



Intersex Society of North America

About Intersex Society of North America

Intersex Society of North America (ISNA) is a public awareness, education, and advocacy organization which works to create a **world free of shame, secrecy, and unwanted surgery** for intersex people (individuals born with anatomy or physiology which differs from cultural ideals of male and female).

Examples of medical diagnoses which result in intersexuality are: clitoromegaly, micropenis, hypospadias, ambiguous genitals, early genital surgery, adrenal hyperplasia, Klinefelter Syndrome, androgen insensitivity, testicular feminization.

ISNA is incorporated in the state of Michigan, and is a 501c3 (tax exempt) corporation. Our tax-exempt ID, also known as a federal Employer Identification Number, is 38-3495439.

Gifts to ISNA are deductible for individuals paying taxes in the U.S.

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Answers to Medical Questions about Intersexuality

What is intersexuality?

Simply put, intersexuality is a set of medical conditions that feature **congenital anomaly of the reproductive system**. That is, intersex people are born with "sex chromosomes," external genitalia, or internal reproductive system that are not considered "standard" for either male or female.

How common is intersexuality?

No one knows exactly how many intersex children are born because of the secrecy and deception surrounding their condition, and estimates range widely depending largely on where you draw the line.

Top ten myths about intersex

by Alice Dreger

MYTH #10: Intersex is extremely rare.

First we need to acknowledge that it's hard to say exactly how frequent intersex is, because the sex spectrum is like the color spectrum; nature provides us with a range where one "type" blends imperceptibly into the next. For our linguistic and social convenience, we break that spectrum into categories. It makes it easier to talk about "that blue car" or "that man over there." But nature doesn't tell us that there are 7, or 10, or 100, or ten million colors, and nature doesn't even know that there are two sexes. We humans, with our words and our cultures, decide how many categories to delineate. While the "male" and "female" types are relatively common, nature presents a full range of sex types, and people decide where the line should be drawn between "female" and "intersex" or "intersex" and "male."

That said, we do know that about 1 in 2,000 children are born with genitals that are pretty confusing to all the adults in the room. We know this from the statistics of how many newborn babies are referred to "gender identity teams" in major hospitals.

But wait, you say, 1 in 2,000 sounds rare! Well, if only 1 in 2,000 persons is intersexed, then intersex is more common than cystic fibrosis, a condition most people have heard of. In fact, as Sherri Groveman (now the Treasurer of ISNA) pointed out in her article in *Intersex in the Age of Ethics*, if you do the math, you realize that there are more intersexed people in the world than there are Jewish people!

And if all of the intersexed people of voting age had voted for a single presidential candidate, the outcome of the election would have never been in doubt. (Not that we're telling you who you should have voted for - though you might want to know for future reference that Al Gore made a public, educated statement about intersex at a meeting of LGBT leaders. We were unable to find out from the Bush team the Republican platform on intersex.) In fact, maybe it's time to print t-shirts that say, "I'm intersexed, and I vote!"

But wait, are you intersexed? That leads us to . . .

MYTH #9: Only "true hermaphrodites" are really intersexed.

The term "true hermaphrodite" is a nasty Victorian term invented in an effort to make intersexuality go away. (My first book, *Hermaphrodites and the Medical Invention of Sex*, is all about this.) The term "true hermaphroditism," a term that sounds fancy and special, refers simply to the condition in which one person has both ovarian and testicular tissue, whether or not that tissue is functional physiologically. But it is silly to count only these folks as intersexed! Their internal and external anatomy varies all over the place, and many of them look less "ambiguous" than other folks. Some of them have xx chromosomes, some of them xy, and some of them have mixes or variations on those themes. Keep in mind that nobody has two full sets of sex organs, as some people mistakenly imagine. People with ovarian and testicular tissue, like other intersexed people, have one set of genitals, though they may be kind of in-between in appearance.

In practice, the term "intersex" is used to refer to anybody who was born with anatomy other than what the Powers That Be define as "standard male" or "standard female." What counts as "standard"? Check your phall-o-meter (purchase online at ISNA's website), and stay tuned for a later newsletter, which will explore the deep and oh-so-hot question, "Who *really* is intersexed?"

For now, on the topic of who is intersexed, let's move on to dispel . . .

Myth #8: If you're transsexed, then you're intersexed.

This myth comes from our nutty cultural notion that your identity has to find its basis in your anatomy. It's just like the old-fashioned (sexist) idea that if you're a strong woman, you must really be a man inside. In fact, it's the same kind of stereotype that assumes that all black people are lazy. Aren't we past the point of believing that one type of anatomy necessarily maps to only one type of identity? Get over it!

Transsexed people are sometimes people who were born intersexed, but far more often they are people who were born with "standard" male or female anatomy. By a common definition, transsexed people are people who were assigned a gender that doesn't work for them. ISNA supports the right of all people, regardless of what their body looked like when they were born, to assume the gender identities that makes sense to them.

This leads us to . . .

Myth #7: ISNA advocates doing nothing and raising intersexed babies in a third gender.

Sorry, gender warriors, that's not us! We certainly would like to see people become less gender-phobic, but we don't think dumping intersexed kids into a gender-phobic world with no gender or with a "third gender" is the way to go. We believe there are two problems with trying to raise kids in a "third gender."

First, how would we decide who would count in the "third gender"? How would we decide where to cut off the category of male and begin the category of intersex, or, on the other side of the spectrum, where to cut off the category of intersex to begin the category of female? (See Myth #1.)

Second, and much more importantly, we are trying to make the world a *safe place* for intersexed kids, and we don't think labeling them with a gender category that in essence doesn't exist would help them. (Duh, huh?)

ISNA recognizes that it can be damned hard to be intersexed, or to have an intersexed child. That's why we exist. That's why we *don't* advocate "doing nothing." What we do advocate is providing parents of intersexed newborns - and within a couple of years, intersexed children themselves - with honest and accurate information about intersex, psychological counseling by professionals who are not gender-phobic, medical help for any real medical problems, and especially referrals to other people dealing with the same issues. Time and again researchers have found that, no matter what the condition - being gay, dealing with a serious disease - peer support, even if informal, saves families and lives.

ISNA believes that intersexed children and adults should not be subject to surgeries designed to "make the genitals look normal" without their explicit consent. (And consent of your parents isn't the same as your consent. Think about it - would you want your parents making medically unnecessary decisions about your sexuality?) Some people think surgery is the only possible medical response to intersex. Not so! Everyone agrees that intersex is a psycho-social issue, so why not deal with it as a psycho-social issue first and foremost?

This leads us to . . .

MYTH #6: You can't raise an intersexed child as a boy or girl without surgery.

Of course you can! When people ask me whether my baby is a boy or girl, do I have to show them his genitals to answer their question? No, I tell them, "He's a boy." To gender a child, we give that child the label of "boy" or "girl" and thereby float them into the (admittedly often problematic) gender stream of our culture.

How would we decide what gender to give an intersexed baby? Doctors and parents should consider an intersexed baby's genitals and physiology and, using the best knowledge they have of various intersex conditions and our culture, decide which gender the child is most likely to grow up to have. Sure, this requires recognizing that the child might express a different gender later. But the fact is that even with "corrective" surgery designed to "lock in" one gender, many intersexed children transition gender later.

We also have to recognize that everyone's gender assignment is preliminary. Mine was, yours was, so is my son's. Intersexed people are more likely than others to transition genders, but everyone, intersexed and not, has that potential.

And it is worth remembering that the idea of "locking in" a gender using "corrective" surgery feeds into . . .

MYTH #5: Surgery makes normal-looking genitals.

This simply isn't true in the vast majority of cases. As Cheryl Chase, the Executive Director of ISNA, noted in *Intersex in the Age of Ethics*, "Surgery is good at removing structures . . . it is much less useful for creating structures." ISNA believes that medically necessary surgeries should be employed when a child or adult's physical health is threatened. We believe that, for example, if a child's urine is not draining in a healthy way, the child should receive medical treatment for that problem. But "cosmetic" surgeries designed to make genitals look "normal" are not medically necessary.

Intersexed genitals are not diseased! They just look different. And don't go giving into . . .

MYTH #4: Once surgery is better, we won't have to worry about intersex.

When is it ever going to be ok to risk a baby's future sexual function, fertility, and even life, just because her genitals force you to realize gender and sex aren't simply dichotomies? Who are you to decide she wouldn't be happy with the genitals she was born with?

If it is true that intersex cosmetic surgeries are getting better (and we lack the data to know), then why not let the intersexed person himself decide when, in his own opinion, the likely benefits to him of the surgery outweigh the burdens and risks to him of that surgery?

Keep in mind, too, that surgeries designed to "correct" intersexed genitals will always, by definition, carry with them the message that intersex is shameful and bad. And we don't think intersex is shameful or bad.

Nevertheless, we keep running into . . .

MYTH #3: "Corrective" cosmetic surgeries make parents forget their kid was born different and undoes all their confusion, shame, guilt, and fear.

Hello? This might work if the surgery being done was a lobotomy on the parents. "Normalizing" surgery just gives parents this message: Your kid is a freak, we had to correct it, don't talk to anyone about it because this is a really scary, shameful condition.

There is no question that the parents I talk with whose children had "normalizing" surgery still have all the confusion, shame, guilt, and fear after the surgery. Some parents say they are even worse off. Some have ended up with disabled kids. Others have wound up with more guilt after realizing they risked their children's sexual function and fertility. Many worry openly that their kids will later accuse them of not accepting them as they were.

I don't have a smooth transition to the next myth, so let's move on to . . .

MYTH #2: John Money is responsible for all of the troubles that have befallen intersexed people.

Psychologist John Money became widely known through John Colapinto's book, *As Nature Made Him*. Money often argued that you could make any kid a girl or a boy, as long as you made the genitals look "right." It turns out gender identity is much more complicated than that, but unfortunately legions of doctors thought Money was right and did "normalizing" surgeries in an attempt to make intersex go away.

While it is true that a lot of doctors justified their work via Money's own work, it is also true that burning Money in effigy won't make any difference in the lives of the five girls who *today* had their clitorises cut down by a surgeon who thinks no one can live with intersexed genitals. Every time you sit around and blame Money, ask yourself what you've done today to try to see that tomorrow there will be only four children subjected to medically unnecessary surgeries on their genitals.

What can you do? For starters, don't give into . . .

MYTH #1: My little contribution to ISNA can't possibly make a difference.

What? You doubt our powers to change the world on a shoestring budget! Consider the fact that in the last year, with just a few thousands of dollars, we have provided educational material to tens of thousand of people, supported doctors and activists working for positive reform, put intersex on the national agenda, and helped a few wonderful intersexed people realize that they are not alone.

Remember what Margaret Mead, that gender maven, said: "Never doubt that a small group of thoughtful committed citizens can change the world: Indeed it's the only thing that ever has."

We're sure that right after that, she added, "*Send money!*" Help us now end shame, secrecy, and unwanted genital surgeries for people born with atypical sex anatomies. With your help, we can make the world a safer place for people born intersexed.

**Please contact the ISNA if you would
like to make a donation:**

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