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APPROACHING CRITICAL MASS: AN EXPLORATION OF THE ROLE OF INTERSEX ALLIES IN CREATING POSITIVE EDUCATION, ADVOCACY AND CHANGE

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I. INTRODUCTION

The purpose of this article is to explore the role of allies working on behalf of intersex people. The article approaches this exploration from various perspectives that have informed the author's ally work with intersex issues for more than ten years. First, the author begins with the personal perspective and the way in which the author became an ally of intersex people. Second, the article discusses the perspective of psychological trauma, the tapestry of which is interwoven through all aspects of intersex history and experience. Third, the author delineates ally attitudes, behaviors, and tasks that are important when one is working in support of intersex people. Fourth, the article examines the history of interaction between transgender activists and intersex activists, addressing challenges between the two groups, including the movement of some towards incorporating "I" for Intersex into Lesbian, Gay, Bisexual, Transsexual ("LGBT") organizations. In conclusion, the author proposes that the work of allies will help create a critical mass for creating a paradigmatic change in society's attitudes not only toward intersex people, but also toward sex/gender diversity and variance in general.

II. THE PERSONAL

Epiphanous moments happen at the most unexpected of times. Some, such as the assassination of President John F. Kennedy (November 22, 1963), or the space shuttle explosions of the Challenger (January 28, 1986) and Columbia (February 1, 2003), or the terrorist attack on September 11th, creates anew traumatic experiences on societal, community and personal levels. Others, like that moment one evening in my office in late 1994, create a whole new awareness of the incredibly horrible nature of trauma, which is not trauma producing in and of itself, but galvanizing in the tectonic shift in awareness. While I do not today recall that evening's exact

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date, I do know where I was standing, what I was holding, the color shirt I had on—blue—and what I said out loud in an otherwise empty office: “That’s wrong!”

I was reading the first copy of the *Hermaphrodites with Attitude* newsletter.¹ Grateful for the three hour time difference, I remember picking up the phone and calling Cheryl Chase, the editor of the newsletter. Cheryl spent time talking with me that evening, and I asked her to send me all the information she had at the time. I then downloaded the remainder of the information from the Intersex Society of North America (ISNA) website.² When the materials and other newsletters arrived, I remember immediately tearing into them and reading them, outraged and deeply moved by their content. From that first moment, I clearly realized that working as an ally to intersex people was of paramount importance to me—because it was all about the trauma.

At that point in time, my psychotherapy practice was filled with people who had experienced the full gamut of childhood trauma, including emotional, psychological, physical, and sexual abuse. I was also keenly aware of the dominant role American society had by keeping the pervasiveness of trauma a secret and how American society contributed in both perpetuating trauma, and creating new trauma as a form of social control.³ The very same dynamics were at work with regard to intersex people. Upon hearing the stories of intersex adults, I immediately connected with the pain of what it must have been like to experience such overwhelming trauma at a young age, and to be so isolated in secrecy, shame and lies. The trauma many intersex people endured concerning a lack of correct diagnosis, lack of basic knowledge of their bodies and lack of access to medical records was unconscionable to me. And to further that sensibility, many intersex people endured unwanted and unexplained surgeries that frequently led to poor results, including problems with fertility, sexual function, and urological function. In my own isolation without further awareness, I concluded that such injustice was not merely a concern for intersex people alone, but a societal issue that required the immediate attention from as many sources as could be brought to bear.

Ally work is a trinity: personal, political, and spiritual. One cannot be an effective ally unless the issue touches one in some very personal way, unless one has some personal understanding of the injustice, and not to colonize the issue or to conflate it, but to understand the pain that suffering brings to all of us. Ally work is critical for all because a traumatizing society divides people across a multiplicity of differences and diversities—race, class, ability/disability, sex, gender, sexual orientation, gender identity, gender expression, religion, and other personal characteristics like size. A traumatizing society prevents people from connecting with each other and obstructs the understanding of both the challenges and gifts

¹ HERMAPHRODITES WITH ATTITUDE (Cheryl Chase, ed., Intersex Society of North America, San Francisco, CA), Vol. 1, No. 1, Winter 1994, available at <http://www.isna.org/files/hwa/winter1995.pdf>.

² Intersex Society of North America (ISNA), at <http://www.isna.org>.

³ See ALICE MILLER, FOR YOUR OWN GOOD: HIDDEN CRUELTY IN CHILD-REARING AND THE ROOTS OF VIOLENCE (1983).

that such diversity brings to the full circle of humanity. Ally work is work of the spirit. We humans, and for that matter, all of creation, are intricately connected and interwoven with each other in one large system of bio and energetic diversity.⁴

Finally, ally work is often an intensely one-to-one endeavor, much the same as psychotherapy work. Facilitating insight about intersex issues with an individual and then arming the person with proper educational materials provides an effective network of allies.⁵ However, information alone does not facilitate effective advocacy, information must be coupled with the emotional understanding and insight that comes from direct connections with the lives and stories of intersex people. Without the emotional connection, efforts often go awry, as will be later addressed in this article.

III. THE ROLE OF TRAUMA

One may speak about the challenges that intersex people face in the context of several theoretical perspectives—feminism, postmodernism, queer, for example. These perspectives may be utilized to call for an end to unwanted surgeries, for the healing of secrecy and shame, and for a change in society's absolute adherence to the sex/gender binary. The trauma perspective is still another viewpoint of intersex issues as many agree that the medical treatment of intersex children is overwhelmingly traumatizing.⁶

Medicine, science, and psychology are fields that constantly change and grow as more information about human beings is "discovered" through scientific inquiry. These "discoveries," however, are almost always contextualized within the reigning

⁴ See generally RUPERT SHELDRAKE, *THE PRESENCE OF THE PAST: MORPHIC RESONANCE AND THE HABITS OF NATURE* (1989). In addition to trauma, the author's second concentration of study in psychology was transpersonal psychology, energy medicine and psychoneuroimmunology.

⁵ For instance, in preparation for the Intersex Education, Advocacy, and Law Symposium at the Benjamin N. Cardozo School of Law on February 23, 2005, the author engaged in a series of conversations with Elinor Herman, M.S.W., a neighbor who was a retired social worker. Despite the frigid winter temperatures in Albany, New York, she donned her coat and boots to ring the author's doorbell. She shoved a newspaper article into the author's hands when he greeted her, and said, "You have to see this! I hope you're not so far along on your paper that you can't incorporate it." It was an Associated Press article about Dr. Eric Vilain and Dr. William Reiner's presentation at an American Association for the Advancement of Science conference. Lauran Neergaard, *Gender Unclear? Wait and Let Baby Determine its Own Prompt Surgery on Newborn Now Often Done*, PITTSBURG POST-GAZETTE, Feb. 19, 2005, at A3, available at 2005 WLNR 2537876. The author informed her that he had already seen the article on the Internet the previous night, but they continued to talk about intersex people and politics for more than forty minutes. The conversation on the topic was not their first. The author learned that she had spoken with her brother, a dentist, and her sister-in-law that very morning about these issues. She told the author, "If you hadn't been talking to me about this, I probably never would have noticed the article." Allies come from the most unexpected places. After all, the conversation began with why she needed to cat-sit on a Wednesday of all days.

⁶ See 2 CHRYSLIS: THE JOURNAL OF TRANSGRESSIVE GENDER IDENTITIES (Cheryl Chase & Martha Coventry, eds., Fall 1997/Winter 1998), available at <http://www.isna.org/pdf/chrysalis.pdf>; ALICE DOMURAT DREGER, *HERMAPHRODITES AND THE MEDICAL INVENTION OF SEX* (1998); ARLENE ISTAR LEV, *TRANSGENDER EMERGENCE* (2004); Raven Kaldera, *Workshop on Intersex Issues at the Trans-forming Feminism Conference* (May 8, 2004); SUZANNE J. KESSLER, *LESSONS FROM THE INTERSEXED* (1998); SHARON E. PREVES, *INTERSEX AND IDENTITY: THE CONTESTED SELF* (2003).

theoretical paradigms of a given discipline.⁷ In both medicine and psychology, there is a collaboration to examine how traumatic experiences affect human beings in various ways, including the physical (including biochemistry and disease), cognitive, emotional, and behavioral. There is increasing consensus that many kinds of events bring about the long-lasting effects of trauma illustrated by posttraumatic stress disorder (PTSD) and other related dissociative disorders accounted in the DSM-IV-TR.⁸ However, it still remains easier to embrace certain events as trauma-causing, such as 9/11, experience at war, car accident, and the loss of a loved one than other types of trauma.⁹ While trauma related to physical violence, sexual abuse and/or assault, as well as medical procedures and surgeries generally receives more attention in research and treatment literature than it has in the past, there is still very intense denial about the aftereffects of these traumas not only within factions of medicine and psychology but in the larger society as well.¹⁰

As related to intersex people, the denial of traumatic aftereffects is directly related to the reigning paradigm of the sex/gender binary. Although this is slowly changing, we still have to yet to reach a universal understanding regarding the trauma. Not only is there denial concerning the long-standing impact of trauma upon the victim, there is also general denial regarding the culpability of the perpetrators in such trauma.¹¹ Even where healing methodologies and modalities have evolved to a level which facilitates the successful healing of trauma for individuals,¹² little has been done on a societal level to address the overriding patterns of trauma perpetration. However, there are exceptions—The Truth and Reconciliation Commission in South Africa headed by Bishop Desmond Tutu is a striking example of healing trauma at a community and societal level.¹³

The very patterns that engender denial, secrecy, shame, and/or traumatic stress in individuals and dysfunctional families also operate at the societal level. Paradigmatic change in the sex/gender binary and the treatment of intersex people in society is directly related to existing patterns of trauma sequelae found in the societal level: denial, repression, addiction, helplessness, dissociation, terror, anxiety, panic, rage, guilt, shame, humiliation, repetition compulsions, male

⁷ See THOMAS S. KUHN, *THE STRUCTURE OF SCIENTIFIC REVOLUTIONS* (3d ed. 1996); THIRD SEX, THIRD GENDER: BEYOND SEXUAL DIMORPHISM IN CULTURE AND HISTORY (Gilbert Herdt ed., 1994); DREGER, *supra* note 6; see generally JOANNE MEYEROWITZ, *HOW SEX CHANGED: A HISTORY OF TRANSEXUALITY IN THE UNITED STATES* (2002).

⁸ See COLIN A. ROSS, *DISSOCIATIVE IDENTITY DISORDER: DIAGNOSIS, CLINICAL FEATURES AND TREATMENT OF MULTIPLE PERSONALITY* (1997); AMERICAN PSYCHIATRIC ASSOCIATION, *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS: DSM-IV-TR* (4th ed. text revision 2000).

⁹ See generally ROSS, *supra* note 8.

¹⁰ See MILLER, *supra* note 3.

¹¹ See generally PHYLLIS BURKE, *GENDER SHOCK: EXPLODING THE MYTHS OF MALE AND FEMALE* (1996); ERVING GOFFMAN, *STIGMA: NOTES ON THE MANAGEMENT OF THE SPOILED IDENTITY* (1963); DAPHNE (DYLAN) SCHOLINSKI & JANE M. ADAMS, *THE LAST TIME I WORE A DRESS* (1997).

¹² See generally ALICE MILLER, *BANISHED KNOWLEDGE: FACING CHILDHOOD INJURIES* (1990); BELLERUTH NAPARSTEK, *INVISIBLE HEROES: SURVIVORS OF TRAUMA AND HOW THEY HEAL* (2004).

¹³ See DESMOND TUTU & DOUGLAS ADAMS, *GOD HAS A DREAM: A VISION OF HOPE FOR OUR TIME* (2004); DESMOND TUTU, *NO FUTURE WITHOUT FORGIVENESS* (1999).

dominance, general denial of the effects of power dynamics, and the freezing or discharge of the hyperarousal cycle are but some examples of such patterns.¹⁴

The sex-gender binary in Western society, particularly American society, is itself an act of violence upon human diversity.¹⁵ When a society is solidly locked into a paradigm which serves to harm its members, it is inordinately difficult for it to relinquish that paradigm for another less abusive, more inclusive paradigm.¹⁶ There is, through denial, the adherence to the stance of the current paradigm, a sense that to relinquish the well-established paradigm would throw both the individual and society into helplessness and chaos. The society, in the form of its individual paradigmatic enforcers, must follow the healing protocol. A protocol, which involves coping with feelings of guilt, shame, and helplessness, as well as taking responsibility for wrongs committed in the name of the paradigm. This is possible, as illustrated by Dr. William Reiner, M.D., who currently helps intersex people through his research as a psychiatrist rather than perform surgeries on intersex infants as an urologist.¹⁷

In order to stop the pain, the violence must cease. A change in the sex/gender binary paradigm is necessary to stop the violence and to heal the trauma on all levels, because the binary traumatizes everyone—perpetrators and victims alike. Intersex people have been both “singled out” and “made examples of” through “normalizing” but unwanted surgeries, and based upon very questionable ethics, but they have also been marginalized and made invisible through shame, secrecy and silence. Violence against intersex people must cease, and it is the responsibility of all involved, including allies, to end the violence and to heal the trauma. If one examines the sex/gender binary through the lens of trauma, it is possible to see a less adversarial, more equitable approach to embracing the sex/gender diversity of bodies, minds and identities through the healing of both paradigmatic changes and individual recovery.

¹⁴ It is not the focus of this paper to elaborate on these factors but to merely note their existence at the societal level. See generally ALICE MILLER, *THOU SHALT NOT BE AWARE: SOCIETY'S BETRAYAL OF THE CHILD* (1984).

¹⁵ See generally JOHN COLAPINTO, *AS NATURE MADE HIM: THE BOY WHO WAS RAISED AS A GIRL* (2000); BURKE, *supra* note 11; NEIL MILLER, *OUT OF THE PAST: GAY AND LESBIAN HISTORY FROM 1869 TO THE PRESENT* (1995).

¹⁶ See generally KUHN, *supra* note 7; DEBRA R. KOLODNY, *BLESSED BI SPIRIT: BISEXUAL PEOPLE OF FAITH* (2000).

¹⁷ See, e.g., WILLIAM G. REINER & J.P. GEARHEART, *Discordant Sexual Identity in Some Genetic Males with Cloacal Exstrophy Assigned to Female Sex at Birth*, *NEW ENG. J. MED.*, Jan. 22, 2004, at 333-41.

IV. BEING AN ALLY TO INTERSEX PEOPLE¹⁸

As an ally, it is of important to maintain perspectives from many avenues in order to see how issues interconnect. This helps allies advocate and educate others from the deepest, most universal core. Such work is inherently political as both personal and societal issues form an intricately interwoven and dynamic dyad. As an ally, a primary duty is to keep current with changing issues by (1) reading books and articles by intersex people, (2) by attending workshops and seminars offered by intersex people, (3) by viewing films made by and about intersex people, and (4) by networking with other intersex allies.

Change is constant in nature and society. When allies stand alongside intersex people or speak out on their behalf, it is important to be consistent with the current goals of the intersex community. Allies must be able to educate others by using language preferred by intersex activists. Resources about intersex issues by intersex people are the best resources for allies to help them understand how intersex people conceptualize and speak about their lives and experiences. One can see how they view the process of medicalization of their bodies to bring about “normalizing” changes, and hear their perspectives on the goal to end unwanted and unnecessary genital surgeries. Additionally, allies need to recognize that goals for intersex activism have changed over the past ten years. Informed allies will be better prepared to share stories about intersex lives and experiences from intersexed individuals’ works. This respect is of utmost importance as it serves to end and heal the trauma.

Furthermore, allies need to listen to the many voices and experiences of intersex people, as there is a diversity of experience, political opinions, perspectives, and goals among intersex people. Allies need to clearly convey that intersex people are whole people, and as their stories often reflect, overwhelmingly like other people. It is also important to remember that most intersex people are not activists; most are heterosexual and do not at all identify with the LGBT movement. Allies need to be willing to seek answers when they are uncertain, to receive feedback from intersex people, to have their biases challenged, and to learn from their mistakes. Most importantly, allies must remember that change will continue to happen. How intersex people will see themselves, speak about themselves, and set their goals will continue to evolve. Allies need to be continually aware and adapt to those changes.

¹⁸ In beginning of this section of the paper, the author wishes to acknowledge a great resource for allies compiled by Emi Koyama, INTERSEX INITIATIVE PORTLAND, INTRODUCTION TO INTERSEX ACTIVISM: A GUIDE FOR ALLIES (2d ed. 2003), available at <http://www.intersexinitiative.org/publications/pdf/intersex-activism2.pdf>, and in particular, the article *Why I Am Speaking About Intersex Issues* by Tara Medve. *Id.* at 14. The author also notes the superlative general ally resources provided by the Safe Zone Project at the Lesbian, Gay, Bisexual and Transgender Programs Center, available at http://pages.ohio.edu/lgbt/resources/ally_faq.cfm.

V. "IS TRANSGENDER AND INTERSEX THE SAME THING?"¹⁹

Not unlike that of the physician, an ally's first task is to do no harm. Widespread and global misinformation about intersex issues is hugely problematic and a great cause for concern, particularly when the misinformation is readily internalized by society. As of early 2005, if one Googled "allies to intersex people," the search would result in 217 pages of "hits." Less than a dozen links after the first, the listings begin to treat transgender and intersex as if it were one issue. Five or six pages later, the two issues become synonymous for the remainder of the results.

There are many explanations for how this misinformation came about. One of the first photographs of intersex activism, as may be found on the cover of *Introduction to Intersex Activism: A Guide for Allies*, may provide an answer.²⁰ This early image of intersex activism shows that transgender allies and that collaborations existed between the two groups from the beginning of intersex activism. From a psychological perspective, this collaboration unwittingly created the illusion that intersex and transgender were somehow intertwined. Re-establishing truth is a difficult task because such powerful first images and impressions establish lasting associations that take concerted efforts to deconstruct.

Transgender and intersex people have both been traumatized, albeit in distinctly different ways. As survivors, they recognize and empathize with one another. Outreach to intersex people by transgender allies originated from the heart of their own trauma and from a genuine desire to help and to provide a place for intersex voices to be heard. However, in the same perspective of trauma, the best intentions can go awry as the aftereffects of trauma can sometimes dictate interactions between people.

As a transsexual man, the author is often equally ashamed and enraged at the manner in which well meaning but uneducated individuals, both within the transgender and the larger LGBT community, misappropriate intersex issues. Such misleading efforts to be more inclusive can actually do further harm. It is perhaps more disturbing that transgender allies continue to educate and advocate from misinformation *after* being educated. Not only do such actions re-traumatize intersex people, it also creates a potentially paralyzing morass through which intersex activism must traverse in order to accomplish its goals. Furthermore, these actions create potentially dangerous situations for intersex people, such as the "outing" of intersex people against their will.

As an ally, keeping ahead of the spread of misinformation can be exasperating but one can only imagine how troubling and offensive misinformation is to intersex people. Surely, intersex and transgender individuals share many

¹⁹ This question, or some version of it, is the most frequently asked question in the author's conversations with people about intersex issues.

²⁰ INTERSEX INITIATIVE PORTLAND, *supra* note 18. This widely-known photograph was originally published on the cover of the special issue on intersex in the journal *CHRYSALIS*, *supra* note 6.

common concerns, as evidenced by similar questions frequently raised by members of both groups²¹ but the boundaries between common ground and crucial differences are too easily blurred. Unfortunately, when differences are blurred, intersex people are hurt and re-traumatized. For example, like most trauma survivors, both transgender and intersex people ponder questions of “Why? Why me? Why this way?” as if the answers will magically solve all their problems. The spirit yearns for answers in order to stop the pain, and because of the compelling need to have answers, transgender allies often inappropriately conflate and colonize intersex as part of transgender. Transgender allies misappropriate experiences by answering questions in the context of their own trauma, even if the answers are often based on sketchy, inconclusive and conflicting information.

At the National Gay & Lesbian Task Force’s Creating Change Conference in November 2001, Mani Bruce Mitchell, David Vandertie and the author facilitated a workshop co-created by the author and Max Beck. The workshop was entitled *Repairing Broken Bridges, Building New Ones: Understanding and Improving Transsexual/Transgender/Intersex Relations*. Sixty participants formed small groups and identified fifty-two areas of commonalities between transgender and intersex people and twenty-nine areas of difference.²² The outcome called for a focus on the fact that “we have amazing similarities and we should capitalize on these rather than on the differences which separate us.” However, it was also discussed that transgender people need to do this in the proper ally context.²³ Four years later, these issues persist and remain troublesome for both intersex people and their allies.

As LGBT organizations develop awareness of intersex issues, some advocate a move in the direction of including the “I” within LGBT. In August 2004, Cheryl Chase argued during her presentation at the LGBTI Health Summit in Cambridge, MA that “LGBT and ‘I’ people have common ground in that we are marginalized due to heterosexist oppression.” However, Chase, like Emi Koyama and Betsy Driver, insist that adding the “I” to one’s organizational name is not necessarily helpful to intersex activism. In fact, Driver stated that “[i]t can be a step backward.”²⁴ In many ways, the goals of intersex activism are quite divergent from LGBT goals. According to Koyama, “adding intersex to the non-discrimination ordinance or hate crime law is completely insufficient to address the

²¹ Some representative questions include: Who am I? How did I get to be this way? How do I best be who I am? How do I best act on my own behalf? How do I protect my civil rights? How do I achieve self-determination about my body, my sexuality and sexual orientation, my gender identity and gender expression? How do I receive competent, caring, non-stigmatizing medical care? These examples are by no means exhaustive.

²² See Appendix A.

²³ *Id.*

²⁴ Email from Betsy Driver to author (Feb. 13, 2005) (on file with author).

human rights issues faced by intersex people, but it gives the false impression that intersex people's rights are protected."²⁵ Driver further stated:

The mainstream intersex [organizations] have a common goal in ending the immediate social emergency of cosmetic genital surgeries on infants and children without their consent. How will including an "I" work towards ending the human rights violations that will take place tomorrow when five children have their genitals cut for social reasons? Doctors often tell parents that without surgery their child with intersex will grow up to be lesbian or gay or have gender identity problems. Given the homophobia and transphobia that sadly pervades our society, it [is] all some parents need to hear to convince them surgery is a good idea. Seeing LGBTI simply reinforces it for them. Will adding an "I" help the intersex movement overcome that fallacy?²⁶

Additionally, Koyama noted the importance of the ability for intersex people to readily access information about themselves without the confusion and conflation of being buried among other resources which are primarily LGBT.²⁷ Such a struggle was evidently illustrated by the aforementioned example of the Google search for information about intersex issues on the internet. From the perspective of an ally, with rare exception, omitting the "I" is the best practice. However, LGBT and other progressive organizations should still maintain resources and information about intersex issues for their staff and the public. They also need to make a strong effort to receive training on intersex issues through national intersex organizations. Moreover, those in the transgender community working as allies to intersex activists must continue to educate themselves and proactively reach out to other trans-intersex allies to eliminate the proliferation of misinformation.

VI. CONCLUSION: THE WORK AHEAD

The work ahead is daunting. Intersex people are a small percentage of the overall population. Mainstream intersex organizations confront the "social emergency" of ending "cosmetic genital surgeries on infants and children" as a common goal.²⁸ The involvement of allies in this work provides crucial support to this end. To remove the stigma associated with intersex children and their families, development of evidence-based medical and/or psychological protocols based on compassion is necessary. To provide effective counseling, support and advocacy, mental health professionals require proper training about intersex issues. Advocacy for self-determination by intersex children is integral to such goals. An

²⁵ EMI KOYAMA & LISA WEASEL, INTERSEX SOCIETY OF NORTH AMERICA, TEACHING INTERSEX ISSUES: A GUIDE FOR TEACHERS IN WOMEN'S, GENDER & QUEER STUDIES (2001), available at <http://www.ipdx.org/publications/pdf/teaching-intersex.pdf>.

²⁶ Driver email, *supra* note 24.

²⁷ INTERSEX INITIATIVE PORTLAND, *supra* note 18.

²⁸ Driver email, *supra* note 24.

international and interdisciplinary perspective that involves the medical, legal, psychological, social work, education, feminist, activist and academic professions will inform the most effective approach. The contribution of ethicists from these disciplines is vital as well.

The role of politics cannot be ignored because the work ahead has already been interwoven with the effort to have current non-stigmatizing information about intersex people and their issues reach a critical mass in our popular culture. Intersex people's struggle for self-determination must become mainstream. Such "critical mass" occurred during the Vietnam War era when it seemed like overnight, the entire United States suddenly became against the war.²⁹ In *The Presence of the Past*, Rupert Sheldrake discussed two phenomena: (1) how knowledge arises simultaneously in nature or essentially, how knowledge is transmitted energetically,³⁰ and (2) how knowledge reaches a flash point or more commonly known as the one-hundredth monkey phenomena, at which point everyone attains a certain knowledge or skill.³¹ It happened for Vietnam; it can also happen for those who are working to end unwanted intersex surgeries. The more exposure an idea receives from the larger society, the more momentum it gains. Although such an idea may sound quite obvious to some, sometimes it is working with the obvious that changes the world, and such is the case for intersex infants and children.

It is equally imperative that allies work to assist adult intersex people in healing their trauma. Allies may assist professionals to develop the knowledge and skills necessary to work with intersex people and their families. These clinical skills need to be an integral part of professional training in psychiatry, psychology, and social work. As to creating paradigmatic change, it has been the criticism of some activists that intersex people should not be used, especially by gender theorists, as a "third sex" to dismantle the sex/gender binary.³² From the trauma perspective, however, it is understandable that while achieving the immediate goals of intersex activism is important, allies must also simultaneously address the broader systemic roots of heterosexism, transphobia, and misogyny, all of which contribute to the underpinnings of intersex genital mutilation. From the ally perspective, no group should be singled out and used to serve another's agenda. Creating a "third sex" category serves only to reinforce the current sex/gender binary paradigm.

Recent research by William Reiner indicates that there is more than first thought to the biological basis of gender identity. A closer examination of the works of Roughgarden³³ and Bagemihl³⁴ demonstrate that the same is also true

²⁹ The author relies on his training in energy medicine to make these observations.

³⁰ One example is where mice that run mazes in Russia suddenly know how to run a maze that only mice in America knew how to run.

³¹ SHELDRAKE, *supra* note 4.

³² See KOYAMA & WEASEL, *supra* note 25.

³³ See JOAN ROUGHGARDEN, *EVOLUTION'S RAINBOW, DIVERSITY, GENDER AND SEXUALITY IN NATURE AND PEOPLE* (2004).

with the characteristics of sexual orientation and gender expression. For more than four hundred years, biologists and naturalists have been writing about the diversity of species with regard to genital anatomy, sexual orientation, gender identity and expression. The discovery continues today. Environmental harm has caused more variance in nature³⁵ and Nature itself continues to create a marvelous diversity that extends to human beings. Such was the secret the sex/gender binary was, in part, constructed to protect.³⁶

As more transgender people emerge and as more intersex people take control through self-determination, Nature and science will engage in a whole new conversation about the normalcy and the persistence of diversity. Burgeoning social, political and biological awareness of intersex issues has resulted in emerging dialogue about how normal it is for human beings to be diverse across the characteristics of sexual anatomy, sexual orientation, gender identity, and expression. This development is occurring none too soon, even in the cautionary sense. Studies about the human genome and increasingly sophisticated genetic testing in utero has already provided justification for procedures and treatments that erode the privacy and self-determination of both parents and infants. LGBT & I people face the risk of eradication in the name of heterosexism and the sex/gender binary.

As progressive human beings, we need to work to assure this does not occur. As an ally to intersex people, I work to stop unwanted surgeries through the means outlined in this paper. As a trauma specialist, I work on many levels to heal the whole because Nature tells us all the world is indeed interconnected, that each is valuable to the whole, that without one we are not whole. This is my work as an ally to intersex people.

³⁴ See BRUCE BAGEMIHL, *BIOLOGICAL EXUBERANCE: ANIMAL HOMOSEXUALITY AND NATURAL DIVERSITY* (1999).

³⁵ For example, environmental harm results from the herbicide atrazine. See Dennis Lein, ST. PAUL PIONEER PRESS, *Herbicide's Ban Unlikely, For Now, But Debate on Atrazine's Effects Far from Over*, Feb. 21, 2005, available at Minnesota Environmental Partnership, http://www.mepartnership.org/mep/mep_whatsnew.asp?new_id=1069; Eli Nevada & Cheryl Chase, *Natural Allies, HERMAPHRODITES WITH ATTITUDES* (Cheryl Chase, ed., Intersex Society of North America, San Francisco, CA), Summer 1995, at 1, available at <http://www.isna.org/files/hwa/summer1995.pdf>.

³⁶ See COLAPINTO, *supra* note 15; BURKE, *supra* note 11; ANNE FAUSTO-STERLING, *SEXING THE BODY: GENDER POLITICS AND THE CONSTRUCTION OF SEXUALITY* (2000).

APPENDIX A

*Repairing Broken Bridges, Building New Ones:
Understanding and Improving Transsexual/Transgender/Intersex Relations*

Presented at The National Gay & Lesbian Task Force's Creating Change Conference, Milwaukee, WI, November 10, 2001.

Presenters: Max Beck, Mani Bruce Mitchell, Moonhawk River Stone, David Vandertie

Notes From the Workshop by David Vandertie © 2002

We started by introducing the topic and setting out some ground rules. Then Mani read out a statement prepared by Max. Then we counted off by sixes and broke into small groups for discussion. We considered first the question, "What are the similarities between IS and TG/TS?" and second "What are the differences?" Hawk wrote out the list of similarities and differences, but we ran out of time and could only read out loud the list of differences, and we had only a short time for discussion. It was very clear that we could have used a lot more time for this workshop as there were so many good points to discuss.

In the following lists, I have placed a break in between the various groups, as much as I could tell, and have tried faithfully to reproduce the lists from the notes.

Commonalities

1. We all have issues
2. Misunderstanding
3. Public misconception
4. Hiding/invisibility
5. Shame and loathing
6. Ostracism
7. Lack of information/misinformation
8. Confusion
9. Joy of discovery of self
10. Oppressed by rigid gender binary
11. Failure to conform
12. Limited control over our bodies
13. Under close scrutiny by academics and medical people
14. We are a courageous group
15. Self-determinism and efficacy
16. Risk taking and courage in coming out
17. Activist teeth cut on the left
18. Wanted to be loved and accepted

19. We are outside the queer (LGB) community and they don't really speak for us.
20. Everyone should have choice (who we are and how we express it)
21. Wanting to have that choice
22. We have a "freak" quality and are feared by larger community
23. Pathology—have been so labeled
24. Gender binary—within/without community
25. Struggle for free expression of our gender
26. A mutilation is in common either physical or emotional by larger community
27. We're a mixture of both genders
28. A blur of gender lines on the continuum of male/female
29. We face discrimination based on appearance
30. Feel in-between OR strongly identified with a gender
31. Had or have to decide how to live
32. As children we have adults control who we are
33. We question the gender system
34. Have time, a moment when we discover "IT" and then have to struggle with how to come to terms with that identity
35. Having a sense of isolation as a child
36. Wondering if anyone will want you like that
37. Visibility in the media
38. Wanting to connect with others who identify similarly
39. Shame
40. Looking for medical explanations
41. Seeking medical professionals
42. Issues in intimacy
43. Freaks in the mainstream, stigmatized when out
44. Misunderstood; not integrating
45. Having to deal with daily stuff (filling out forms for M-F)
46. Bathroom issues
47. Locker room issues
48. The problematic process of finding medical services and providers
49. The process of introspection and finding out who you are
50. You have your sex determined by your MD, with whom you now have to deal
51. Exoticized
52. Issues of pronoun use

Differences

1. Treatment given at early age without consent vs. fighting to obtain treatment
2. Told that physical fixing is necessary vs. told it is unnecessary
3. Manifested as primarily physical vs. mental
4. IS is physical aspect of identity— body "not all"

5. TG is have identity “not allowed to have”
6. Professionals get to control you:
 - IS-*
 - Medical Specialists
 - TG-*
 - Teachers, Bus Drivers, Peers, Mental Health Professionals, Police
7. IS given surgery without consent; TS surgery with consent
8. IS is more hidden from the individual; TG is self identified
9. Less societal knowledge about IS
10. IS people’s parents come out to them
11. TG/Ts folks come out to others
12. Process of self discovery
13. IS choice of surgery made by someone else
14. Physical vs. psychological manifestations
15. Usually apparent at birth vs. later
16. TG/TS can decide what happens to body; IS someone changes it for them
17. TG/TS no physical ambiguities; IS parents know their child is different from birth
18. TG/TS no one is to “blame” for who they are or how they feel; IS children have anger towards parents and medical community
19. IS clear name and label on condition that makes it real to society
20. Passing: issue/non-issue
21. Choice
22. Political focus
23. TG/TS employment discrimination
24. IS is a human rights issue
25. Out trans activists
26. Less visible intersex, lack language and self acknowledgment
27. IS is not the person’s fault but TG/TS is a choice
28. IS have few organizations for support, information, etc., relative to TG/TS
29. Internalized feelings that it’s not OK to be trans

Discussion

1. Be allies
2. We have amazing similarities and we should capitalize on these rather than on the differences which separate us
3. Should TG/TS people work with IS people? How to? If?
4. Try not to speak for someone else
5. Get ISNA materials
6. “Allies”