who denounce "mutilations" (principally feminization surgeries). Almost all intersexed people who contact OII from less affluent regions have contacted us because they do NOT have access to treatments, surgeries and counseling.

OII also prefers the term non-consensual normalization treatments because:

- 1) This term includes hormone therapy and if one listens closely to those who have been subjected to [hormone therapy](#) without informed consent, it is obvious that this is just as mutilating to many of them as surgeries are to some other people.
- 2) It is very difficult to get the general public to understand that [virilizing surgeries](#) can be even more mutilating because genital mutilation has become a term too closely associated with feminist discourse and the surgeries involved in virilizing an infant are often dismissed by such discourse because of the assumption that anyone would prefer to be a male and therefore this could never be a "mutilation". OII denounces that as sexist and very damaging to understanding the serious problem of infant virilization without consent.
- 3) OII respects our trans allies and to many of them these treatments are NOT mutilation (and they are also not perceived as mutilations by many intersex people either if they are given the right to an informed choice.)

If OII makes the same mistakes as those that have been made in the past and stresses our DIFFERENCES from others in an attempt to make clear boundaries among different identity categories (for example to find clear boundaries between trans and intersex, between homosexuality and intersex, etc), this will not bring progress. This reduces us to a rubbish heap of chromosomal, hormonal and genetic definitions (such as [DSD or Disorders of Sex Development](#)) which do not help us understand the "true face" of a child. On the contrary, such definitions give the impression that these markers define the child and determine their future and we know that they are not reliable predictors of the child's future.

OII is not in favor of an identity movement for people who are born with this physical difference that is another social construct called intersex. OII is an association that is in favor of human rights for those who are born with bodies that are not defined as standard for male or female and instead of emphasizing what we do not have in common with others, we wish to emphasize what we do share – our humanity and it is for this reason that we need as many allies as possible who are willing to think beyond identity politics.

OII is an organization which campaigns in favor of human rights for people born with intersex variations regardless of their identity or sexual orientation. We are [not using the word "intersex" as an identity but merely as a descriptor for bodies which are not standard for male or female](#) under current norms. The history of intersex has been one of assimilation and erasure. It is important that we speak clearly about intersex variations while taking into consideration as many different perspectives as possible from those actually affected in order to build bridges with humanity in general and avoid becoming one more invisible identity category within another minority identity movement.

People who are born with physical differences currently classified as having intersex variations are part of the WHOLE human family. OII does not wish to underline our differences from other groups, whether they be heterosexual, homosexual, trans or whatever identity because we belong to all these groups. What we wish is to build bridges between people and groups from all over the world in the hope of ending human rights violations against people with intersex variations and others who also suffer as a result of these sexist norms which affect humanity as a whole.