



The historic 1996 action in Boston included a large turnout of members from the Transsexual Menace, who provided a model of protest actions for the Intersex Society. Max Beck (right photo) is an intersex activist from Atlanta.

use of sex reassignment surgery, and the case of Reimer continues to act as proof of success despite the fact that he reverted to his original genetic identity of male.

Conservative estimates, based on studies at Brown University and elsewhere, indicate that 1 in 2,000 babies, or five a day, is born intersexed in the United States. Yet data on how many have suffered as Reimer did have been difficult to gather. The silence around this issue, both from the medical establishment and in the families affected, has been deafening until recently.

Another statistic: 9 out of 10 of these surgeries are clitorectomies. A quote from a Harvard doctor is often cited in this context: "It's easier to dig a hole than to build a pole."

THE MEDICAL ESTABLISHMENT

At the Creating Change conference last November in Portland, the New Jersey-based intersex advocacy organization Bodies Like Ours presented a forum on this complex issue. According to outreach director and co-founder Betsy Driver, parents are kept in the dark about the entire process and may in fact be frequently misled to think that "there are no people who survived like her."

They are simply told that in the case of boys with micropenises, for example, "This child is better off being raised female." The medical motto, according to Driver, seems to be "Do it, do it early, and don't discuss it."

The activist, who described an array of emotional and physical problems that have plagued her since her surgery, asserts, "Surgeries rob children of the quality of life and the right to bodily integrity." She spoke about the strange "desperation" by the medical establishment to "make it right" regardless of the cost on the individual child.

Koyama, who taught the first course in intersex studies at Portland State University, agrees. "They don't want queer bodies."

Getting rid of these troubling "queer bodies" has for decades been the province of doctors. One of the tools used by advocacy groups such as the Intersex Society of North America and Bodies Like Ours is a standard medical training video in which a doctor calmly

describes what must be done about the condition once it becomes apparent. His choice of words is telling. "The finding of ambiguous genitalia in a newborn is a medical and social emergency. When the cause is established and gender assignment is made, the abnormal genitalia must be corrected."

Advocates increasingly question why this is such an emergency. Medically speaking, radical surgery is not necessary unless there is an underlying pathology, which is frequently not the case. Socially speaking is another matter.

"Many doctors believe [surgery] will make the parents' distress end and will prevent the child from feeling any distress," ISNA board member Alice Dreger says. "In fact, these surgeries carry great risks, including risks to genital sensation, which the child will need later for a healthy sex life; continence; fertility; and life."

Koyama talks about the difficulty of dealing with doctors, who tend to dismiss the concerns of intersex activists, even those who can personally attest to the failure of these surgeries and the long-term consequences that are essentially irreversible. She notes a typical doctor's reaction: "You say you have problems with your sexual sensation because of surgery, but 30 percent of women are not orgasmic anyway, so how do you know it's because we chopped off your clitoris?"

For Koyama and others, the whole process has the aura of ritual abuse. These operations are "something done by adults who are supposed to be trusted, perceived as normal," she says. "There is so much secrecy and silence going on that the children grow up feeling the secrecy and isolation. You can't tell anybody about it. Children learn that there's something horribly wrong with them and their sexuality"—a concept reinforced by the frequent genital scarring and a pervasive feeling of disconnect between the body and the

mind that makes the much-touted goal of a "normal life" elusive.

"Society doesn't want deviation in general," Koyama continues. "Physical differences are corrected without consent, even if it doesn't help the child's quality of life." The goal of the ISNA and other activist organizations is to change the protocol.

The medical establishment's reaction—with some recent exceptions—is typified in comments like that of Dr. Aydin Arici, an obstetrician and gynecologist at Yale-New Haven Hospital, who performs such surgeries: "It is irrelevant if the sex assignment is male or female, as long as there is an early sex assignment, and the parents understand what they have: either a boy or a girl." Nurture trumps nature.

THE ISNA

Leading the charge against unwilling sex-reassignment operations are those most viscerally affected by them: the now-grown children who have been subjected to genital surgeries for decades. Wrestling power from an often hidebound medical establishment is never easy, but groups like ACT UP have shown how effective grassroots organizing can be.

Hermaphrodites Speak! director Cheryl Chase was born a boy but surgically altered to become a girl at 18 months when doctors decided that her micropenis was in fact an unnaturally large clitoris and had to be removed. What followed were a troubled adolescence, a family nearly destroyed by what she calls the "secrecy and shame" and eventually a move to San Francisco, ground zero for gender-bending.

There she found a vibrant, welcoming queer and tranny community, as well as the emotional and financial support necessary to start ISNA, the world's first advocacy group for the intersexed, in 1993. This month the

group is moving its headquarters from northern California to Seattle.

"I found others who had been treated in ways very similar to myself," Chase told *Curve* magazine. "Everybody that I had met had suffered in complete and total shame and isolation and believed that they were the only one."

ISNA, she decided, would be organized around ending that shame. The stated mission: "to create a world free of secrecy, shame and unwanted genital surgery for intersexed people."

Koyama, who has worked with ISNA as an activist-in-residence, notes the group's success in outreach to both the intersex community (partially through a robust Web site) and to the medical community, which has been a tougher sell. "Before ISNA," she says, "there was no organizing. Nobody was making a political movement. Cheryl was really persistent and really patient."

The organization has been highly visible, working through the media and at academic and medical conferences to make more people aware of the issue. This success has also spawned other, more specialized groups. Bodies Like Ours, for example, has shown particular expertise in the medical issues surrounding intersex.

"They do a really good job of speaking to the medical field," affirms Koyama. "It's easy to shout something at the medical community, but it's really difficult to get them to listen."

ISNA's message has not been to stop all surgeries, only medically unnecessary ones. The organization supports a "patient-centered model" rather than a "concealment-based model."

This preferred model calls intersex "a problem of stigma and trauma, not gender" and emphasizes the need for professional mental health care to handle the challenges involved. Parental distress should not be treated by surgery on the child. And "all children should be assigned as boy or girl, without early surgery."

Some of the complexity and controversy surrounding intersex is evident from the last

Children operated on within the first two years of life have no way to judge whether the procedure makes sense and no way to protest or stop it if it doesn't