

# STOP Intersex Genital Mutilations!



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***“Human Rights For Hermaphrodites, Too!”***

**[stop.genitalmutilation.org](http://stop.genitalmutilation.org)**

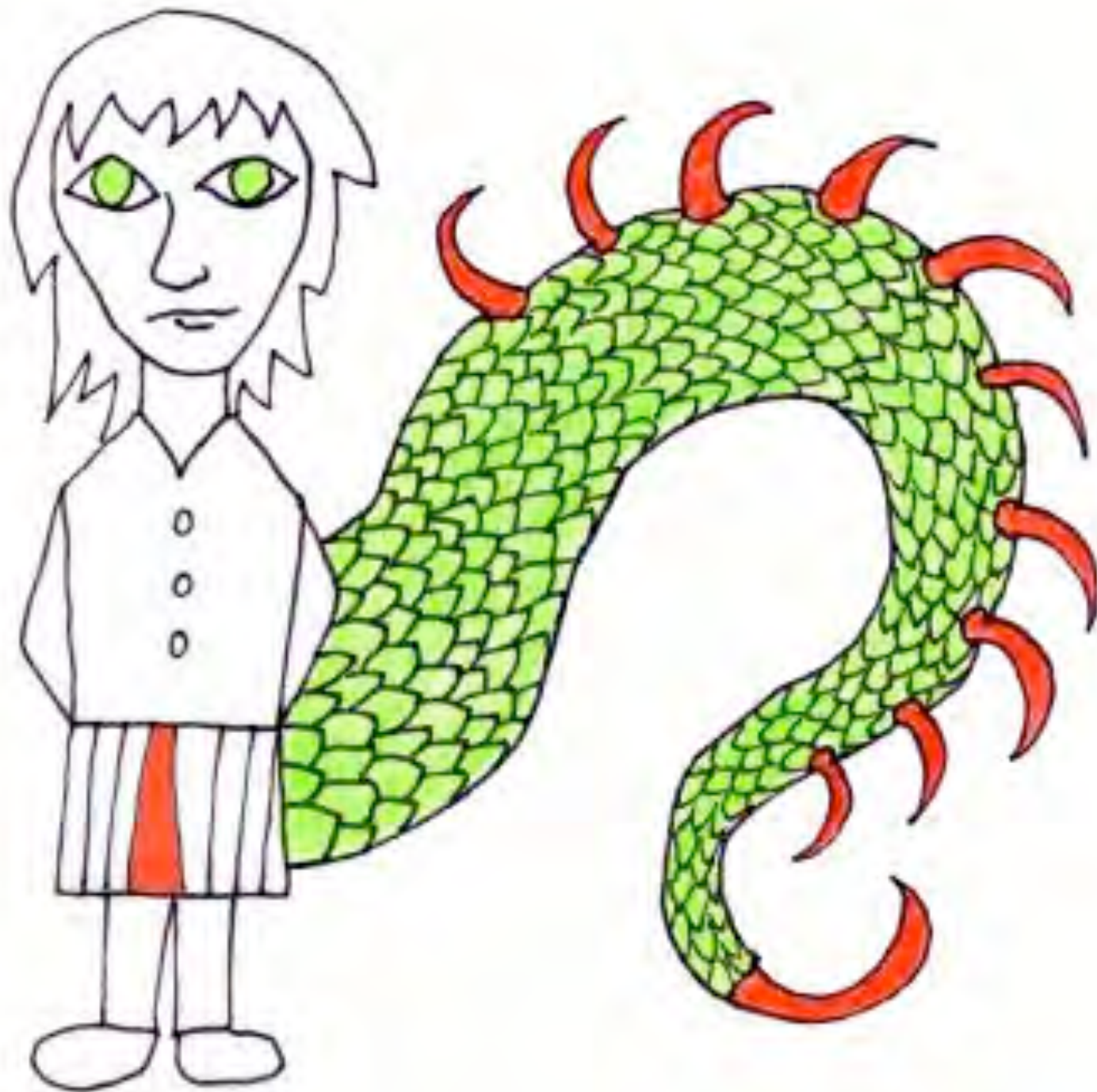
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***Contains pictures of cosmetic genital surgeries on children  
on pp 19, 21, 22, 28, 29, 30, 33, 34***

Check for **‘TRIGGER WARNING! next ... slide(s)’** here



The Invisible „Dragon's Tail“ (Despite Surgical „Correction“)



**International Human Rights Group**  
**Zwischengeschlecht.org**

**Who we are, what we want**

- **NGO Human Rights Group, active since 2007**
  - **open for Herms and solidary Non-Herms**
    - **lousing up the mutilations**  
**for the surgeons / doctors / accomplices**
    - **legal prohibition** of cosmetic genital surgery on children with 'atypical' sex anatomies,  
**extension/suspension of statutes of limitation**  
(similar to laws concerning FGM und child abuse)



Geneva Police prohibits unblurred placards

# **What we DON'T want**

- **being incorporated as a fig leaf by mutilators and politicians in charge**
- **having “sensible” chats with the mutilators and their accomplices behind closed doors and that’s it**



# Doctors "playing God with children's sex"



Daniela Truffer protesting outside Bern University Hospital (Keystone)




**It's a boy! It's a girl! But what happens when life doesn't fit in with greeting cards and the defining moment of childbirth becomes a bewildering puzzle?**

Swiss intersex activist Daniela Truffer is spearheading a campaign to stop genital surgery and hormone treatment on children born with indeterminate sexual organs.

Truffer argues that affected individuals should be given the time to grow up and decide for themselves whether they wish to become male or female or remain in-between.

"Forced surgery can not be the answer," she said, quoting medical studies that reveal poor outcomes and show that most patients suffer a lifetime of frustration and regret.

## RELATED STORIES

-  [Gene doping in sport: fact or fiction?](#)
-  [Controversial mental health study folds](#)
-  [Embryos harvested to create stem cell crop](#)

"These surgeries are painful and irreversible and most likely to reduce or remove sexual feeling. Non-consented cosmetic surgeries violate the right to physical integrity and self-determination. It's a human rights issue," Truffer told swissinfo.ch.

# What we do

## Publicity

- [stop.genitalmutilation.org](http://stop.genitalmutilation.org)
- Press Releases, Newsletters, Info Mails
- Media Appearances, Interviews
- Talks in Schools, Universities etc.

## Nonviolent Direct Action

- Peaceful Protests + Open Letters
- Interventions at Congresses and Symposia

## Realpolitik

- Lobbying Parties, Pressure Groups, NGOs, Human Rights Groups; Submissions
- Initiating Parliamentary Initiatives, Legwork, Awareness Raising
- Developing a Draft Law



A Nonviolent Moral And Political Struggle  
(‘Offensive’ placards, NOT real clippers)



**A Gonad  
For A Gonad,  
A Lust Organ  
For A Lust Organ!**

If doctors were susceptible to rational arguments alone,  
they would have stopped mutilating 20 years ago ...

# **What are Hermaphrodites a.k.a. the Intersexed a.k.a. “DSD’s”?**

**People with  
“unexpected”, “atypical” or  
“ambiguous” sex anatomy or  
“physical sex markers”.**

# What is “atypical” sex anatomy?

**“Ambiguity” is possible on 3 levels or layers:**

1. Genetic > Chromosomes / Karyotype
2. Hormonal > Gonads (Testes, Ovaries, Ovotestes)
3. Appearance > external genitals

**“Ambiguity” means:**

**a)** “ambiguous” on one or more layers

and / or

**b)** “incongruency”: layers “don’t match”



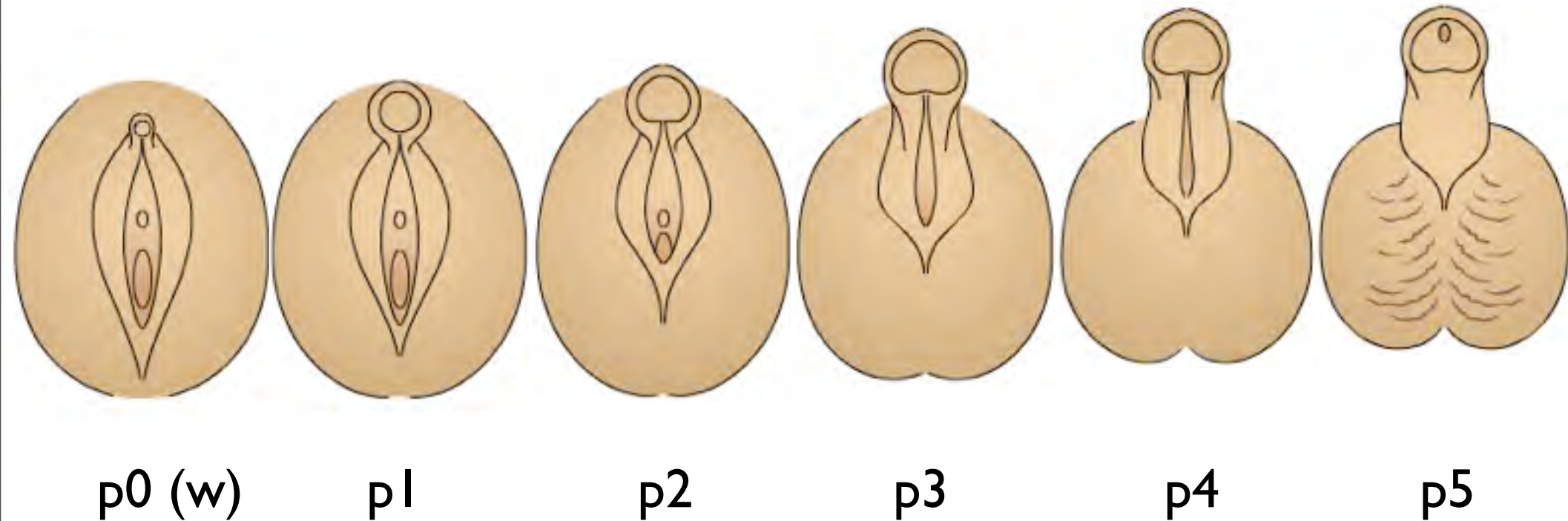
**Example: “unambiguousness” on all 3 levels:  
“Normal” men and women**

Layers	male	female
1. Karyotype	XY	XX
2. Hormonal	Testes / Testo	Ovaries / Estrogens
3. Appearance	Penis, Scrotum	Clitoris, Vagina

**Examples for  
a) “Ambiguity” on different planes (I)**

1. Karyotype	XXY / XO / Mosaic
2. Hormonal	1 Testicle + 1 Ovary / “mixed tissue”
3. Appearance	“between” (Prader Scales)

# “Prader Scales”



Andrea Prader, Zürich (1954): "Der Genitalbefund beim Pseudohermaphroditismus femininus des kongenitalen adrenogenitalen Syndroms. Morphologie, Häufigkeit, Entwicklung und Vererbung der verschiedenen Genitalformen." *Helvetica paediatrica acta* 9: 231-248.

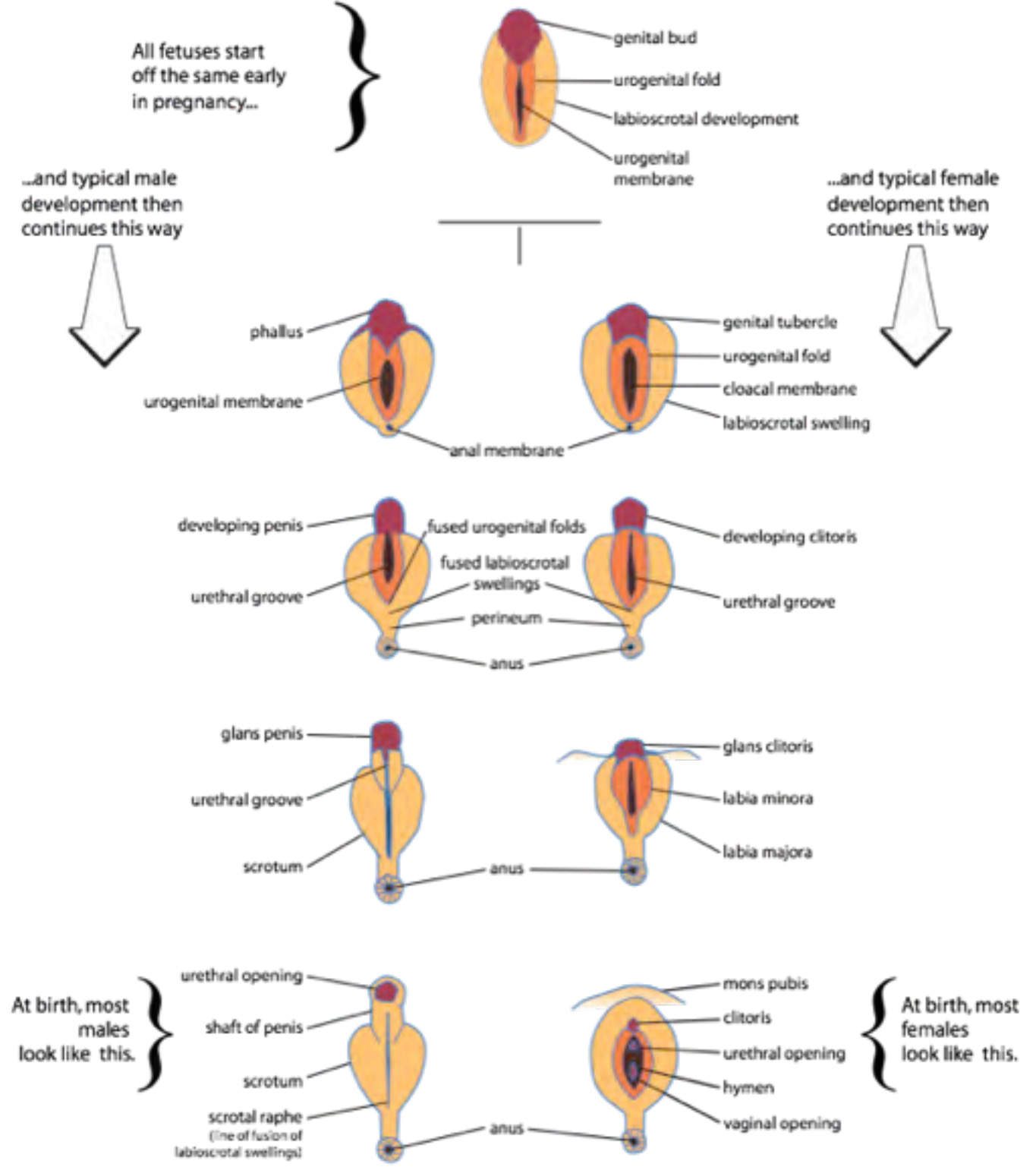
**(Actually, it's more like a continuum.)**



**All people were hermaphrodites ...**  
**... until the 7th week of pregnancy.**



We all had in our tummies rudiments to ovaries and testicles, and we all had “ambiguous” genitals. Only after the 7th week male and female genitals develop out of the very same “basic parts”.



**Example for  
“Ambiguity” on one layer (2)**

<b>Layers</b>	Most common diagnosis for cosmetic genital surgeries “Hypospadias”
1. Karyotype	XY
2. Hormonal	Testicles
3. Appearance	Meatus (pee hole) not at tip of penis, “between”



# **“Masculinising” cosmetic surgery:** **“Hypospadias Correction”**



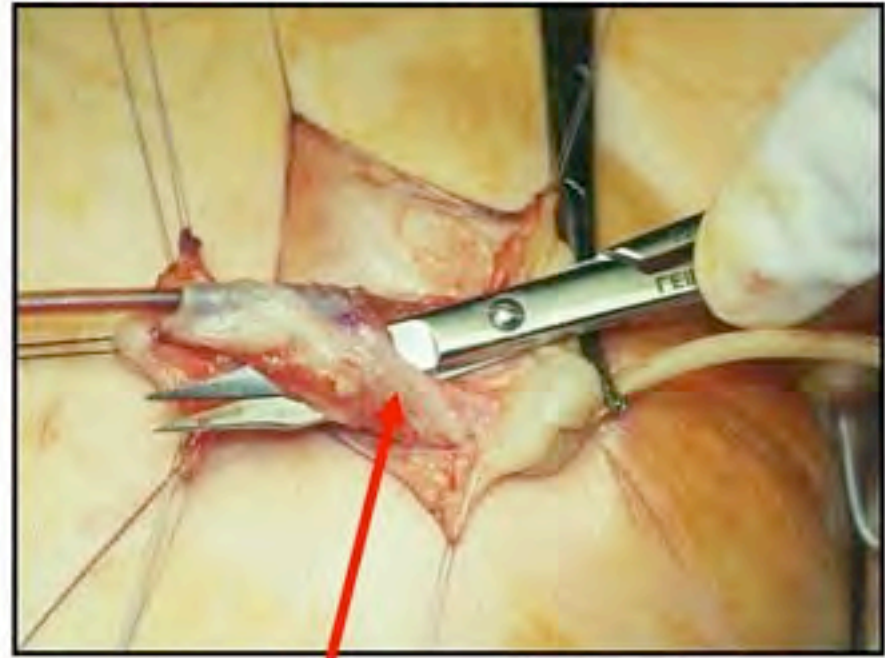
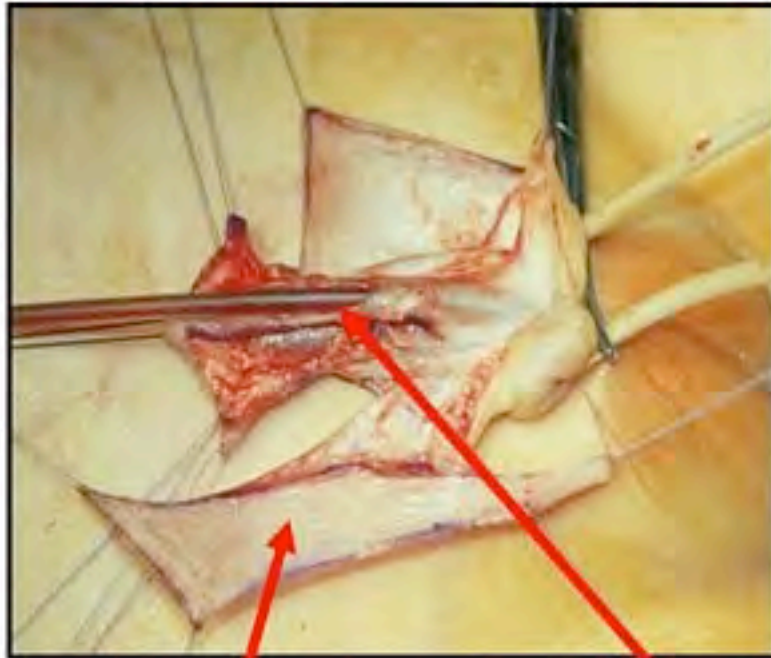
***“My childhood was filled with pain, surgery, skin grafts, and isolation. And I still have to sit to pee.”***

***“It would have been just fine to have a penis that peed out of the bottom instead of the top, and didn’t have the feeling damaged.”***

**Tiger Howard Devore**

**TRIGGER WARNING! (next slide)**

## Onlay island flap urethroplasty



Urethral plate

Preputial mucosa

Vascular pedicle

Intersex Genital Mutilations  
Medically Not Necessary, Irreversible  
Cosmetic Genital Surgeries  
On Children With Atypical Sex Anatomy  
Documentation:  
History & Current Practice



[Zwischengeschlecht.org](http://Zwischengeschlecht.org)  
„Hinterfragen Sie den Umgang mit Ihrer  
Geschlechtsidentität“

## Onlay / Duckett - results

- Elbakry (BJUI 88: 590-595, 2001): 42% complications
  - 5 breakdowns (7%)
  - 17 fistulae (23%)
  - Urethral strictures (9%)
  - Urethral diverticulæ (4%)
- Asopa / Duckett tube
  - 3.7% (El-Kasaby J Urol 136: 643-644, 1986)
  - 69% (Parsons BJU 25: 186-188, 1984)
  - 15% (Duckett - 1986)



**TRIGGER WARNING! (next 2 slides)**



# Treatment of isolated fistulæ

- Rectangular skin incision around the fistula orifice, often lateral
- Dissection and excision of the fistula tract
- Urethral suture
- Multilayer cover with well-vascularized tissue (tunica vaginalis, dartos, dorsal subcutaneous flap ...)
- Problem: coronal fistula +++: Prefer redo urethroplasty
- Suprapubic diversion ? Elbakry



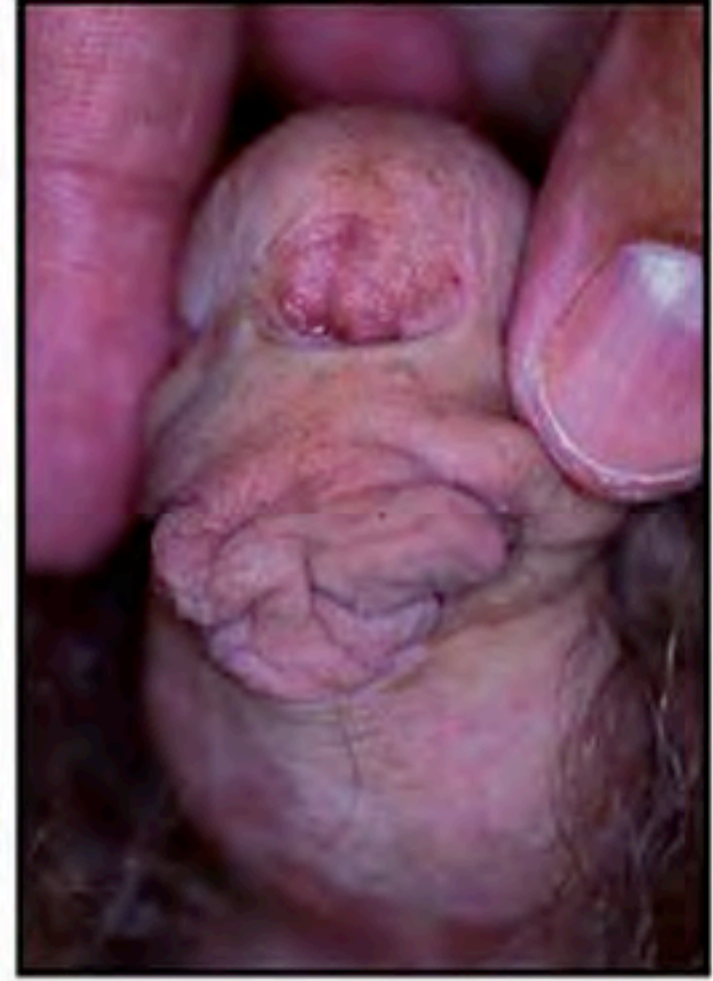
# STOP Genitalverstümmelung in Kinderkliniken!



**Bad cosmetic result**



**infection**



**cripple hypospadias**

Official Diagnosis

**“Hypospadias Cripple”**

**= made a cripple by  
repeat cosmetic surgeries**

Pierre Mouriquand: *Surgery of hypospadias in 2006 – Techniques & outcomes*

Intersex Genital Mutilations  
Medically Not Necessary, Irreversible  
Gendered Sexual Surgeries  
An Intersex Think Against the Doctors  
Documentation:  
History & Current Practice



IntersexHealth.org  
www.intersexhealth.org  
info@intersexhealth.org





## Hypospadias - Conclusions

- Hypospadias surgery remains a surgical challenge
- Long-term results are poorly reported
- Essential joint uro-endocrine approach
- Psychological consequences poorly assessed
- Informing parents is crucial: 50% of all hypospadias will require further surgical attention during their life.
- Research: Essential role of the placenta / Penile growth factors / healing factors / blood supply ...

**Intersex Genital Mutilations**  
Medically Not Necessary, Irreversible  
Cosmetic Genital Surgeries  
On Children With Atypical Sex Anatomy

**Documentation:  
History & Current Practice**



**Intersexgeschlecht.org**  
„Never again the intersexes as test“  
<http://www.intersexgeschlecht.org>

59-3 (FP)

## ANALYSIS OF DATA QUALITY FROM 30 YEARS OF PUBLISHED DATA ON HYPOSPADIAS OUTCOMES

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1) St. Mary's Hospital, Imperial College Healthcare NHS Trust, Urology,  
London, UNITED KINGDOM - 2) Great Ormond Street Hospital, Paediatric  
Urology, London, UNITED KINGDOM

### PURPOSE

Recent reviews assessing hypospadias outcomes highlight inconsistent and poor quality reporting thus prompting our review of data quality across the last 3 decades.

### MATERIAL AND METHODS

The British Journal of Urology, Journal of Pediatric Surgery, Urology, Journal of Urology, British Journal of Plastic Surgery, European Journal of Plastic Surgery, Journal of Pediatric Urology and European Urology were systematically reviewed. Quality measures assessed were reporting rates of meatal location, chordee, follow up, meatal stenosis, fistula, urethral stricture, residual chordee and reoperation. Statistical analysis was performed using a Chi-squared test, taking a p value of <0.05 as significant.

### RESULTS

184 articles were reviewed. From 1980s-2000s there was an improvement in reporting of meatal location and documentation of a length and duration of follow up. Reporting of presence of chordee was weak throughout especially in 2000s with 63.1% of articles not recording this variable. 13.1% and 22.6% of articles in the 2000s did not publish rates of meatal stenosis and urethral stricture respectively compared to 3-5% for the 1980s and 1990s for both parameters. Reporting of residual chordee has been poor, remaining static, with approximately 70% of articles from each decade not stating this outcome measure. Reoperation rate was absent in 50% of publications from 1980s, 37.5% from 1990s and 56% from 2000s.

### CONCLUSIONS

Documentation of complication rates has declined in the last 10 years. At a time when outcome measures are increasingly being used to evaluate surgeons we advocate improved reporting by implementation of a standardised reporting model before a true assessment of performance can be made.



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## Examples for “Ambiguity” / “Incongruency” of Layers (2)

Layers	2nd most comm. Diagn. “CAH” “Congenital Adrenal Hyperplasia”	3rd most common Diagnosis “(C)AIS” “(Compl.) Androgen Insufficiency Syndr.”
1. Karyotype	XX	XY
2. Hormonal	Ovaries + Adrenal cortex produces Testo (instead of Cortisol)	Testes (in abdomen, body doesn't “recognise” testo)
3. Appearance	“between” in “severe cases” = “wrong”	“between” mostly “200% female” CAIS = “wrong”

# **“Feminising” cosmetic surgeries:**

## **a) “Clitoral Reduction”**

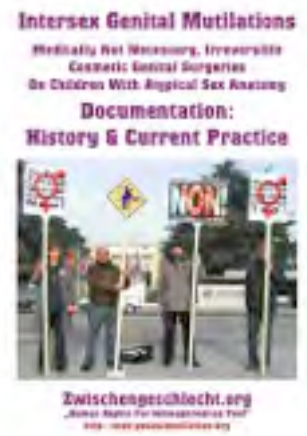
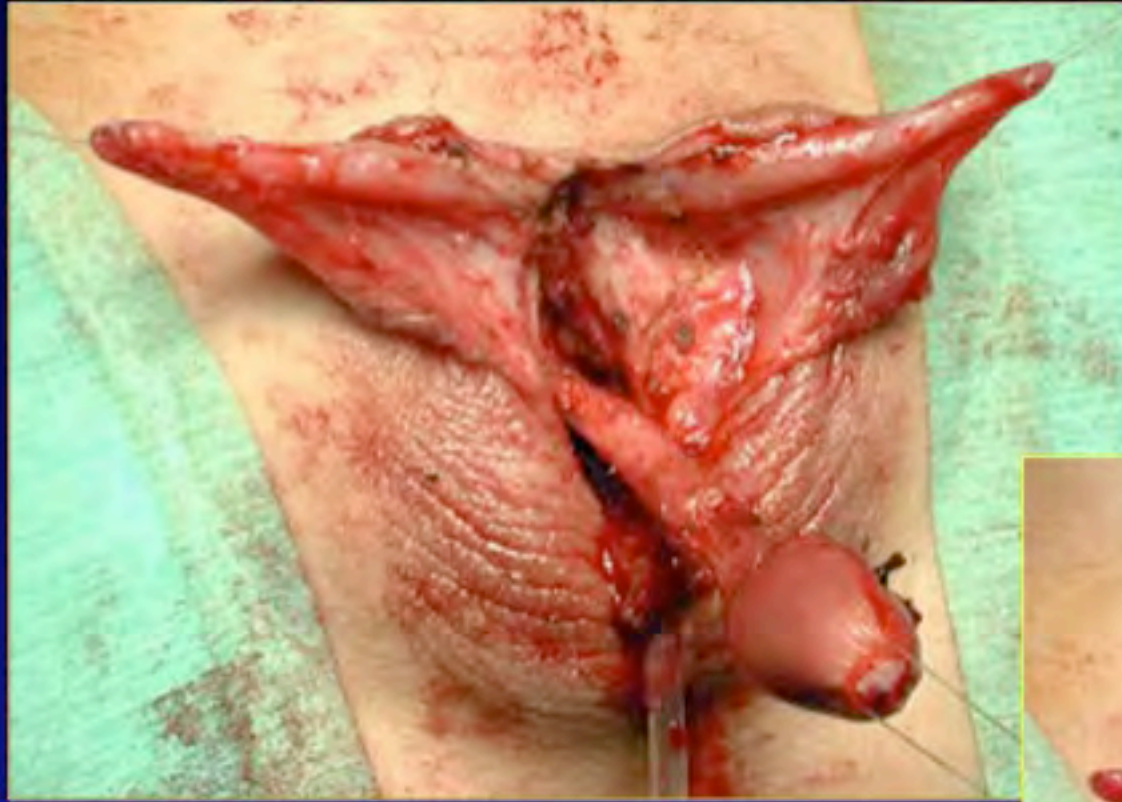


***“... my micropenis was reduced to a ‘clitoris’, i.e. my penis was dissected, most thrown in the garbage can, the remains were stuffed inside me and sewn shut.”***

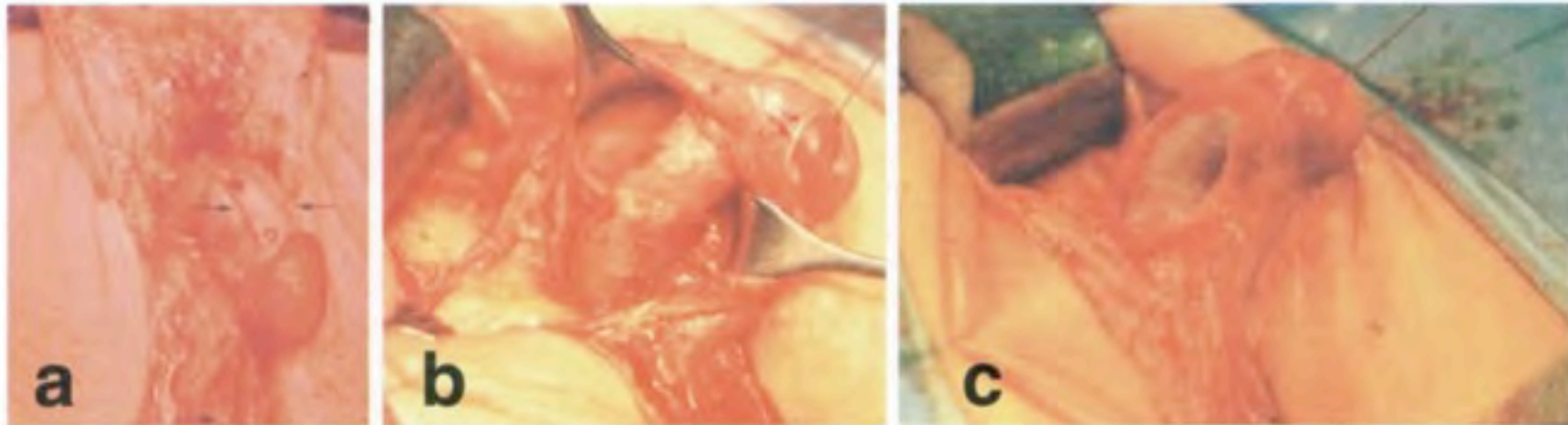
***“I’ll suffer for the rest of my life from the consequences of this inhumane treatment.”***

**Daniela “Nella” Truffer**

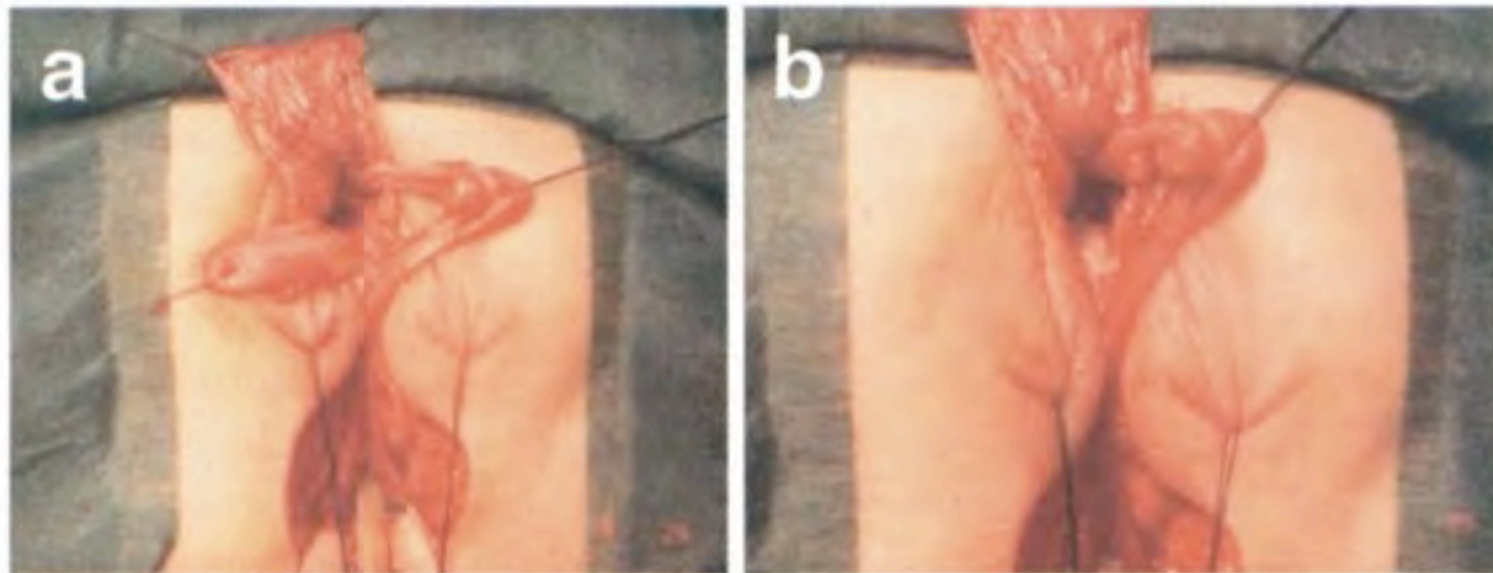
**TRIGGER WARNING! (next 3 slides)**





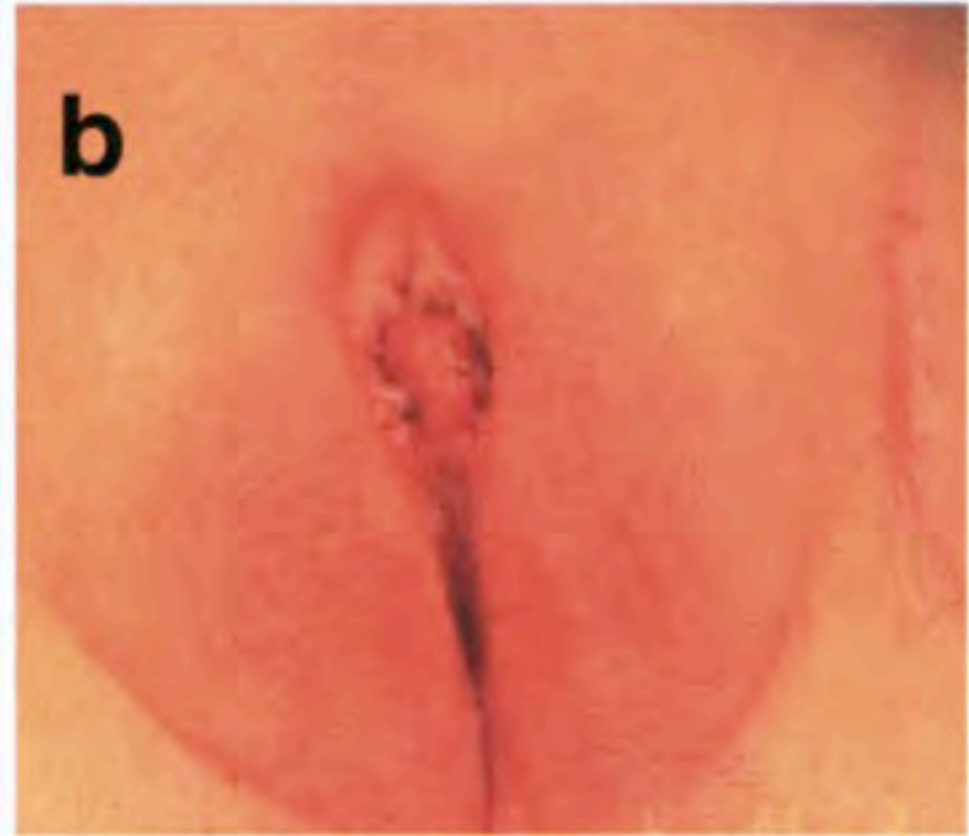


**Abb. 10.16a-c:** Darstellung des Klitorisschaftes (a) sowie der Schwellkörper (b+c).



**Abb. 10.17a+b:** Partielle Resektion der Corpora cavernosa clitoridis.

# STOP Genitalverstümmelung in Kinderkliniken!



**a+b:** Refixation der Corpora cavernosa clitoridis.  
“Materialknappheit” bei der Rekonstruktion eines  
Präputium clitoridis und der kleinen Labien.

**“Material Shortage’ while reconstructing a  
praeputium clitoridis and the inner labia”**

Finke / Höhne: *Intersexualität bei Kindern*





**S19: DSD**

Moderators: Rien Nijman, Dan Wood

**S19-1 (FP)****★ CHANGES IN UROLOGIST DSD TREATMENT  
RECOMMENDATIONS FROM 2003 TO 2011**

Barry KOGAN<sup>1</sup>, David SANDBERG<sup>2</sup>, Melissa GARDNER<sup>2</sup>, Tola OVESANYA<sup>1</sup>, Dan  
ANDERSON<sup>1</sup> and Patricia SZMAL<sup>2</sup>

1) Albany Medical Center, Urology, Albany, USA - 2) University of Michigan,  
Pediatrics, Ann Arbor, USA

**PURPOSE**

Clinical management of disorders of sex development (DSD) remains controversial. Advances in genetic diagnosis, increased awareness of ethical issues and patient advocacy concerns led to a Consensus Conference in 2005, the recommendations of which were widely circulated in 2006. We compared results of a 2003-4 survey on clinical management with a 2010-11 survey to delineate changes.

**METHODS**

5 hypothetical DSD case vignettes were presented in an on-line survey in 2003-4 and again in 2010-11. Members of the Society of Pediatric Urology were asked their opinions on management; 132 and 113 pediatric urologists completed the survey (57% and 52% respectively).

**RESULTS**

Pediatric urologists increasingly recommended postponing surgery so that adolescents could choose whether to undergo surgery: in mild-moderate CAH the percentage of urologists who now recommend letting the adolescent patient decide rose from 4 to 10.5%, in micropenis, the percentage rose from 47 to 60% ( $p=0.03$  and  $0.007$ , respectively). Approximately 20% more pediatric urologists recommended **shifting the timing of genitoplasty** in mild-moderate and severe CAH and PAIS from between 0 and 6 months to between 6 and 12 months so that 59, 60 and **79% now recommended surgery between 6 and 12 months** ( $p=0.003$ ,  $0.01$ , and  $0.05$ , respectively). In terms of information-sharing, nearly all now recommend sharing operative history and karyotype discordant with gender of rearing before age 18.

**CONCLUSIONS**

Data from these two surveys suggest a modest shift in recommendations. It is unclear if these changes occurred as a consequence of the Consensus Statement. There does not appear to be any new evidence to suggest the changes result in better outcomes. Efforts toward tracking the relationship between clinical practice in DSD and health-related quality of life outcomes should be encouraged.

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**TRIGGER WARNING! (next 2 slides)**



# b) Castration (Gonadectomies) on (C)AIS + Estrogen “Replacemet Therapy”

91 M.M. Bailez • Intersex Disorders



**Fig. 91.6** An inguinal approach for gonadectomy in a CAIS patient with two palpable gonads

Maria Marcela Bailez: “*Intersex Disorders*”, 2009

Justification:

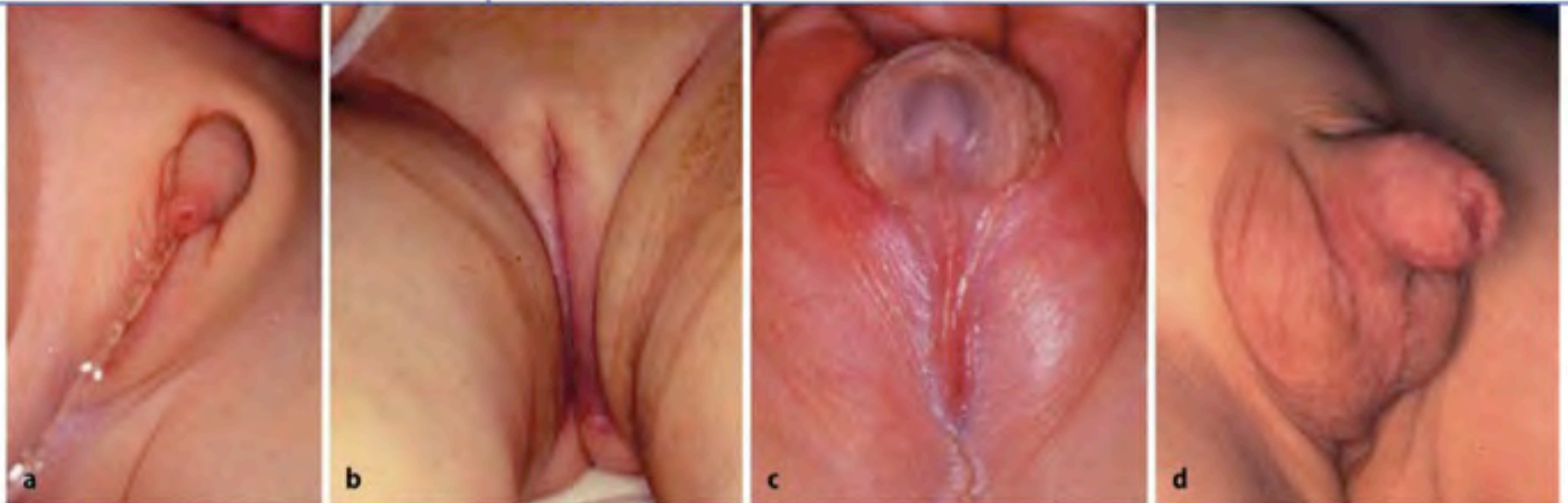
**Supposedly  
“High” Cancer Risk:**

Actual Cancer Risk:

**CAIS 0.8 %, PAIS 15 %**

Cools et. al. „Germ Cell Tumors in the Intersex Gonad”  
2006





**Abb. 1 ▲ a, b** Adrenogenitales Syndrom (AGS) Prader 5 vor und nach Operation, **c, d** Hypospadias scrotalis vor und nach Operation



**Abb. 2 ▲ a, b** Schlechte Korrekturergebnisse nach Feminisierung und **c, d** nach Hypospadiaskorrektur

***‘More normal looking’ Genitals:*** Actual Outcomes (Prof. Westenfelder: *Der Urologe*, 2011)

# **“The Hermaphrodites” don’t exist**

**All variants of a) “Ambiguity”  
and b) “Non-Congruency”**

**[ a) 1-3 ] x [ b) 1-3 ]**

**are virtually infinitely combinable!**

- extremely many and different forms
- very big differences between different forms
- Herms are a very inhomogenous group
- practically more differences than similarities

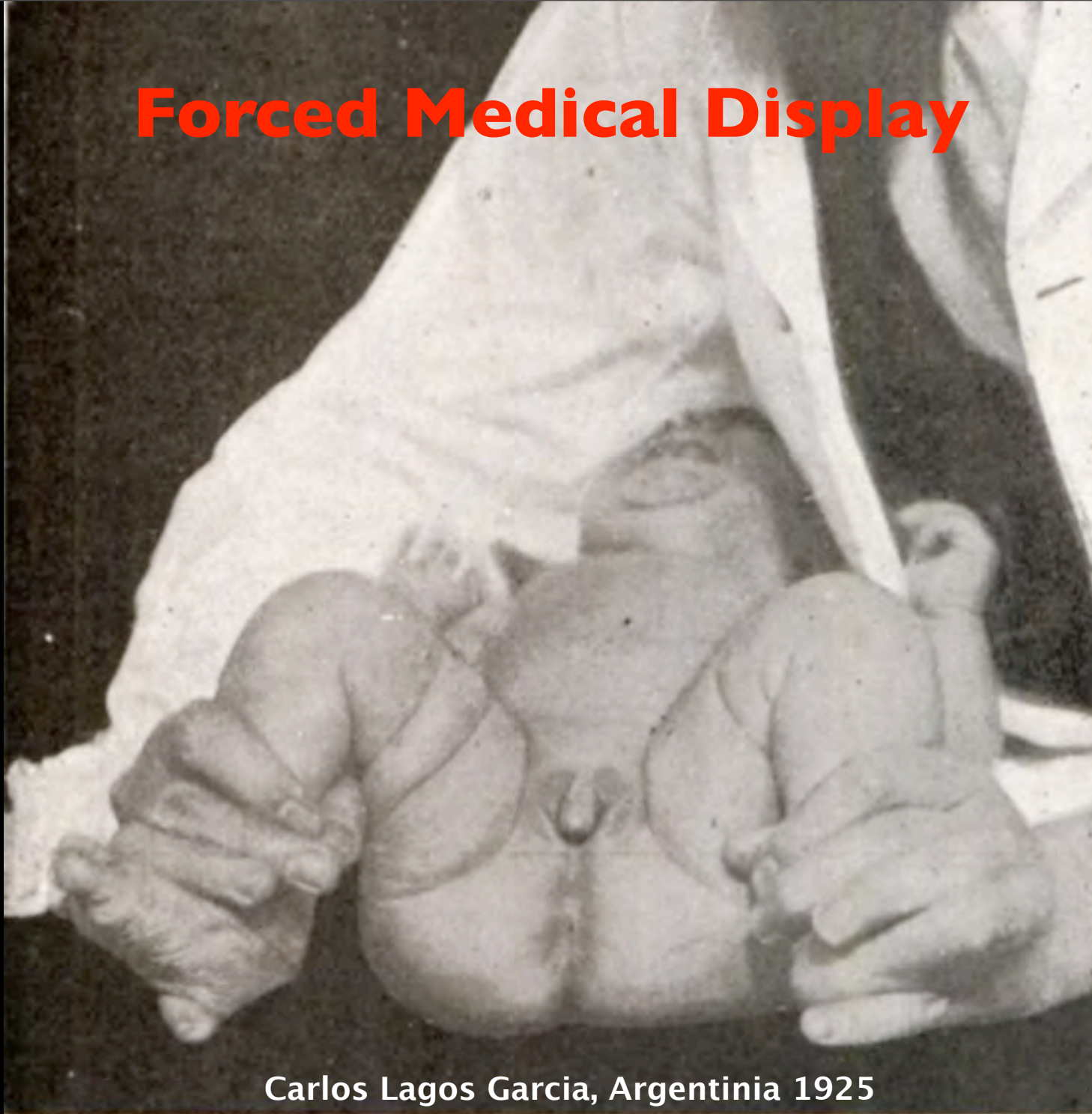
**Central Commonality:**

**Virtually all herms are victims of forced  
medical treatments**

**(but also here there are big differences)**



# Forced Medical Display



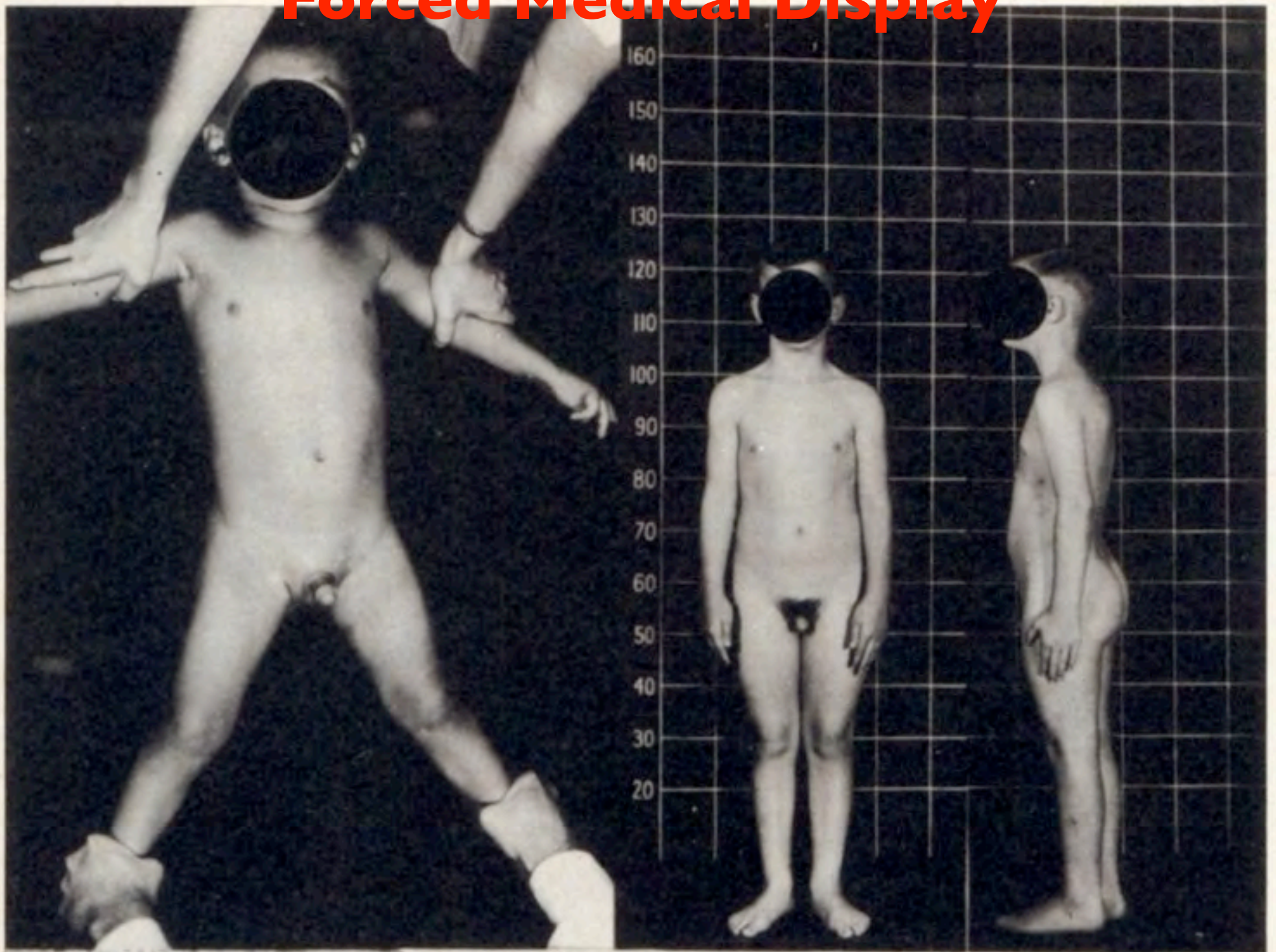
Carlos Lagos Garcia, Argentina 1925

Fotografía n.º 11.





# Forced Medical Display



John Money, 1969

# **How common are Herms?**

## **How many exist?**

**We don't know.**

**There are no serious statistics,  
only extrapolations.**

**Doctors and Clinics refuse to  
give actual numbers.**

**They claim they have none,  
or claim ridiculously low figures.**

- **Environmentally detrimental chemicals (softeners in plastics, endocrine disruptors) linked to increase in Hypospadias/DSD diagnoses.**
- **Because of the rise of prenatal diagnoses/eugenics and selective (late term) abortions, Herms are probaly born less and less as population (e.g in Germany, “risk on intersex deformities” in CAH is a “medical indication” for “therapeutic late term abortion” since 1972).**

# Which figures are used by doctors?

**a) If it's about getting "new patients":**

**1 : 1 000**

Source: Finke/Höhne: "Intersexualität bei Kindern", Bremen: Uni-Med 2008, S. 4

**b) If it's about countering criticism of  
non-consensual, cosmetic surgeries on children:**

**1 : 5 - 10 000**

Source: Netzwerk DSD-Homepage 2009 / Pressemitteilung der Bundesregierung

v. 20.06.2007, basierend auf: **Thyen Ute; Lanz Kathrin; Holterhus Paul-Martin;**

**Hiort Olaf:** "Epidemiology and initial management of ambiguous genitalia  
at birth in Germany", Hormone research 2006;66(4):195-203.

# Which figures are used by organisations of the people concerned?

**1-2 : 1 000**

**of all newborns are at risk of being submitted to medically not necessary, forced medical treatments.**

Source: Intersex Society of North America ISNA <http://www.isna.org/faq/frequency>

→ Doctors do cosmetic surgeries and forced hormonal treatments on many children with “atypical genitals”, but **claim they’re “not intersex”**; e.g. “missing” vagina (MRKHS), “hypospadias”, karyotype XXY, CAH.



# **Hermaphrodites in “Western” Cultural History:**

## **Ancient World**

- **venerated in mytholgy**
- vs.**
- **arguably mostly killed in real life  
(infanticiede)**

# **Middle Ages and Early Modern Age**

- **high risk of infanticide**

**BUT – surviving herms  
had it better than today:**

- **legally recognised**
- **as sole exception had the **privilege** to  
decide whether to live as males or female  
after reaching adulthood  
("Sex Oath" at majority)**

# Modern Age

- from the 19. century on in the sights of doctors
  - doctors claim to be able to determine the “true sex” by examining (by vivisection) the hormone producing organs (gonads)
  - the overwhelming majority were declared as actually male or female “fake hermaphrodites” (“Pseudohermaphrodites”)
    - only very few “remaining” “True” Hermaphrodites
- Prussian Land Law still with “Hermaphrodite Article” and “Sex Oath”,  
**1900: End of legal self-determination**



# **‘Western’ Medicine, 19th Century:**

**Clitoris Amputations on Young Girls**  
prevalent as “Cure” for  
**a) Masturbation, b) Hysteria, and**  
**c) “enlarged Clitoris”**

**While amputations justified by a) and b) attracted mounting criticism and eventually had been abandoned between 1900 and 1945, amputations of “enlarged clitorises” took a sharp rise after 1950 and became de facto medical standard on newborns in the 1960s, often in combination with gonadectomies / castrations.**



# 20th Century (I)

## 1900-1945: Basic Research

- **Hormones**

Eugen Steinach (Austria), Magnus Hirschfeld (Germany), Leo Stanley (USA):  
Gonadal Transplantations, “Sex Changes”, “Gay Cure”

Adolf Butenandt (Berlin), Leopold Ruzicka (Zurich):  
Synthetic Estrogen and Testosterone, artificial Puberty  
(in combination with clitoris amputation)

- **Forced Genital Surgeries**

Hugh Hampton Young (Baltimore):  
Surgical “Correction” for every possible “Genital Abnormality”

- **Genetics**

Richard Goldschmidt (Berlin), Othmar von Verschuer (Berlin / Frankfurt)

# The Term “Intersex”

## Preliminary Events: Herms as Justification for Gay Liberation

- **Karl Heinrich Ulrichs** (1825-1895):

Gays as “Psychological Hermaphrodites”

(i.e under “Hermaphrodite Article” gays could marry men)

- **Magnus Hirschfeld** (1868-1935):

Gays als “Sexual Intermediate Stage”, “Third Sex” and

“Intermediate Sex” = Homosexuality is inborn

### • Genetics

**Richard Goldschmidt** (1915):

Moth-“Intersexes” as Result of “Racial Mixing”,

Homosexuality ist genetic, i.e. inborn

### • Gynaecology

**Racist diagnosis “Intersexual Constitution”** (1916-1950s)



Der **Intersex-Typus** (Mannweib, **Schizoid**) (Abb. 863) ist körperlich und psychisch ausgedrückt. Es kommen auch sexuelle Zwischenstufen vor, wobei feminine Zeichen nur schwach ausgebildet sind. Die Behaarung ist übermäßig und atypisch, die Züge sind männlich, die Stimme ist tief. Die Pubertät tritt verzögert auf, es besteht Frigidität und eine herabgesetzte Fruchtbarkeit bei Hypoplasie der Keimdrüsen und Hyperfunktion der Hypophyse, manchmal ein eunuchoider Hochwuchs, ferner Störungen in der Funktion der Thyreoidea. Häufig wird Dysmenorrhöe beobachtet.

## Forced Medical Display



Abb. 863. Intersex-Typ (Schizoid).

### Intersex Genital Mutilations

Medically Not Necessary, Irreversible  
Cosmetic Genital Surgeries  
On Children With Atypical Sex Anatomy

Documentation:  
History & Current Practice



Zwischengeschlecht.org  
„Sexual Rights For Normalized Tact“  
<http://www.gmccinterventions.org>

# 20th Century (2)

## 1945–Today: Medical Extermination

- **Medical Pseudo “Standard”**

**Lawson Wilkins / John Money (Baltimore):**

**“Optimal Gender Policy”, 1950/55 - Today:**

- earliest possible assignment according to surgical possibilities, castrations and/or surgical “correction”,
- lifelong concealment of truth, rigid upbringing in assigned role, “controlled” artificial puberty

**“Evidence”:** failed “Twin Experiment” with deadly consequences for victims (“John/Joan Case”, i.e. David and Brian Reimer)

**a.o. Andrea Prader (Zurich): Dissemination, from 1950**

- **No Evidence, No Longterm Follow-Ups**

Despite doctors admitting there’s no evidence and deploring “poor” and “scarce” follow-ups for decades, they choose continuing to operate instead of doing their homework – for obvious reasons.

# Lawson Wilkins, Baltimore 1950

## Forced Medical Display

### CONGENITAL ADRENAL HYPERPLASIA—FEMALE PSEUDOHERMAPHRODITISM



Normal age 9 yrs.

Age 2 yrs. 11 mos.  
HL age 4-5  
Bone age 6-8  
17-KS: 15-25 mg/d.

2 yrs. 9-12 mg/d.  
11 yrs. 15-25 mg/d.  
Pubic hair appeared at 20 mos.

Small urogenital sinus.  
Sidelings:

1. V. pseudohermaphroditism.
2. Female—normal.
3. S—macrogonosomia and scrothm. (H.L.H. A52104)
4. S—macrogonosomia A52104

Clinical impeded.  
Raised as girl.  
(H.L.H. A50183)

Age 4 yrs. 2 mos.  
HL age 5-6  
Bone age 7-8  
17-KS: 16-22 mg/d.

No sexual hair.

Urogenital sinus non-contrasting.

1. Raised as boy.
2. Plastic operation on hypospadias penis.
3. (H.L.H. A47344)

Age 4 yrs. 5 mos.  
HL age 7-8  
Bone age 11-12  
17-KS: 17-22 mg/d.

Pubic hair at 25 yrs.

Small urogenital sinus.

1. Raised as girl.
2. Clinics raised.
3. (H.L.H. A47344)

Age 9 yrs.  
HL age 14-6  
Bone age 15-0  
17-KS: 14-22 mg/d.

Pubic hair at 48 yrs.

Axillary hair at 8 yrs.

1. Large urogenital sinus.
2. Raised as girl.
3. Clitoris excised.
4. (H.L.H. A20544)

Patients all had enlarged phallus, urogenital sinus and absent vagina at birth. Patient B had been mistaken for a boy and raised as such.

NOTE the excessive somatic growth, advanced skeletal development, high 17-ketosteroid output and early appearance of sexual hair. Patients were well developed muscularly, but did not seem especially "masculine."

Lawson Wilkins (Baltimore): "The Diagn. & Treatm. of Endocrine Disorders in Childh. & Adolesc." (1950)

### Intersex Genital Mutilations

Medically Not Necessary, Irreversible  
Cosmetic Genital Surgeries  
On Children With Atypical Sex Anatomy

### Documentation:

### History & Current Practice



[Zwischengeschlecht.org](http://Zwischengeschlecht.org)

"Human Rights For Intersexed Kids"

<http://www.gonadectomy.org>



Normal age 9 yrs.

Age 2 yrs. 11 mos.

Ht. age 4-3

Bone age 6-0

17-KS:

2 yrs. 9-12 mg/d.

3 yrs. 15-25 mg/d.

Pubic hair appeared at 20 mos.

Small urogenital sinus.

Siblings:

1. ♀ pseudohermaphrodite.
2. Female-normal.
3. ♂-macrogenitosomia and scrotum. (H.L.H. A52394)
4. ♂-macrogenitosomia

Clitoris amputated.

Raised as girl.

(H.L.H. A59183)

Age 4 yrs., 2 mos.

Ht. age 5-0

Bone age 7-6

17-KS: 16-22 mg/d.

No sexual hair.

Urogenital sinus non-communicating.

Raised as boy.

Plastic operations on hypospadiac penis

and scrotum. (H.L.H.

A52394)

Age 4 yrs.,

5 mos.

Ht. age 7-0

Bone age 11-0

17-KS:

17-22 mg/d.

Pubic hair at 2½ yrs.

Small urogenital sinus.

Raised as girl.

Clitoris excised. (H.L.H. A47344)

Age 9 yrs.

Ht. age 14-6

Bone age 15-0

17-KS: 14-22 mg/d.

Pubic hair at 4½ yrs.

Axillary hair at 8 yrs.

Large urogenital sinus.

Raised as girl.

Clitoris excised.

(H.L.H. A26544)

Patients all had enlarged phallus, urogenital sinus and absent vagina at birth. Patient B had been mistaken for a boy and raised as such.

**NOTE the excessive somatic growth, advanced skeletal development, high 17-ketosteroid output and early appearance of sexual hair. Patients were well developed muscularly, but did not seem especially "masculine."**

Lawson Wilkins (Baltimore): "The Diagn. a. Treatm. of Endocrine Disorders in Childh. a. Adolesc." (1950)



# Present: Most Herms are submitted to multiple forced surgeries:

## Beschreibung des Samples



Operationen nach Altersgruppen:

	keine OP	1 OP	2 OPs	>2 OPs
Kinder 0-3 J.:	42 %	34 %	12 %	7 %
Kinder 4-12 J.:	13 %	47 %	19 %	17 %
Jugendliche:	9 %	50 %	17 %	20 %
Erwachsene:	10 %	32 %	24 %	24 %

**E.g. in Germany, at least one child is mutilated every day, both in Austria and Switzerland at least another one every week in each country, and in the U.S. five per day.**

# 20th Century (3)

- **Uprising of Survivors of Forced Surgeries**

**Self-Help & Emancipation, 1985 - today:**

Australia/UK/USA: **AISSG** D: **XY-Frauen** (1985-1997)

*“Peer Support, psycho-social Support for Parents, NOT Surgeries on Children”*

**1993:**

**First Organised & Public Criticism  
by Survivors:**

USA 1993: **Intersex Society of North America (ISNA)**

D 1996: **AG gegen Gewalt in der Pädiatrie und Gynäkologie (AGGPG)**

- **Surgeries Immensely Destructive  
of Sexual Sensation**
- **Violation of Right to Physical Integrity**

**Boston, 26.10.1996:**

**1st HWA-Rally against AAP Mutilators Conference**

**Since 2004: 26.10. = “Intersex Awareness Day”**

<http://www.isna.org/books/chrysalis>





# Hermaphrodites With Attitude, 1997



*At times I feel like hiding in the closet, because it's like how can anybody accept somebody who has been this mutilated, you know, who can accept damaged goods?*

*And in other times I get so mad that I just want to get a dull rusty knife and start hacking off doctors' genitals and say: "Here, you son of a bitch, now, how do you think it feels?"*

**Heidi Walcutt**  
**20.10.1961–10.11.2010**

(Video „Hermaphrodites Speak!“  
07:58)



# **District Court Cologne, 12.12.2007:** **Ist ever Trial against Intersex Mutilator -WON!**





# CEDAW Shadow Report 2008/09, CAT 2012

## UN Committees CEDAW + CAT criticise Germany



<http://intersex.shadowreport.org>





Protest vs. German Ethics Council, 23.2.2012 © dapd



# 2013: UN Special Rapporteur on Torture condems „involuntary genital normalizing surgeries“ and „sterilization“ on „Children who are born with atypical sex characteristics“ (A/HRC/22/53)



Bild:Aktion zur UPR-Session des UNHRC, Genf 20.10.2012 (zwischen Geschlecht.info)



# 21st Century

## **Mutilators continue unfazed**

Besides lip service nothing new ...

**vs.**

- **Lawsuits against Mutilators**

1st successful litigation in Cologne,  
2 more pending in US and Germany

- **Media and political work**

“Herm Media Offensive”, parliamentary proceedings

- **Nonviolent Protests and Actions**

in front of courts, clinics, conferences

- **Bioethics**

Only when talking WITH persons concerned, NOT about them

- **Solidary Non-Herms**

Still too little!



# D\$D-Life

**IGM Global 'Cartel' 2013:**  
"Multidisciplinary" =  
*Ped Endos & Scalpels*  
*Running The Show* +  
*Ethics & Psych Fig Leaf*



14 Multidisziplinäre Teams + Medizinethik in S, PL, D, F, UK, NL



# **STOP**

## **Genital Mutilations as ‘Raw Material’ for Sex/Gender Research!**



11th EMBL/EMBO “From Biology to Behaviour”, 6.11.2010



Emi Koyama, Lisa Weasel:

## **From Social Construction to Social Justice: Transforming How We Teach About Intersexuality (2002)**

There has been a growing interest and attention to the topic of intersexuality in Women's Studies in the recent years.

the preliminary results of this pilot study nonetheless confirmed our prediction that intersex existence is understood and presented largely as a scholarly object to be studied in order to deconstruct the notion of binary sexes (and thus sexism and homophobia) rather than a subject that has real-world implications for real people.

While it is important and encouraging that feminist and LGBT communities are beginning to recognize and embrace the issue of intersexuality, and Women's Studies, Gender Studies and Queer Studies courses may be the only place where intersexuality is incorporated into the curriculum, the specific ways in which intersex issues are introduced in these classrooms should be strengthened and made more relevant to the social justice movement. Despite instructors' good intentions, a lack of awareness and attention to the realities of intersex lives biases the presentation of the topic, potentially unintentionally perpetrating the invisibility and objectification of intersex people.

<http://www.ipdx.org/pdf/wsqa-intersex.pdf>

<http://www.ipdx.org/publications/pdf/teaching-intersex.pdf>



# **Potential Conflicts of Interest**

**The Problem of Appropriation by  
some Gender Studies & LG(B)((T))Qs**

## **Solidarity – or Projection?**

**Intersex Genital Mutilations on Children  
are NOT a “Side Show” in LGBTQ’s fight  
against the Two-Sex-System  
or Heteronormativity!**

**MOST Intersex People  
DON’T “identify as intersex”  
(or bother too much about “identifying” at all),  
but are still suffering from the aftermath  
of Intersex Genital Mutilations.**

# **Solidarity – or Projection?**

## **Potential Conflicts of Interest**

**The Problem of Appropriation by  
some Gender Studies & LG(B)((T))Qs**

***“That especially Trans\*folk, Lesbians and Gays have been tackling this subject, is due to an excess of projection.***

***They don't see, how their own set of problems,  
i.e. coming-out and social recognition,  
is not the same as the hermaphrodites'.***

***They don't see, how the adoption of hermaphrodites by  
lesbian, gay, and trans\*movements without being asked,  
is tantamount to blindsiding and colonialisation,  
and is morally inappropriate, because it masks the  
particular interests of survivors of medical violence.”***

**— Georg Klauda, 2002**

# **The Problem of Appropriation by some Gender Studies & LG(B)((T))Qs**

## **Ideational Appropriation:**

- **“unwanted Adoption”: Annexation, Declaration to a ‘Subcategory’ of own group (e.g. Transgender), Stealing of Herm Symbol**
- **Herms through the ‘Gender Theory / LGBT Lens’ (“Excess of Projection”)**
  - **glorified as (intact) ‘Ideal Herms’**
  - **conveniently ignored as 90% mutilated ‘Real Herms’**
- **LG(B)((T))((I)))Q: “Cascades of Colonialisation”**
  - **e.g. transsexuals are colonised by gays, then colonise the intersexed in turn**

**(Georg Klauda: “Fürsorgliche Belagerung”, 2002)**

# The Problem of Appropriation by some Gender Studies & LG(B)((T))Qs

## Salient Example:

**At the very first Intersex-Rallies, Transsexuals came for support, BUT brought their own campaign-shirts and ‘asked’ everybody to wear them – to the detriment of the message, and of intersex participants.**



[Morgan Holmes on how this ‘bungled opportunity led \[me\] away from activism for years’ \(PDF\)](#)



# **The Problem of Appropriation by some Gender Studies & LG(B)((T))Qs**

**Hermes as a Means to an End for 3rd Party Interests**  
**Historically evolved tradition of appropriation  
since 1864:**

- **Gays as “psychological hermaphrodites” and “third sex”,  
as justification for Gay Liberation (Ulrichs, Hirschfeld)**
- **Mutilations of herms as “scientific foundation”  
for Gender Theory (Money, Butler)**
- **Feminism embraced Money’s Gender Theory,  
without questioning its origin and formation  
(Millett, Rubin, Schwarzer)**
- **Medical crimes on herms as ‘value-free’ ‘raw data’  
and ‘raw material’ for sex/gender research till today**

# Salient Example:

**In the 1999 Hirschfeld-Biopic 'The Einstein of Sex',  
at the behest of rich 'oriental' parents,  
Hirschfeld mutilates a defenceless herm for money ...**



... operiert jedoch unbeirrt weiter. Schon legt er das amputierte zwittrige Genital in die Nierenschale ...



**... i.e. a treasure chest, urgently needed to finance Hirschfeld's new 'Institute for Sexology' in order to advance gay liberation ...** *(fictious but telling!)*



Der erfolgreichen Gründung des "Instituts für Sexualwissenschaft" in der nächsten Szene steht somit nichts mehr im Wege:



Der Zwitter hat seinen Zeck erfüllt ...

# The Problem of Appropriation by Gender Studies & LG(B)((T))Q

## In practical Politics:

- **“Inclusion” (as ‘tail-light’):** Annexation while at the same time rendering herms and their demands invisible in public and politics

## Salient Example:

German Bundestag: 26.11.09–30.6.10 “Intersexuals” were mentioned as ‘tail-light’ in **29 Documents**—NOT ONCE it was about ending the mutilations, but ALWAYS ONLY about “Recognition of Sexual Identity” for gays etc.



# **Solidarity – or Projection?**

**Intersex Genital Mutilations on Children  
are NO “Side Contradiction”  
to the Two-Sex-System or  
to Heteronormativity!**

**The ongoing mutilations  
have to be stopped  
- NOW! -**

**NOT “after the abolition  
of gender ...”**

**The mutilations have to STOP NOW!**

## **Demarcations in public are a political necessity:**

- **Ending the mutilations a.s.a.p. demands tactical and pragmatic course of actions, need of ability to win a majority**
- **As a Basic Human Rights and Ethics Issue**
  - Right to Physical Integrity and Self Determination
  - Child Protection vs. Genital Mutilation
  - Respect of Creation as is**a Legal Ban can win a Majority and gain Support also from Conservative and Christian Parties :-)**
- Introduced in Appropriation as a Gender und LGBT Issue, the demand for a ban gets mostly dismissed before we would even get the chance to explain what it's actually about :-)

# **Requests to Solidary Non-Herms and their Organisations**

**1) Acceptance of herms living as  
males, females, and herms**

**2) Solidarity in the Struggle against  
Intersex Genital Mutilations, and for  
“Human Rights for Hermaphrodites, too!”**



# Requests to Solidary LGBTQs

- critical reflection of own theory and practice
- critical reflection of own history
- respecting the decade-long fight of the intersexed against genital mutilations as **independent fight** for *“the right of intersex children to **self-determination** and their **right to physical integrity**”*
- supporting the intersexed in their fight against genital mutilations to the best of one's ability, **NOT** using the suffering of the intersexed as a peg or ‘material’ to advance one's own demands and struggles!



**Thank you!**