



An intersex child being held down for the camera. The Intersex Society of North America and Bodies Like Ours are working to stop unnecessary genital surgeries on babies like this one.

Is it a boy or a girl?

Intersex activists think we should decide for ourselves and work to stop the mutilation of children

BY GARY MORRIS

In the documentary *Hermaphrodites Speak!* Angela Moreno describes an operation she had at age 12. This intervention was treated as an "emergency" but with a twist: It was essentially to correct a cosmetic condition. While "emergency" and "cosmetic" would seem to be mutually exclusive terms, in one particular area the medical establishment has for decades reconciled them in a radical—and largely destructive—way.

Moreno's surgery was a clitoridectomy (also called clitoridectomy), performed because it was determined that her clitoris was "too large." This was not a life-threatening condition, nor did it indicate illness or disease. Still, "experts" determined that surgery was essential.

As it turns out, Moreno's story is one of many variations on a theme. Since at least the 1920s, but more popularly from the 1950s to today, genital ambiguities—most typically a micropenis on a male or an over-size clitoris on a female—are considered so problematic they require "corrective" surgery. Typically, in the presence of an

underdeveloped penis, the penis is removed, a vagina is fashioned, and the child is raised as a girl. A large clitoris on a female child is either reduced or removed.

While the term "hermaphrodite" has been denounced by, among others, activist and professor Alice Dreger, who calls it "a nasty Victorian term invented in an effort to make intersexuality go away," Moreno is clear about what was lost in her operation and that of others who have undergone the same treatment: "a hermaphroditic eroticism," a "sacred sexuality" that was "ripped from us."

Of course, by age 12 Moreno had some conception of what this meant. She had a conscious previous life, an identity determined in part by her physical self and her sensations as a post-surgery basis for comparison. Children operated on within the first two years of life (the usual time) have no way to judge whether the procedure makes sense and no way to protest or stop it if it doesn't.

Moreno's loss of a kind of erotic feeling is echoed in the stories of many intersex people, but in some cases all physical sensa-

tion is lost (hence a mild to extreme lack of sexual satisfaction) as well as a firm sense of identity that allows the person to exist reasonably in the world.

For activists like Emi Koyama, writing on her Intersex Initiative Portland Web site, the trauma is not only physical. "Many intersex adults report that it was not necessarily the surgery that was most devastating for their self-esteem: For many, it is the repeated exposure to what we call 'medical display' or the rampant practice where a child is stripped down to nude and placed on the bed while many doctors, nurses, medical students and others come in and out of the room, touching and prodding and laughing to each other. Children who experience this get the distinct sense that there is something

terribly wrong with who they are and are deeply traumatized."

In the past 10 years, perhaps influenced by ACT UP and the wave of psychiatric and queer-tinged patient advocacy groups, the protests against radical surgery as a blanket response to genital ambiguity have become increasingly vocal—and surprisingly successful.

WHAT DOES "INTERSEX" MEAN?

Intersex is an elusive concept, but both the medical establishment and the activist community agree that the starting point for definition is "atypical genitalia." This can take many forms: having both ovarian and testicular tissue in one individual; the commonly remarked

micropenis/ hypoclitoris phenomenon; and varying kinds of discrepancies between

chromosomal identity and the external genitals, where, for instance, the chromosomes indicate male but the genitals appear to indicate female.

While increasingly replacing loaded words like "hermaphrodite," the term "intersex" is still so misunderstood in the popular mind-set that the most famous "intersex" story is not really about intersex at all. This is the widely reported case of David Reimer, born Bruce, a twin whose circumcision was botched.

Reimer's doctor, acting according to accepted protocol, amputated the rest of his penis and convinced the family to raise the chromo-

somal boy as a girl, with the identity reinforced by therapy and hormones. Baby Boy Bruce became Baby Girl Brenda, just like that.

The case was frequently cited to prove Johns Hopkins University psychologist John Money's theory that gender could be "assigned" for up to two years after birth, being the product of nurture rather than nature. Reimer's twin, Brian, whose circumcision was successful, was used as a "control" in the experiment.

The only problem was that at age 14, after a very difficult childhood, Reimer's parents told him about his medical history, and he immediately renounced his female identity, changed his name to David, underwent phalloplasty and eventually got married and became father to his wife's children from a previous marriage.

Money's theories have been crucial in supporting the medical establishment's widespread

"It's easier to dig a hole than to build a pole"

—Sensitive Harvard doctor about surgery choices for the intersexed

"It's easy to shout something at the medical community, but it's really difficult to get them to listen"

—Intersex activist Emi Koyama



Betsy Driver, co-founder of Bodies Like Ours, spoke at November's Creating Change in Portland

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