

**Intersex in a Context of White Colonization**

A thesis submitted by

Taylor Strelevitz

in partial fulfillment of the requirements for a

Bachelor of Arts Degree

Tufts University

May 2015

Adviser: Professor Sabina Vaught and Professor Sarah Pinto

## **Introduction**

Intersex, as a label assigned to those who are anatomically defined as neither male nor female, has been thoroughly interrogated by feminist scholars (Dreger, 1999; Fausto-Sterling, 2000; Feder, 2014; Karkazis, 2008; Kessler, 1998; Preves 2003; Reis, 2009). However, these analyses have not fully addressed the role of race in the construction and maintenance of intersex identities (Magubane, 2014). This article speaks to that gap by mapping the racialized construction of the sex binary within colonial power historically and contemporarily. Understanding the role of race in intersexness is critical to understanding the specific experiences of oppression at the intersection of racial and intersex identities. As very little writing exists on this topic, this theory-driven analysis is meant to serve as the start of a greater conversation, pointing to places for further inquiry.

## **Theoretical Frameworks**

### **Postcolonial Studies Frameworks**

The oppositional co-construction of Whiteness and Blackness (Lewis-Gordon, 1997; Gilman, 1985) is evident in the historical colonial medical construction of intersex identities (Magubane, 2014). Considering case histories, I will theorize this co-construction at the intersection of race and gender using features of postcolonial and Whiteness studies frameworks. This paper takes up an interacting approach between these two traditions. I'll first highlight the salient concepts between these two frameworks and then address why this combination of the two is critical.

Postcolonial Studies is a body of theory that analyzes the powered creation of culture by interrogating the relationship between colonizer and colonized across psychoanalytic, performative, cultural, and institutional dimensions (Childs & Williams, 1997; Lewis, 2003;

Trinh, 1989). I will specifically consider Stoler's (1995) theorization of the discursive construction of gender subordination in maintaining colonizing hierarchies that positioned the colonized as unsophisticated. Her writing investigates the "regulatory mechanisms of the colonial state that were directed not only at the colonized but also at 'internal enemies'" (p.96). In the contemporary U.S., White intersex people can be considered "internal enemies," oppressed members of a colonizing force. As non-normative bodies that could not align with the "sexual prescriptions" of White colonial power, they present a threat to the "grammar of colonial difference" (p.101). The subsequent 'treatment' of intersex Whites and the brutal neglect shown toward intersex Blacks emerge as regulatory mechanism[s] of the colonial state (Stoler, 1995, p. 32).

### **Whiteness Studies Frameworks**

An understanding of the labeling and treatment of intersex people can be expanded upon using a Whiteness Studies framework. Whiteness Studies investigates the normativity, invisibility, and hegemony of Whiteness. Whiteness is generally considered to be the construction, embodiment, and performance of hegemonic White racial domination (Frankenberg, 1993; Morrison, 1993; Roediger, 2001). It is the "unmarked category against which difference is constructed" (Lipsitz, 1999, p. 76) ultimately defined by what it is not, and so by necessity internally policed for fidelity to its prescribed normalcies.

Science and medicine have been crucial in the construction of Whiteness, as White supremacy is justified, in part, through a biological racial hierarchy (Gilman, 1985). Sexual dimorphism, the scientific understanding of distinct male and female bodies, is rooted in Darwinian beliefs of evolution (Eckert, 2009). It is a way of differentiating among species, determining evolutionary status. Humanity has been ontologically constructed within the

sex binary. What it means to be human is contingent upon having a sexually dimorphic, easily recognizable male or female body. Full humanity, sexual dimorphism, has only been granted to a select few. As a way of maintaining Whiteness as evolved and natural, the Other—Blackness—has been relegated to a primitive status as sexually monomorphic, having only one anatomical sex (Gilman, 1985). Thus Blackness has been painted as synonymous with abnormal sex and sexuality. In many ways one could argue Blackness has been depicted as inherently intersex or extrasex.

This study takes a cross geo-political and global approach which uses colonial histories from around the world to understand how contemporary US treatments are being conceptualized. Postcolonial studies is useful because it demands such a global perspective. Whiteness studies can then be used to make sense of race in the US. I put the two in conversation to understand how such diverse colonial histories function in the US.

### **Methodology**

I approach the archival material presented here guided by Crenshaw's (2005) theorizing of intersectionality, paying special attention to the layering, interactive nature of systemic oppression. Crenshaw specifically analyzes the exclusionary effects of the feminist and anti-racist movement, considering how women of color are partially excluded from each. In this analysis she uses the experiences of immigrant women who have limited access to domestic violence shelters due to the monolingualism and Whiteness of the feminist of these spaces. While reduced to a singular woman identity within the feminist movement, anti-racist movements default to masculinist efforts, thus also only partially advocating for women of color. This intersectional framework is critical to understanding the layering effects of racism and sexism in the treatment of intersex people.

To fully understand and contextualize intersex treatment I employ Stoler's (2002) two-fold methodology for archival research. Stoler first calls for a reading with the grain of the archive, "regularities, for its logic of recall, for its densities and distributions, for its consistencies of misinformation, omission, and mistake—*along the grain*" (p. 100). In reading with the grain of the archive I am aiming to understand why the intersex archive exists as it does. Following a reading with the grain of the archive is a reading against the grain of the archive. To read against the grain of the archive means to bring to light "unstated and understated archival material" (p. 101). This study aims to bring forward erased intersex histories and to also read the salient archival material that does exist in a new light.

### **Data Analysis**

#### **The Story of M.C.**

M.C. is a Black, eight-year-old, self-identifying young boy, who, while in the foster care system of the State of South Carolina, was forced to undergo a gender assignment surgery. A lawsuit, being filed by Advocates for Informed Choice, the Southern Poverty Law Center, and two private law firms on behalf of M.C.'s White adoptive heterosexual parents, sues the hospitals of the State of South Carolina for medical malpractice and the South Carolina Department of Social Services (SCDSS) for gross negligence. These charges are being brought against these two state bureaucracies for their cooperative decision to subject M.C. to an irreversible, traumatizing, and medically unnecessary *normalizing* surgery. At 16 months of age, in 2006, while under the care of the State, M.C. underwent a feminizing-genioplasty, a surgery that removed his phallus, a testicle, and widened his vaginal opening (*M.C. v. Aaronson*, 2013).

The lawsuit charges that M.C.'s doctors were well aware of the harmful effects of the surgery, with the lead doctor, Dr. Ian Aaronson, having previously published an article on the negative effects of performing a feminizing-genioplasty on an infant that may grow to identify as male. It also charges that the doctors involved did not adequately communicate such effects, risks, or the electiveness of the surgery to M.C.'s caretakers at the time, the employees of the SCDSS. The lawsuit of gross negligence against the SCDSS claims that the State did not properly protect M.C. Not one caseworker was adequately informed of his medical needs, with at least four different SCDSS employees sporadically attending M.C.'s appointments. Furthermore, the SCDSS is charged with supporting the surgery in its failure to protest, in its logistical enabling (the surgery was funded through SCDSS funds, M.C. was driven by employees to appointments, etc.), and in the authorizing signature of the State Director of the SCDSS (*M.C. v. Aaronson*, 2013). This lawsuit is being filed with the goal of providing "justice for M.C." and preventing future non-consensual surgeries (Saifa Wall, 2013).

M.C.'s story is a critical component of contemporary intersex politics, activism, and advocacy, not only because his lawsuit is the first of its kind, but because it is a story that demands a complex analysis of the interrelatedness of sex, gender, race, and ability. I approach M.C.'s story and the many others that will be theorized below, keeping in mind, Jack Halberstam's (2005) call to action to "create an archive capable of providing a record of complex interactions of race, class, gender, and sexuality that result in murder, but whose origin lie in state-authorized formations of racism, homophobia, and poverty" (p. 46). M.C. is a survivor of a non-consensual surgery, the manipulation of his body and of many others, representative of a murderous violence, an attempt to kill a part of him. The state-authorized

violence he experienced sits within a history of racism and colonization that has worked for centuries to define his body as Other and in need of fixing. The remainder of this paper will go through some of these histories, pulling at the racialized difference in the treatment of intersex people, the colonial purpose of such treatments, and the contemporary effects.

### **Normalization and Othering**

Race and Visual Studies scholar, Sander Gilman (1985), states that sexuality is the most salient point of the construction of racial difference. Blackness and Whiteness have been historically and contemporarily manipulated to represent antithetical sexualities (Gilman, 1985; Magubane, 2014). This manipulation is made clear in the labeling of all Blacks as sexually deformed and the default creation of normalized White sexuality. My historical analysis starts with the abuse of Khosian women in the late 1790's and early 1800's (Magubane, 2001). Sara/Saartjie Bartmann, called the Hottentot Venus, was put on display throughout Europe, described by the famous naturalist Georges Cuvier as resembling anything but a White woman. He specifically noted her extended labia minora as her defining feature (Magubane, 2001). Thus Sara/Saartjie Bartmann's body was used and manipulated to depict all Black women's bodies as overdeveloped (Bloodsworth-Lugo, 2007) in relation to and distinctively different from White women's bodies. In contrast, White women's bodies were implicitly depicted as evolved and sophisticated, fully sexually dimorphic. Cuvier's comments, specifically his wording of "anything but" points to the normalization of Whiteness, making it not only the default, but also the identity from which other races deviate.

The visual portrayal of Black genitals in medical literature reinforces these racist claims as analyses conclude that Blacks were especially visible in "accounts of unusual

phenomenon, especially those relating to genital organs and gross congenital birth defects” (Savitt, 1978; Washington, 2006). As late as 1988 *The American Journal of Human Genetics* reported that “ambiguous genitalia” could be found with “relatively high frequency among southern African Blacks” (Ramsay et al, 1988, p. 4). The absence of White bodies in literature on sexual deformity makes a powerful statement of White bodies as particularly formed, abled, not needing medical documentation. In defining Blackness as sexually peculiar, Whiteness is assumed and reified as normal. In its normality Whiteness is perceived as raceless, thus at its core human (Dyer, 1997). This humanity comes at the expense of the dehumanization of Blackness, as physically and socially and sexually unevolved and deformed.

The abuse of Sara/Saartjie Bartmann in the 1800’s and the racist reporting of *The American Journal of Human Genetics* in 1988 can be used to understand the contemporary cruel treatment of South African Olympian, Caster Semenya in the 21<sup>st</sup> century (Magubane, 2014). After winning the World Championships in 2009, Semenya’s sex was publicly brought into question by the International Association of Athletics Federation (IAAF). The IAAF subjected Semenya to “gender testing” to determine if she had a “rare medical condition giving her unfair competitive advantage.” Intersex scholar, Hoad (2010) draws an explicit historical connection as he compares the “shameful history of Sarah Baartman who was literally cut up and turned inside out for the world to see” (402) to the public shaming of Semenya’s success as a Black South African female runner. In the quest to label Blackness as Other and sexually deformed across all time and space, Whiteness is made and preserved to be normal, non-threatening, and not intersex.

I question- what happened historically and what happens contemporarily when White normality *is* threatened? How do intersex Whites make Whiteness and colonial hegemony vulnerable? And how can the treatment of intersex individuals across racial lines be understood as a way of relieving this threat?

### **Whiteness, Colonialism, and Heterosexuality**

In order to interrogate intersexness as a threat, concepts of freedom and agency must be interrogated. Just as Whiteness has been constructed as normal, it has also been made synonymous with ideals of freedom (Morrison, 1993). Freedom was written into the conception of White supremacist nationhood, as White colonizers came to the “Americas” seeking at first religious freedom. Freedom was devised in a way that required the ruling of Others. To be a colonizer and to be White, meant to be free from rule, in other words to be the ruling. Toni Morrison (1993) theorizes that fears of receding freedom, fears of being ruled, were lessened by the enslavement of Others. Thus the enslavement of Blacks became a way of reifying White freedom. Whiteness came to signify freedom, while blackness signifies enslavement.

Foundational to the maintenance of White freedom and colonial rule, has been marriage, used as a regulatory mechanism of both the colonized and the colonizers. The *right* to marry continues to be one of many factors in dominant ideologies of citizenship, as it is used to divide and define among classes of people. The citizenry feature of marriage is seen in the legal restriction of interracial marriage, inherently racing marriage, sexuality, and sex. In making interracial marriage illegal, marriage was a mode through which racial divide was State-mandated and maintained (Dorf, 2011). Marriage as an indication of citizenship is seen again in the restriction of same-gender marriages. This is made explicit in the rhetoric

of some sectors of the gay rights movement, which works to claim second-class citizenship in relation to the inability to marry (Brandzel, 2005; Dorf, 2011).

It is at this marital point of tension that feminist discussions of gender, sexuality, and intersex fit into a larger context of Whiteness and colonialism. The existences of intersex bodies bring into question the possibility and reality of heterosexuality and therefore also of marriage, causing a moment of both racial and colonial panic. Intersex theorists (Dreger, 1999; Fausto-Sterling, 2000; Feder, 2014; Karkazis, 2008; Kessler, 1998; Preves 2003; Reis, 2009) have thoroughly interrogated the ways in which intersex bodies have been associated with queer sexuality, more specifically failed heterosexuality. Marriage, as a historical form of male ownership over Rubin (2009) becomes impossible if the line between male and female is blurred. Reis (2009) states that fears of unmarriageability are the main reason parents and doctors choose to perform gender assignment surgeries on intersex children. Thus, marriage is a significant factor in the labeling and subsequent treatment of intersex people.

However, these feminist analyses have not gone as far to contextualize the role of race and colonialism in failed heterosexuality. To be intersex, means to have impinged freedom in numerous ways, including the *right* or ability to marry, thus countering Whiteness and threatening colonial rule. To have limited rights is antithetical to Whiteness, making it unsurprising the drastic surgical measures White families and medicine take to mitigate the loss of their White child's freedom.

The regulation of freedom and Whiteness through marriage is one of many ways in which colonial empire is anchored. Marriage, as a form of internal regulation of Whiteness, is ultimately a tool of the colonizer, used to further define and control the colonized. Stoler

(1995) analyzes the colonial politics of exclusion, as they relate to the construction of the Other and also the construction of multiple hierarchical Selves. Colonial politics of exclusion divide based upon far more than race, also organizing on the basis of class, gender, and sexuality. According to Stoler (1995) colonial states were dependent upon heterosexuality, saying, “Sexual prescriptions were used to secure and delineate the authentic citizens of the nation-state” (p. 11). Marriage, as a sexual prescription, worked to distinguish the colonizer from the colonized while maintaining an internal hierarchy. Heterosexuality was, in fact, a sign of patriotism while “unproductive eroticism became linked to unpatriotic practices” (Stoler, 1995, 135). Thus, heterosexual marriage was a duty of the colonizer, a way of labeling oneself as both a colonizer and as White. Intersex as a form of failed heterosexuality was an unproductive eroticism, failing in its duties to the empire, making intersex Whites internal enemies.

Intersex Studies scholar, Suzanne Kessler (1998), makes a claim that “genital ambiguity is corrected not because it is threatening to the infant’s life but because it is threatening to the infant’s culture” (p. 25). The culture upon which infants enter is one of White racial domination and colonial rule. In this light, genital ambiguity is threatening to a child’s ability to perform colonial duties and to the child’s Whiteness. The labeling and subsequent medical treatment of intersex people, specifically non-consensual surgeries, is motivated by the colonial politics of racial exclusion. In other words, non-consensual surgeries are a way of reifying racial difference and maintaining internal hierarchies within a colonial empire.

### **The Regulatory Function of the Treatment of Intersex Subjects**

The regulatory mechanism of the labeling and treatment of intersex people is evident in an analysis of who has and who has not historically been medically treated. In tracing the history of the medical treatment of intersex people in the U.S., it becomes apparent that the labeling of an intersex condition has historically been race dependent (Magubane, 2014). Especially prior to emancipation, intersex conditions were rarely diagnosed in Black subjects. The lack of diagnosis and documentation is instead due to non-existent health care for enslaved Blacks and the underlying assumption that Blackness was inherently sexually deformed. Conversely, as Whiteness was constructed as normal and sexually dimorphic, Whites were labeled and then subjected to treatment. Further analysis requires a new understanding of the word *treatment* and concepts of medical *care*. Intersex studies scholars (Dreger, 1999; Fausto-Sterling, 2000; Feder, 2014; Karkazis, 2008; Kessler, 1998; Preves 2003; Reis, 2009) have documented the traumatizing nature of intersex medical treatment. It is thus not a point of a privilege, but is an indicator of social status and way of maintaining sexism within that status. In other words, medical treatment of an intersex condition is harmful both when it is denied and when it is enacted.

Prior to the 1880's, medical treatment of intersex people involved acknowledging an intersex condition, labeling the child or adult as male or female, and then intensively regulating their performance of the social role of that sex (Reis, 2009). While intersex Whites were labeled as intersex and thus subject to invasive medical exams and social sex changes, enslaved intersex Blacks were further dehumanized through a failure to even acknowledge genital ambiguity. Magubane (2014) refers to the medical treatment of intersex Blacks as a "callous indifference" (p. 14). This indifference is evident in the lack of data regarding the medical treatment of intersex Blacks and in the few brutal stories that are

documented. The failure to recognize genital ambiguity stemmed from a deeply racist biological belief that Black bodies were inherently physically different from White bodies, that Blackness was primitive and therefore not sexually dimorphic. Magubane theorizes that the treatment of Whites at this time was indicative of a fear of monomorphic sex, indistinct from and informing a fear of Blackness. To be treated meant to be White and to have the potential to access legal gendered rights such as property ownership, voting rights, or marriage certifications. To not be treated meant to never have access to legal gendered rights in the first place, to be enslaved and dehumanized.

### **Case Studies of Intersex Treatment**

#### **White Citizenship and Intersex Subjectivity**

Magubane writes of a story of a White woman in 1863 whose husband demanded she undergo a reconstructive surgery because “the husband became extremely dissatisfied, and indeed thought of applying for a divorce, on account of the impediments he met with from what proved to be an enlarged clitoris” (Beck and Beck 1863, 176). The documents of this removal do not address the wife’s perspective on the procedure, but do state that the husband was satisfied with the outcome. Using Pateman’s theorizing of the (1983) citizenship status of women this example illuminates the role of marriage in the treatment of White intersex individuals. According to Pateman, a woman’s access to resources is dependent upon both a female gender and an association with White men. Pateman’s conflation of gender and sex points to the physical and bodily component of the gendered distribution of resources. In the example above the woman’s ability to perform her gender was deeply tied to her physical sex and sexuality. Her womanhood, as defined by her marriage status, was brought into question only when her sexuality was deemed

unsatisfactory. Her failed sexuality was then directly tied to her physical sex, her enlarged clitoris. Intersex scholar Holmes (2005) claims that it is no coincidence that the majority of intersex people are women when the intersex body and the female body are synonymously deformed (p. 16). Undergoing surgery, thus making her sexuality more desirable, was a duty of her gender as a woman and as a wife.

The husband's threat of divorce exemplifies Pateman's (1983) second component of the citizenship status of women. This woman's access to resources was dependent upon her sexuality in relation to her husband. The stakes for her were high as her marriage hinged upon her normalizing her sexuality by removing her enlarged clitoris. To not get the surgery would mean to lose her marriage, thus risk losing citizenship status. This risk is amplified within a context of colonization that was dependent upon gender subordination as a way of supporting masculinist colonial efforts and distinguishing the colonizers from the colonized (Stoler, 1995). White women played a specific role as colonizers maintaining aristocratic homes that were built upon the needs of colonizing men (Stoler, 1995). Bourgeois culture, specifically gender subordination through marriage and homemaking, became a way of defining colonizing culture, a way of separating oneself from the culture of the colonized. Stoler (1995) writes of the deviant roles of working class Whites who threatened colonial rule in their failure to perform Bourgeois gender roles. The unproductive eroticisms of working class Whites can be used to understand the position of the woman in the example above. The threat of an end of a marriage meant to relegate oneself to an unproductive eroticism, losing bourgeois status. With colonial hegemony hinging upon marriage, the pressure to make one's sexuality productive was grand, making sense of the surgery she was forced to endure.

## **Othering and Colonial Power**

Just as the labeling and subsequent treatment of the White woman in the example above played into the creation of a hierarchy, the “callous treatment” of Black intersex subjects also worked to maintain racial difference. This is exemplified by the treatment of a 15 year-old Black girl who in 1917 was diagnosed with pseudohermaphroditism (Magubane, 2014, p. 17). The deplorable treatment this young woman received cannot be given the full analytical time it deserves in this paper. I will only be interrogating a portion of her treatment, thinking specifically of the manipulative use of the construction of Blackness to maintain colonial rule and define Whiteness. This young woman was described by her doctors as having a “narrow” vaginal opening and external genitals that were “distinctly male in appearance” (p. 411). She reported that she had lost her virginity to the White man who raped her. The doctors documented their disbelief, stating, “in an individual of her race sexual life usually begins much earlier” (p. 412). Furthermore, the patient was declared a female with “sexual impulses toward the female sex” (Kiernan, 1917, p. 412). The patient did not receive any treatment for her perceived condition. Sander Gilman’s (1985) naming of sexuality as the most salient marker of the construction of racial difference can be useful in understanding how and why this young woman was treated. The perception of the girl’s pseudohermaphroditism, lesbianism, and hypersexuality were wrapped in her Blackness, used to define White womanhood.

The labeling of her genitals as male-appearing sat in a history and fed into a future of the documentation of Black genitals as deformed in medical literature, leading and relating to the treatment of Sara/Saartjie Bartmann and Caster Semenya, among others. Just as her body was manipulated and documented as a way of defining Blackness as Other, it was also

used to justify the treatment of White women. In labeling all Blacks as sexually deformed, intersex individuals did not need normalizing, as to be Black and deformed was demanded and expected. Thus, it is unsurprising this young woman was not treated for her condition. These doctors never considered a normalizing surgery as they did with the White woman in the example above. Magubane (2014) theorizes that this is because “an ambiguously gendered White body needed to be corrected to retain its Whiteness, where as an ambiguously gendered Black body was seen as confirming the essential biological difference between Whites and Blacks” (p. 781).

In addition to the labeling of her genitals, the labeling of her sexuality as excessive and lesbian were both a result and reification of the Othering of Blackness. The queering of her sexuality worked to further label Whiteness as normal and capable of “productive” eroticism. The doctors directly linked her perceived sexuality to her Blackness in their determination of Black “sexual life” as beginning “much earlier.” In this statement it is made implicit that Black sexuality is hypersexual in comparison to White sexuality, which is being constructed to develop in a restrained and mature time frame. By labeling her as a lesbian, the doctors added yet another layering of Otherness. The queering of her sexuality as hypersexual and lesbian was rooted in both her Blackness and her intersexness. Related to Blackness being perceived as inherently intersex, Black genders and sex role ideologies have been constructed as perverse and queer. As Patricia Hill-Collins states, “Within a Western sex role ideology premised on ideas of strong men and weak women, on active, virile masculinity and passive, dependent femininity, the seeming role reversal among African Americans has been used to stigmatize Black people” (2004, p. 44). Thus, Black people’s “reversed, damaged gender ideology” becomes a “sign of racial difference” (p. 44).

The labeling of this young Black woman as intersex was related to Western sex role ideology, which also prevented her from ever accessing a normalized gender.

The queering of her body and thus gender, fed into the labeling of her as lesbian. Intersex conditions have long been equated with lesbianism and queered sexualities (Reis, 2003). Intersex scholars who have primarily interrogated White case histories have found that intersexness is deemed threatening in its challenging of the gender binary and thus heterosexuality. Even today, the majority of research conducted on intersex identities connects hormones and sexuality, thus directly linking the body to the sexual activity in which one participates. However, this young Black woman's queered body and sexuality were not threatening as they were for the White woman in the example above. This Black woman's perceived lesbianism did not factor in her treatment. It was not as Reis (2009) states of her White subjects, a "harbinger for family destruction" (Reis 2009, p. 61). While lesbianism for the White woman in the example above would have fallen under the category of unproductive eroticism, impacting her ability to participate in colonial culture, the labeling of this young Black girl as lesbian strategically placed her outside of Whiteness, as one of the colonized.

### **Contemporary Colonial Pathologization**

Contemporarily the "callous indifference" shown toward intersex Blacks presents itself in similar, yet differing ways. It is unclear at what point in history intersex Blacks began being subjected to treatment. Magubane (2014) suggests this shift may have taken place in the post-Jim Crow era; however, little data exist to confirm this claim. However, there are many documented cases of treatment being forced upon intersex people of color by Western medical practices in the US and abroad from the 1980's to today. These case

studies suggest that people of color are made more systemically susceptible to brutal medical treatment in their vulnerable positionality to the State and Western medical practices. MC and Caster Semenya are two examples of contemporary Black intersex people who, due to systemic racism and sexism, were targeted and treated for being intersex.

Medicine and anthropology have been critical to what intersex scholar Eckert (2009) calls the process of “intersexualization.” The differing pathologization of White and Black intersex subjects, in the fields of medicine and anthropology, work to further colonial goals through the furthered construction of racial difference and gender subordination. These paradigms are seen contemporarily in Western anthropological studies of intersex. Eckert analyzes the colonial efforts of two clinical ethnographic studies, the first taking place in Papua New Guinea and the second in the Dominican Republic. Herdt and Davidson (1983) conducted the field study entitled, “The Sambia ‘Turnim-Man’: Sociocultural and Clinical Aspects of Gender Formation in Pseudo-Hermaphrodites with 5 Alpha Reductase Deficiency in Papua New Guinea.” The researchers described the goal of the study as;

The Sambia, an isolated tribe of interior New Guinea, provide an excellent example of a naïve population of 5 Alpha Reductase Deficient males growing up and adapting to the traditional culture without Western medical intervention in their gender development and lifestyle (Herdt and Davidson, 1998, p. 52)

The researchers’ attempts to find an un-colonized Non-Western intersex subject were ironic in that they ultimately employed colonial power to complete their research. Their pathologizing research diagnosed and labeled the Sambian “Turnim-Man,” using him to ultimately construct a normalized Western culture. The use of the word naïve to describe New Guinean culture makes explicit the construction of an evolutionary hierarchy. The researchers position “traditional culture” as less than, as primitive, in relation to the

sophistication of “Western medical intervention.” Under the guise of critiquing Western medicalizing practices this study acts on a perverse colonial desire for a “pure” and “exotic” Other. Their work is reminiscent of the treatment of Sara/Saartjie Bartmann, constructing a monstrous abject body out of Blackness and intersexness. The researchers in this study are incapable of interpreting the experiences of Sambian people outside of a Western context. Their phrasing of the men as “growing up and adapting to the traditional culture without Western medical intervention” centers the Western experience, making foreign Blackness and the concept of a non-pathologized intersex experience. Herdt and Davidson place the “Turnim-man” in a space of a third sex, using a two-sex system to understand a non-binary sex culture. Declaring them to be a third sex assumes a base-line existence of two sexes.

The need to impose Western ideology upon the experiences of Sambian people exemplifies the contradictory nature of colonization. While colonialism works to define the colonized as Other it also imposes Imperial culture upon the colonized. This seemingly normalizing mechanism can be understood with Bhabha’s (1985) theorizing of ambivalence, the contradictory relationship between the colonizer and the colonized. According to Bhabha there is always a simultaneous attraction and repulsion in a colonial relationship. Ambivalence is typically used to describe the complicity and inherent resistance in the experience of the colonized. However, this framework is also useful in interpreting the ways in which colonial discourse relates to the colonized subject. In this case, colonial discourse is creating difference between the colonizer and colonized while also attempting to create a false sense of sameness. Difference is being reified in through exotification and the racialized construction of the sex binary, while, sameness is being built through the mapping of Western understandings of sex onto the colonized.

The ambivalence in colonial rule is seen again in the second study analyzed by Eckert (2008). Like Herdt & Davidson's (1985) study, the Imperato-McGinley study (1979) is entitled, "Steroid 5 alpha reductase deficiency in man: an inherited form of male pseudohermaphroditism." Once again this study is an example of the dual directional reification of racial difference and also an insistence on using Western ideologies to understand sex in a colonized culture. The goal of the study was to "determine the contribution of androgens to the formation of male-gender identity" (Imperato-McGinley et al. 1979, p.1233). The study concludes that socialization is not the sole cause of gender identity development; androgens make a "strong and definite contribution" (1236). In the process of conducting this research participants were diagnosed and labeled as intersex, creating a category in the culture that had not previously existed. This colonial act produced hostility within the community being researched, placing their subjects in a vulnerable position in their own communities. Imperato-McGinley describes, "Now that the villagers are familiar with the condition, the affected children and adults are sometimes objects of ridicule and are referred to as *guevedoche*, *guevotte* [penis at 12 years old] or *machiembra* [first woman, then man]" (1235). The participants of the study were made to be othered Others as members of a colonized culture and as subjects of Western pathologization.

In the decision to conduct these studies in Papua New Guinea and in the Dominican Republic, intersex as a condition of Blackness was reinforced and Western understandings of sex were further normalized. The studies themselves expressed ambivalence in their contradictory colonial goals of creating both difference and sameness. These studies and the histories from which they emerge can be useful in understanding the contemporary intersex

movement, specifically the treatment of M.C., a young Black boy who in 2006 was forced to undergo a non-consensual surgery while under the care of the State of South Carolina.

### **Conclusion**

“The world wasn’t ready for you M.C. because you are powerful.”  
~ An Open Letter to My Friend MC from Sean Saifa Wall  
Published by Advocates for Informed Choice

In June 2006, MC was sixteen months old and a dependent of the State of South Carolina. Living in the foster care system, all medical decisions were State determined and authorized. As a Black intersex child MC has what Sean Saifa Wall, president of the Board of Advocates for Informed Choice, calls systemic vulnerability. The racist colonial histories outlined above factored into MC’s systemic vulnerability, making Sara/Saartjie Bartmann a ghost in the operating room. In the shift from refusal to treat to the brutal subjection to treatment, intersex Blackness has remained a point of societal physical manipulation. In the decision to subject MC to a non-consensual surgery, the State attempted to normalize him, defining a valuable, adoptable child. The value ascribed to his body directly related to his race, gender, sex, and sexuality. Historically, nonconsensual surgeries worked to maintain White normality, however, MC’s experience, suggests a shift in the manipulative use of these surgeries. Contemporarily surgeries follow a colonial pattern of the devaluing of bodies of color, a way of physically controlling, and shaming. Further analysis must interrogate this shift to better understand the current colonial role of nonconsensual surgeries.

### Works Cited

Beck, Theodric Romeyn, and John B. Beck 1863. Elements of Medical Jurisprudence. Vol.

1. Philadelphia: Lippincott.

Bhabha, H. K. (1985). Signs taken for wonders: questions of ambivalence and authority

under a tree outside Delhi, May 1817. *Critical inquiry*, 144-165

- Bloodsworth-Lugo, M. K. (2007). *In-Between Bodies: Sexual Difference, Race, and Sexuality*. Suny Press.
- Brandzel, A. L. (2005). Queering citizenship? same-sex marriage and the state. *GLQ: A Journal of Lesbian and Gay Studies*, 11(2), 171-204.
- Childs, P., & Williams, P. (1997). *An introduction to post-colonial theory*. New York; London: Prentice Hall.
- Collins, Patricia Hill. 2004. *Black Sexual Politics: African Americans, Gender, and the New Racism*. New York: Routledge.
- Dorf, M. C. (2011). Same sex marriage, second class citizenship and law's social meanings. *Virginia Law Review*, 97(6), 1267-1346.
- Dreger, A. (1999). *Intersex in the Age of Ethics*. Hagerstown, MD: University Publishing Group.
- Dyer, R. (1997). *White: Essays on Race and Culture*. Psychology Press.
- Eckert, L. (2009). 'Diagnosticism': Three Cases of Medical Anthropological Research into Intersexuality. In M.Holmes (Eds.), *Critical Intersex* (41-72). New York: Ash Gate.
- Fausto-Sterling (2000). The five sexes, revisited. *Sciences*, 40(4), 18-23.
- Feder, K (2014). *Making sense of intersex : Changing ethical perspectives in biomedicine*. Bloomington, IN, USA: Indiana University Press.
- Frankenberg, R. (1993). *White women, race matters: The social construction of whiteness*. Minneapolis: University of Minnesota Press.
- Gilman, S. L. (1985). *Difference and pathology: Stereotypes of sexuality, race, and madness*. Cornell University Press.

- Halberstam, J. (2005). *In a queer time and place: Transgender bodies, subcultural lives*. New York: New York University Press.
- Hammonds, E. M. (1999). Toward a genealogy of black female sexuality: The problematic of silence. *Feminist theory and the body: A reader*, 93-104.
- Herdt, G. H., & Davidson, J. (1988). The Sambia “turnim-man”: Sociocultural and clinical aspects of gender formation in male pseudohermaphrodites with 5-alpha-reductase deficiency in Papua New Guinea. *Archives of Sexual Behavior*, 17(1), 33-56.
- Hoad, Neville. 2010. “‘Run, Caster Semenya, Run!’: Nativism and the Translations of Gender Variance.” *Safundi* 114:397–405.
- Imperato-McGinley, J., Guerrero, L., Gautier, T., & Peterson, R. E. (1974). Steroid 5 $\alpha$ -reductase deficiency in man: an inherited form of male pseudohermaphroditism. *Science*, 186(4170), 1213-1215.
- Karkazis (2008). *Fixing sex : Intersex, medical authority, and lived experience*. Durham: Duke University Press.
- Kessler (1998). *Lessons from the intersexed*. New Brunswick, N.J.: Rutgers University Press.
- Lewis, R. (2003). *Feminist postcolonial theory: A reader*. New York: Routledge.
- Lipsitz, G. (2006). *The possessive investment in whiteness: How white people profit from identity politics*. Temple University Press.

- Magubane, Z. (2001). Which bodies matter? Feminism, poststructuralism, race, and the curious theoretical odyssey of the “Hottentot Venus”. *Gender & Society*, 15(6), 816-834.
- Magubane, Z. (2014). Spectacles and scholarship: Caster semanya, intersex studies, and the problem of race in feminist theory. *Signs*, 39(3), 761-785.
- M.C. v. Aaronson, 2:13-cv-01303-DCN (South Carolina, 2013).
- Morrison, T. (2007). *Playing in the Dark*. Vintage.
- Pateman, C. (1983). Feminism and democracy. *Democratic theory and practice*, 204-2017.
- Kiernan, Jas G. 1917. “Sexology.” *Urologic and Cutaneous Review* 217:408–17.
- Preves (2003). *Intersex and Identity: the Contested Self*. New Brunswick, N.J.: Rutgers University Press.
- Ramsay, Michele, Renee Bernstein, Esther Zwane, David C. Page, and Trefor Jenkins. 1988. “XX True Hermaphroditism in Southern African Blacks: An Enigma of Primary Sexual Differentiation.” *American Journal of Human Genetics* 430:4–13.
- Reis (2009). *Bodies in doubt : An american history of intersex*. Baltimore: Johns Hopkins University Press.
- Roediger, D. R. (1999). *The wages of whiteness: Race and the making of the American working class*. Verso.
- Rubin, G. (2009). The " political economy" of sex. *Feminist Anthropology: a reader*, 87.
- Saifa Wall, S. (July, 2013). “An Open Letter to my Friend, M.C. From AIC Board of Directors Co-President, Sean Saifa Wall.” *Advocates for Informed Choice*.
- Savitt, Todd L. 1978. *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia*. Urbana: University of Illinois Press.

Stoler, A. L. (1995). *Race and the education of desire: Foucault's history of sexuality and the colonial order of things*. Duke University Press.

Trinh, T. M. (1989). *Woman, native, other: Writing postcoloniality and feminism*.

Bloomington: Indiana University Press.

Washington, Harriet A. 2006. *Medical Apartheid: The Dark History of Experimentation on Black Americans from Colonial Times to the Present*. New York:

Doubleday.



**The Archive of MC: Stories of Self**

A thesis submitted by

Taylor Strelevitz

in partial fulfillment of the requirements for a

Bachelor of Arts Degree

Tufts University

May 2015

Advisers: Professor Sabina Vaught and Professor Sarah Pinto

## Introduction

In 2013 a landmark lawsuit was filed against a governmental agency for gross negligence and medical malpractice regarding the decision to perform a normalizing non-consensual surgery on an intersex child. MC is a Black, eight-year-old boy, whose adoptive parents are suing the State of South Carolina for forcing MC to undergo a gender assignment surgery while under the custody of the State foster care system (*M.C. v. Aaronson*, 2013). Knowing MC, and his multiple, at times contradictory, stories as told by his parents, lawyers, doctors, advocates, and the media is relevant for reasons beyond the historical significance of his case. The hierarchical narratives surrounding MC compose an archive, historically rooted, both challenging and reinforcing the State and status quo. I use this archive to unpack and make sense of the interacting features of gender, race, surgery, and adoption.

## The Lawsuit

This analysis starts with the salient details of MC's State and Federal lawsuits. In April of 2005, when MC was six months old, Dr. Michael Gauderer of South Carolina conducted an unrelated gastrointestinal surgery on MC. During that surgery Dr. Gauderer performed an exploratory surgery to inspect MC's internal sex organs. Six months later in October of 2005, Dr. Gauderer biopsied MC's internal sex organs and attempted to rearrange his reproductive organs. With multiple doctors' inputs, a decision was made to perform a feminizing genioplasty<sup>1</sup> on MC in April of 2006 when he was 16 months old.

---

<sup>1</sup> There is much debate in the intersex community and in intersex scholarship on the most appropriate language to use when referring to intersex people and bodies. In this paper I actively adopt the use of intersex because it is most widely used by the community. When referring to MC's body and the nonconsensual surgery performed on him, I default to the language of the Civil Action Complaint. I recognize that this language is highly gendered and may not align with the language MC uses to describe himself.

With SCDSS authorization, Dr. Ian Aaronson conducted a type of feminizing genioplasty, referred to in medical records as a “reduction clitoroplasty” (p. 31). This surgery removed the majority of MC’s phallus, one of his functioning testicles, and “most if not all of the testicular tissue in MC’s other gonad” (p. 31). There was no medically necessary reason to perform the “reduction clitoroplasty” (*M.C. v. Aaronson*, 2013).

Advocates for Informed Choice, the Southern Poverty Law Center, and two private law firms, are filing these suits on behalf of MC’s White adoptive heterosexual parents. They are suing the hospitals of the State of South Carolina for medical malpractice and the South Carolina Department of Social Services (SCDSS) for gross negligence. These charges are being brought for their cooperative decision to subject MC to an irreversible, traumatizing, and medically unnecessary normalizing surgery. In 2006, at 16 months of age, while under the care of the State of South Carolina, MC underwent a feminizing genioplasty, a surgery that removed his phallus, a testicle, and widened his vaginal opening.

The lawsuit of medical malpractice charges that MC’s doctors were well aware of the harmful effects of the surgery, with the lead doctor, Dr. Ian Aaronson, having previously published an article on the negative effects of performing a feminizing genioplasty on an infant that may grow to identify as male. It also charges that the doctors involved did not adequately communicate such effects, risks, or the electiveness of the surgery to MC’s caretakers, at the time, the employees of the SCDSS.

The lawsuit of gross negligence against the SCDSS claims that the State failed to properly protect MC. Not one caseworker was adequately informed on his medical needs, with at least four different SCDSS employees sporadically attending MC’s appointments. Furthermore, the SCDSS is charged with supporting the surgery in its failure to protest, in

its logistical enabling (the surgery was funded through SCDSS funds, MC was driven by employees to appointments, etc), and in the authorizing signature of the State Director of the SCDSS (*MC v. Aaronson*, 2013).

Pam and Mark Crawford, after trying to biologically conceive, were looking to adopt when they came across MC's profile on the SCDSS website. Pam was familiar with MC's intersex condition, having had an intersex friend in college. Her first communication with the adoption agency was a plea that they not perform any surgeries, knowing from her friend how traumatic such nonconsensual treatment could be. After learning that MC had already undergone surgery, Pam and Mark continued with the adoption, gaining custody of MC, and soon decided to pursue legal action.

According to Advocates for Informed Choice, this lawsuit is being filed with the goal of providing "justice for MC" and preventing future non-consensual surgeries against intersex infants (Advocates for Informed Choice, 2014). The lawsuit itself says, "M.C., by and through his parents and legal guardians Pamela and John Mark Crawford, seeks to vindicate his rights and requests relief in the form of compensatory and punitive damages, as well as attorneys' fees and costs" (*M.C. v. Aaronson*, 2013, p. 4). As of April 2015, the defendants' motions to dismiss and then delay had been denied.

In the history of intersex activism, MC's case is being described as groundbreaking (Advocates for Informed Choice, 2013). As intersex scholar, Kessler (1998) claims, "genital ambiguity is corrected not because it is threatening to the infant's life but because it is threatening to the infant's culture" (p. 25). In response to the culture MC was born into and the violence he survived, stories have been and continue to be developed surrounding MC. Stories, factual or fiction, make up the details of the lawsuit just told to you, the words of

MC's parents, and the activists responding to MC's lawsuit. From the day he was born, to the day the State took custody of him, when he underwent surgery, when he was adopted, and the day his parents decided to file this lawsuit- MC has been the topic of conversation. I want fully explicate this topic of conversation and understand it as an archive that says speaks to ideas of race, gender, surgery, and adoption. In this paper I untangle the stories being told, the archive surrounding MC, questioning how they are being constructed and why.

### **Methodology and Theoretical Frameworks**

#### **The Archive of MC**

This study understands archives in a Foucauldian sense, as meaning making, structures of thinking. Archives establish the possibility of what can be said and what can be preserved, pointing to how and why some material and ideas are valued over others (1972). Considering the shared and conflicting goals being narrated by the various parties involved in MC's case, the stories surrounding MC make up an archive. This archive is then telling of which intersex narratives are valued and why. In addition to how the stories are constructed and for what purposes.

In the archival process of preservation, some narratives are elevated to the surface, while others are lost, left behind, or silenced (Foucault, 1972). Critical Intersex Studies scholar, Magubane (2014) maps this process in her theorizing of the role of race and nation in the creation of the intersex archive at large. It is through this process that the archetypal intersex person has been made to be White, prioritizing White intersex narratives, creating a "distribution of gaps, voids, absences, limits, and divisions" (Foucault, 1969) around the histories and contemporary experiences of intersex people of color. The story told is thus

partial and powered, and as Magubane argues, highly racialized. The archive is thus story-like, functioning as a series of fictions that are written and rewritten, all too often taken to be fact.

Using postcolonial studies, Stoler (2002) analyzes the political use of such fictions, stating, “Colonial archives were both sites of the imaginary and institutions that fashioned histories as they concealed, revealed, and reproduced the power of the state” (p.97). It is through these State-valued “factual” stories that the colonial state affirms its fictions to itself. As will be further discussed, MC was under the care of the State, receiving a State-authorized surgery, thus the colonial State archives influence the make up of the archive surrounding MC. Some of the material that composes the archive of MC inherently produces and reproduces State power. This State material sits juxtaposition to the material of the communities and people challenging dominant narratives through MC’s lawsuit and intersex activism. However, community efforts are not without fictions of their own. In such attempts to challenge the status quo, new narratives are highlighted, reproducing the preservation process in a different kind of way.

Halberstam (2005) theorizes that archives built outside and despite of the State are still powered and purposed, and are, in fact, sets of comforting fictions. These comforting fictions are narrated with goals in mind, painting specific pictures, functioning like colonial archives in their imaginative persuasion. Thus the archival material produced by MC’s lawyers, advocates, and parents are not any more factual than the material of the State, rather these materials highlight different things for different purposes. The goal of this study is to explicate these purposes, tracing the powered comforting fictions to understand their meanings to the communities, political groups, State entities, and individuals involved.

## **Methodology for Reading the Archive of MC**

In order to understand the archival material surrounding MC as powered, this study is guided by Crenshaw's (2005) theorizing of intersectionality and the overlapping nature of oppressive systems. Crenshaw uses the individual as a site through which the connectivity and layering effects of racism and sexism are made apparent. Her analysis focuses on the racialized sexual violence experienced by women of color and the subsequent mono-casualty of the feminist and anti-racist movements. She argues that by design the feminist and anti-racists movements only partially advocate for women of color. Crenshaw uses the mono-lingualism of domestic violence shelters as an example of the structural barriers met by women of color attempting to access resources and thus the systemic vulnerability they experience in relation to sexual violence. While the feminist movement has defaulted to the service of White women, anti-racist movements maintain masculinist efforts. Thus both movements only partially serve women of color. Similarly, MC's blackness and intersexness positioned him particularly systemically vulnerable and only partially advocated for through intersex activism and anti-racist movement. His stories are thus illustrative of the intersectional layering functions of racism and sexism.

The systemic nature of the violence experienced by MC, is best illuminated when the archival material surrounding him is read in relation to one another and in a historical context. Stoler (2002) criticizes the traditional archival technique of extraction and encourages an ethnographic approach, shifting from "archive-as-source to archive-as-subject" (p. 87). This shift involves reading with and against the grain of the archive, making this study two-fold. I read with the grain of the archive to understand the contours and reasons of the colonial State archive, reading for its, "regularities, for its logic of recall,

for its densities and distributions, for its consistencies of misinformation, omission, and mistake—*along the grain*” (p. 100). Reading with the grain of the archive surrounding MC means seeking to understand what motivated his surgery, how his stories are being described and why. This knowledge is then used to read against the grain, gathering unstated and understated material, taking a new approach to the material of the colonial archive. Reading against the grain of the archive does not mean uncovering a singular truth or fact, rather it means bringing to light and understanding the fictions being written. To read against the grain of the archive, I question the absence of MC in his own archive, rereading archival material for his missing voice and constructed narrative.

In reading with and against the grain of the archive I am answering Halberstam’s (2005) scholarly call to develop archives that record both explicit and at times hidden, State-authorizations of violent racism, homophobia, and poverty. According to Halberstam, “justice, in the end, lies in the unraveling of the crime” (p. 46). The multiple forms of violence and crimes enacted upon MC must be understood as not individual pathological acts, but as systemically intersectionally motivated. In the case of MC, unraveling the crime means interpreting the ways in which varying parties construct the facts, contextualizing them historically.

### **Data Analysis**

I start my analysis by situating MC, understanding how his multiple identities put him in what activist, Sean Saifa Wall, calls a systemically vulnerable position (Saifa Wall, 2014). In order to do so, I relay a brief history of the treatment of intersex people, focusing on the racialization of treatment. These histories are then used to inform a contemporary analysis of the intersectionality relating to MC’s case, specifically the layering impacts of

racism and sexism that motivated the surgery performed on MC. Having situated MC, I begin to analyze the stories surrounding him. I explore his stories as told by his lawsuit, his parents, activists, and by the absence of MC himself. The archive I am curating pulls from multiple sources including governmental documents, advocacy publications, and the writings of individuals.

### **Situating MC**

**Historically.** The violences enacted against MC and the subsequent stories being constructed around him sit within histories of violence against intersex people, women, and people of color. Using Postcolonial Studies' understanding of the contemporary influence of colonial histories (Stoler, 2002), it is important to first consider the racialized history of intersexness. In following Stoler's (2002) call to approach archival research as an ethnographic study, I will first explicate the stories of the past to better understand the contemporary stories being told.

I frame my analysis of intersex history within the context of the physical and social manipulation of intersex people as a way of furthering racial difference, specifically to construct blackness and whiteness as oppositional (Lewis-Gordon, 1997; Gilman, 1985). The historical medical manipulation of intersex people is made clear through the labeling of all Blacks as sexually deformed in medical literature and research, thus (re)producing default, normalized White sexuality. Prior to the mid 1900's non-consensual surgeries were used to physically maintain socially constructed White normality, meanwhile, treatment was withheld from Black intersex people as a way of maintaining Otherness (Magubane, 2014).

The colonizing mechanism of intersex treatment is exemplified by the abuse of Black Kohnian women in the 1790's and early 1800's. Famous naturalist Georges Cuvier

drew this explicit connection when he described Sara/Saartjie Baartmann, a Khoisan woman put on display throughout Europe, as resembling anything but a White woman. His description specifically noted her extended labia minora as her defining feature (Magubane, 2001). Cuvier uses Baartmann to depict all Black women's bodies as overdeveloped in comparison to White women's bodies. In opposition to overdeveloped, White women were constructed as natural, evolved, and sophisticated.

Medical drawings of Baartmann and countless other Black women have been used to further portray Blackness as sexually deviant and physically Other. Analyses of medical literature conclude that in "accounts of unusual phenomenon, especially those relating to genital organs and gross congenital birth defects," Black bodies were made highly visible (Savitt, 1978; Washington, 2006). As recent as 1988 *The American Journal of Human Genetics* reported that "ambiguous genitalia" could be found with "relatively high frequency among southern African Blacks" (Ramsay et al, 1988, p. 4). The absence of White bodies in literature on deformity makes a powerful statement of White bodies as particularly *formed*, abled, not needing medical documentation. In defining Blackness as sexually peculiar, Whiteness is assumed normal.

Such medical literature and research was then used to justify the physical normalization of Whites, which deviated from sexual norms through non-consensual gender reassignment surgeries. Conversely, Blacks were treated with what Magubane (2014) refers to as a "callous indifference." Historically this indifference functioned to withhold surgery from intersex Blacks as a way of maintaining Otherness. Magubane theorizes "an ambiguously gendered White body needed to be corrected to retain its Whiteness, where as an ambiguously gendered Black body was seen as confirming the essential biological

difference between Whites and Blacks” (p. 781). Thus medical treatment was not a point of privilege but an indicator of race and social status.

Callous indifference contemporarily functions through a continued Othering of Black sex and sexuality in colonial research and through the manipulative use of medical treatment to control, brutalize, and publicly shame Black intersex subjects. The global humiliation of South African Olympian, Caster Semenya in the 21st century, is an example of contemporary callous indifference. After winning the World Championships in 2009, Semenya’s sex was publicly brought into question by the International Association of Athletics Federation (IAAF). The IAAF subjected Semenya to “gender testing” to determine if she had a “rare medical condition giving her unfair competitive advantage.” Intersex scholar, Hoad (2011) draws an explicit historical connection across callous indifferent treatment in his comparison of the “shameful history of Sarah Baartman who was literally cut up and turned inside out for the world to see” (p. 402) to the harassment endured by Semenya. Semenya was afforded no privacy, put on display, used to further categorize Blackness as non-normative. In the quest to label Blackness as Other and sexually deformed across all time and space, Whiteness is made and preserved to be normal, non-threatening, and not intersex. Just as Hoad draws a connection from Baartman to Semenya, MC can be understood as relating to these histories. Like these women, his body was medically manipulated and, as will be further discussed, to a racialized end. The nonconsensual surgery performed on him was deeply related to his Blackness, his relativity to the State, his intersexness, and his perceived gender.

**Systemically.** The violences enacted upon Semenya, Baartman, and MC can varyingly be understood as State-authorized or motivated. Using Brown’s (1992) theorizing

of the State as systemically produced by and reproducing of societal opinion and culture, medicine can be understood in relation to the State. Though not necessarily acting as a stand in for the State, and certainly with its own institutional agency, medicine is heavily regulated by the State through the licensure of doctors and State mandates of medical standards and values. Thus violences committed by medical institutions are inherently related to State authorizations and in some cases, as with MC the State can play a very direct role.

The nonconsensual surgery performed on MC was literally State-authorized through the signature of the director of the SCDSS. The Civil Action Complaint documents draw a direct link to the actions of the State, referring to the defendants as “agents and servants” of the State and as “acting under the color of State law” (*M.C. v. Aaronson*, 2013). Thus the deplorable actions of the individual doctors and agencies being sued cannot be isolated and as such individually pathologized but rather must be understood as institutionalized actions, influenced by society, culture, and policy.

Sean Saifa Wall, Director of Advocates for Informed Choice, one of the organizations filing the lawsuit on behalf of MC’s parents, directly places non-consensual surgeries within the context of the State and systemic oppression in his 2014 Keynote Address at the UC Davis Intersex Day of Awareness. He says:

When I was asked to come here as a keynote speaker for Intersex Awareness Day, I had no idea at the time that it was also The Day Against Police Brutality. Although different subjects, they share the same common denominator, state-sponsored violence against marginalized individuals. What is similar between these topics is that like doctors, police officers are hired as guardians of social welfare. We look to doctors for guidance in some ways, protection (Saifa Wall, 2014).

Saifa Wall connects Intersex Awareness Day and The Day Against Police Brutality as a way of highlighting the systemic nature of violence, the ways in which police and doctors

function as actors of the State. In a blog post on the AIC website Saifa Wall state, “In a social context, MC’s case stands at the junction of how medical providers mishandle children born intersex and the pervasive mistreatment of children, especially those of color, in the foster care system” (Saifa Wall, 2013). MC is positioned as systemically vulnerable along multiple axis, intersectionally affected by systems of sexism and racism.

**Sexism, Racism, and MC.** Like the historical maltreatment of Baartman and Semenya, the State interacted with MC as a girl of color. Though now identifying and recognized as a boy by his community, MC was understood by doctors and the State as a girl who would one day grow to be a woman. The feminizing surgeries performed on him were designed to physically make him female, thus grow to identify, express, and function in society as a woman. Intersex scholar and activist, Morgan Holmes (2009), calls for a closer analysis of the heterosexism residing within the decision to surgically alter intersexed bodies. With the belief that intersexed people are deformed, and in need of fixing, it is not surprising, nor a coincidence that most are sexed as female, when women are believed to be less developed, primitive versions of men (Laqueur, 1992). Holmes says, “In the case of intersex, power resides along an axis of a masculinist scientific discourse that privileges the phallic presence of the penis over all else, making intersexuals and females equivalently defective bodies” (Holmes, 2009, p. 67). Though non-intersex women are not subjected to non-consensual surgeries in the same capacity as intersex people, both bodies are highly physically and socially regulated.

Non-consensual, feminizing surgeries can then be thought of as a form of gendered sexual violence, an attack on the failed maleness of intersex bodies. The masculinist scientific discourse Holmes (2009) refers to comes from the gender dynamics seen in

medical and family settings. While most patients are sexed and gendered as female, most of the doctors historically making these decisions are male. Meanwhile, mothers have a more prominent role in intersexed children's medical care. Intersexed children and their main advocates are then disadvantaged as girls and women when interacting with their mostly male medical providers (Karkazis, 2008).

The gender dynamics documented by intersex studies scholars are mirrored in MC's case. MC's caretakers, prior to his adoption, employees of the SCDSS, were all women. Meanwhile, the doctors who performed the surgery and are being charged with medical malpractice are all men (*M.C. v. Aaronson*, 2013). This is not to suggest that the State of South Carolina was disadvantaged in its decision to enable the non-consensual surgery performed on MC. Rather, the individual representatives of the State, the employees of the SCDSS, were disadvantaged in relation to the systemic authority of the individual male doctors they were collaborating with.

Just as the non-consensual surgery performed on MC can be understood as gendered sexual violence, it is also deeply related to a history of the forced sterilization of women of color. The non-consensual surgery performed on MC likely sterilized him, preventing him from biologically reproducing. Keeping in mind, that MC was being treated as if he were to grow to be a Black woman, the violence enacted against him can be understood in the context of a larger eugenics project taking place in the United States. This attempt at racialized population control works to prevent future generations capable of decolonizing resistance (Carpio, 2004). This vicious colonial tool is effective in that it cuts away reproductive abilities and maintains itself by silencing and shaming victims. Partially motivated by patriarchal capitalism, the forced sterilization of women of color also aims to

regulate welfare distribution (Davis, 1982). As a perceived poor woman under State control, MC is impacted by these racist and sexist ideologies that work to control the physical and social lives of women of color.

The forced sterilization of MC took place in a State that has a particularly painful history of violence against women of color. In the early 1970's, eighteen Black women from South Carolina charged they had been sterilized by the same doctor, Dr. Clovis Pierce. He defended his actions by saying he was "tired of people running around and having babies and paying for them with my taxes" (p. 352). The South Carolina Medical Association supported Dr. Clovis Pierce throughout his trial (Davis, 1982). MC *and* his biological parents (whose shadows are forced into the stories) are the Other enemies Dr. Clovis Pierce describes. MC himself is a Black child dependent upon the state and he once may have had the ability to reproduce, making him a direct target of the State and vigilantes such as Dr. Clovis Pierce.

MC is also the child of Black parents, who as understood by MC's lawsuit, "MC's biological mother was deemed unfit and MC's father was deemed to have abandoned him" (*M.C. v. Aaronson*, 2013, p. 6). The lawsuit reports that in "On February 8, 2005, M.C. was released from the hospital into his biological parents' care. Just one week later, his biological parents notified SCDSS that they wanted to relinquish their parental rights" (PAGE). The inclusion of this information in MC's lawsuit and racialized language being used are telling of the ghostly role MC's Black biological parents are being casted in.

As will be further discussed, MC's Black mother and father, who after one week abandoned him, are being made to represent the very characters Dr. Clovis Pierce and the State despise. The State thus positioned itself in opposition to the perceived irresponsibility

of MC's Black biological parents. Unlike his biological parents, the State did not abandon him; rather they subjected him to Western medical treatment, forcing him to undergo a non-consensual surgery. In casting MC's Black biological parents as posing "substantial risk of physical neglect" the State's own threat is hidden.

The non-consensual surgery performed on MC acts as gendered sexual violence, forced sterilization, and retribution for the perceived irresponsibility of his Black biological parents. The surgery was a violent enactment of racism and sexism, working to control and silence his body, rendering him resistantless. These interpretations of the nonconsensual surgery performed on MC can be used to understand the stories being told by the State and activists involved in responding. MC's systemic vulnerability along the axis of race and gender, made possible the violence he endured and influences the ways in which multiple parties construct his story. Thus, interpreting his archive means to also interpret the violences committed against MC.

### **The Archive:**

Having situated MC and the nonconsensual surgery performed on him, I can now begin to analyze the ways in which others are describing this case. I am asking, what are the comforting fictions being told by the various parties and communities involved and what meanings do they have? And how are such fictions powered in relation to the rest of the archive surrounding MC?

I'll begin this analysis with the words of the State agencies and medical institutions involved in MC's birth and care, arguably the parties with the first documentation of MC's intersexness and treatment. I'll then investigate the lawsuit filed in response to the actions of the State agencies and medical institutions. Closely related to the lawsuit, are the words of

MC's adoptive parents and activist, Sean Saifa Wall. I will conclude by interrogating the absence of MC in his own stories. What role does his silence play in the construction of his narrative?

**State and Medical Documents.** The story of MC as told by the interactions between the State, the SCDSS, and the doctors involved in MC's case, is rooted in institutionalized medical language and moralizing depictions of unfit Black parents. This is the story that was ultimately used to justify the non-consensual surgery performed on MC and is now being used to defend the doctors and State workers who authorized and performed the surgery. The data used to gather this particular side of the story comes from State documents, doctors' notes, and communications between the parties.

The medical documents between doctors paint a story of distant indifference, with one doctor describing in a Developmental Pediatric Evaluation, "this was a true hermaphrodite but that there was no compelling reason that she should be either male or female" (*M.C. v. Aaronson*, 2013). The dehumanizing language in this statement is echoed throughout the notes of the doctors as they discussed whether or not MC should be raised male or female. In all documented discussions of the gender of raising, doctors included a discussion of gender assignment surgery. This connection made clear that in the eyes of the medical institution, MC's gender identity or gender of raising, regardless of what it was or grew to be, was contingent upon a medically assigned sex. The doctors then only understood gender in relation to physical anatomy. This opinion was shared among all three doctors, with the only concern being related to the physical medical effects of the surgery on gender identity. In considering whether or not to physically construct MC as male or female, one doctor's notes state, "[M]y bias at the moment is towards female, although I have raised the

possibility, because of the substantial virilization of the external genitalia, that there may have been sufficient testosterone imprinting to question ultimate gender identity” (*M.C. v. Aaronson*, 2013). This doctor thus, understands gender identity as not entirely contingent upon the construction of one’s genitals, but as also related to hormones.

The story of MC as told by the doctors involved in his treatment, positions medicine as capable of developing an identity for MC, stripping him of his agency in his own gender construction. The doctors write a story, which places power in the label “true hermaphrodite” and in the hands of the doctors who with the stroke of a pen and the cut of a knife choose the sex and gender of a child.

While doctors write a seemingly sterile story of medicalization, the SCDSS writes of the need for State intervention in MC’s life. As was earlier discussed the State understood MC’s biological parents to be unfit. I cannot talk to the realities of this claim, and am not contesting the decision of the SCDSS to terminate the rights of his biological parents. However, I am interested in how the State writes it’s own story and as Stoler (2002) says, justifies its decisions to itself. The words of the SCDSS position MC as parentless and in need of State intervention. According to a December 7, 2004 SCDSS report, M.C.’s biological mother rarely visited him or his twin in the hospital and was difficult to reach by telephone to obtain consent for medical procedures. SCDSS notes indicate that SCDSS officials believed that both biological parents posed substantial risk of physically neglecting M.C. In opposition to MC’s Black biological mother, who never visited, the State is made to be benevolent guardian, always looking out for MC, giving him a surgery his own mother may not have even been present for. In authorizing the non-consensual surgery performed

on MC, the State declared itself as more knowledgeable of MC's body than MC himself or MC's biological parents.

The documents written by the State and the medical institutions authorized by the State hold particular institutional weight. These documents make up the colonial archive, as described by Stoler, are more often than not taken for truth, and given preservation privileges. Without the institutionalized words of the lawsuit which contests the power of the State, it is likely that the only salient, documented voices relating to MC would be that of the State. It is through this self-approving process that State actions remain both hidden and hyper-visible.

**The Lawsuit.** The narrative of MC, as written by the lawsuit advocating on his behalf, claims fault in the decisions and words of the State. Two advocacy organizations, The Southern Poverty Law Center (SPLC) and Advocates for Informed Choice, and two private law firms filed the complaint. SPLC describes itself as, "dedicated to fighting hate and bigotry and to seeking justice for the most vulnerable members of our society" (Southern Poverty Law Center, 2013). Through this mission statement, SPLC has declared MC to be among the most vulnerable. With a more specific goal, AIC is self-described as using "innovative strategies to advocate for the legal and human rights of children born with intersex traits" (Advocates for Informed Choice, 2013). The missions of these organizations aligned in their decision to pursue MC's lawsuit, filing with the following goal; "Through this suit, M.C., by and through his parents and legal guardians Pamela and John Mark Crawford, seeks to vindicate his rights and requests relief in the form of compensatory and punitive damages, as well as attorneys' fees and costs" (*M.C. v. Aaronson*, 2013, p. 1).

MC's lawsuit contains within it, many contradictions and conflicts. Designed to "challenge the decision by government officials and doctors," the lawsuit is in opposition to the State, however, this narrative also works, in some ways, to reproduce systemic State power. These tensions are made clear in three ways; 1) the use of MC's White adoptive parents to advocate for their Black son, 2) the framing of MC as both an individual wronged and a victim of systemic intersexphobia, 3) and finally, the reification of the gender binary and heterosexism in the writings of the lawsuit.

In the process of advocating for MC's rights, his lawsuit has replicated some of the violations it accuses the State of committing. According to the Complaint the State violated MC's, "fundamental rights to bodily integrity, procreation, liberty, and privacy" (*M.C. v. Aaronson*, 2013, p. 1). The lawsuit frames the violence enacted on MC as a violation of his autonomy and right to personhood. The irony within the lawsuit is the gaping absence of MC's voice and autonomy. He is not mentioned as having a say in the decision to sue and is never quoted. MC is effectively silent in his own lawsuit. While SPLC, AIC, and MC's parents are fighting for "justice for MC," his justice is framed as happening "by and through his parents." Furthermore, justice is being conceptualized as relating to compensation, thus monetizing the loss of MC's genitals and the violence he survived. The lawsuit does not clarify to whom this monetary compensation will be granted, making it likely that MC's White adoptive parents could profit from MC's experience.

The comforting fictions being written within the lawsuit are monetarily driven and specific to the parental conceptions of justice. The lawsuit, thus, straddles the tension of presenting MC as an individual wronged, in need of compensation, and a victim of an intersex-phobic system. By the nature of a lawsuit, the Complaint leans toward a

representation of MC as individualized, placing total blame in the hands of the doctors and SCDSS. Through the legal process of suing, MC's advocates have defined the defendants, thus, the lawsuit writes a comforting fiction of an individualized "bad guy." In the eyes of the lawsuit, justice for MC is not the end to intersex-phobia, or the systems that make possible non-consensual surgeries, but a recognition that MC was individually harmed.

With such a narrow lens the lawsuit reinforces the gender binary, which contributed to the violence survived by MC, in an attempt to gain compensation for said violence. The medical background of the legal Complaint reproduces the gender binary by placing significance in MC's self-defined maleness, thus prioritizing masculinity and reducing the violence he survived. The Complaint states, "carrying out a feminizing-genitoplasty on an infant who might eventually identify herself as a boy would be catastrophic" (*M.C. v. Aaronson*, 2013). This ideology centralizes genitals, specifically the phallus in a male identity. Furthermore, it fails to understand the potential catastrophic and traumatizing effects of performing a non-consensual feminizing surgery on a child who could grow to identify as a woman.

In centering the phallus, this narrative also works to centralize reproductive capabilities, linking maleness with the ability to procreate. The Complaint states, "By their actions, Defendants also interfered with M.C's future ability to form intimate, procreative relationships, choices central to his personal dignity and autonomy" (*M.C. v. Aaronson*, 2013, p.14). These words bind intimacy with procreation, making it so that to have personal dignity means to be able to procreate, to be heterosexual. Such heterosexist phrasing places value in the procreative nature of the phallus, privileging MC's experience as a male, further devaluing the experiences of intersex women.

Ultimately, MC's lawsuit writes a comforting fiction, which presents the violence endured by him as compensable and individualized. While this may have legal strategy, it reinforces systemic oppression and seeks legitimacy from the State, which enacted violence in the first place. Thus, the stories as written by the lawsuit are both opposing to the fictions of the colonial archive of the State while also reproducing of them.

**MC's parents.** Filed by MC's parents, the lawsuit is a result of Pam and Mark Crawford's words. The SPLC, one of the organizations filing the lawsuit on behalf of MC's parents, released a video to support the lawsuit, making more public the feelings of the Crawford family. The video is a slideshow of images of the Crawfords, a White heterosexual middle-aged couple. Images of the couple walking in the woods holding hands, or resting on a porch swing pan in and out. They are gazing at each other or looking off contemplatively into the clouds. Over the images is a narration by the couple, discussing their son and the tragic act of violence committed against him.

Pam Crawford, the adoptive mother, describes her experience learning the child she hoped to adopt was surgically altered. She says, "I was really sad that that decision had been made for him." The image switches from the Crawfords sitting on a porch swing to a close up of their entwined hands, gold wedding rings front and center. Pam Crawford continues, "He wants to be a normal kid. At this point he wants to be a normal little boy." Mark chimes in, "We just let him follow his instincts as much as we can." Pam's agreement echoes in the background. "You know? ... the bike riding and the tree climbing," Mark goes on to describe what "normal" little boys do. The video ends with Pam saying, "MC is a charming, enchanting and resilient kid. We will not stop until we get justice for our son" (Southern Poverty Law Center, 2013).

The SPLC (2013) video works to construct a specific image in the viewer's mind, eliciting emotion and sympathy. Normality is mapped onto MC through the performance of his adoptive parent's race, gender, and sexuality. The straightness and Whiteness of the Crawfords is centralized throughout the video, making it an advertisement for a happy, suburban, family, thus a cause worth supporting. Pam Crawford starts her narration by focusing on her own emotions in response to MC's surgery, stating, "I was really sad." As a White woman, Pam Crawford's words center her Whiteness and emotion in relation to the violence survived by her adopted Black child. She attempts to claim some of the pain associated with this violence, prioritizing herself and also her Whiteness. Her words and the lawsuit thus function as redemption of Whiteness, a way for Whites to defend Black children from something worse than themselves.

In prioritizing Whiteness, the Crawfords work to define normality, mapping their constructed definition onto their son. Their comforting fictions display their son as gender normative, reducing his identity solely to his intersexness, in the process erasing his Blackness. The Crawford's story of MC is, in fact, a story of themselves, as benevolent White parents of an adopted Black son, as progressive heterosexuals pursuing an intersex cause.

In speaking for MC, Pam declares that MC just wants normalcy. This normalcy, is specified as gender normativity and is defined by Mark using a "born this way" ideology, depoliticizing MC's identity. His use of the phrase, "follow his instincts," feeds into a dominant ideology that constructs identity outside of systems of oppression, pathologizing and individualizing MC's maleness. Mark then prescribes instinctual boyhood, suggesting that bike riding and tree climbing are natural and expected parts of a boy identity.

Like the lawsuit complaint, the Crawfords prioritize MC's masculinity, subsequently devaluing the experiences of intersex women. Pam Crawford says, "It's been more and more difficult as his identity has become more clearly male, the idea that mutilation was done to him has become more real" (Southern Poverty Law Center, 2013). These words suggest that a non-consensual surgery may have been reconcilable if her son had grown to be a woman.

The comforting fictions written by the Crawfords use MC as a character in a story they are publicizing about themselves. They write MC to be the perfect son, normatively masculine, a Black boy in need of saving. Considering the potential for financial gain through the lawsuit, the Crawfords have much at stake in the writing of MC.

**Sean Saifa Wall, Director of AIC.** The self-congratulatory aspect of the Crawford's words is contradictorily echoed in the words of Sean Saifa Wall, the President of the Board of Directors of AIC. In an AIC blog post, Saifa Wall writes;

MC's case exists within a larger system that is continuing to not only fail intersex children, but is also failing to protect children who are racially and economically marginalized. Although MC has been let down by social workers who were his state-appointed guardians, he has been fortunate to be adopted by caring, thoughtful parents who want to seek justice for him and other children born intersex. In seeking justice for MC, let us also continue to advocate for those children who still languish in the foster care system as well as those of us in our community impacted by multiple forms of oppression. (Saifa Wall, 2013)

Saifa Wall's words are two fold; both demanding an intersectional analysis of the systemic oppression experienced by MC and also continuing the appraisal of MC's White parents. In framing MC's White parents as caring, thoughtful, seekers of justice, Saifa Wall reproduces the narrative expressed by the Crawfords, refocusing their benevolent Whiteness. However,

in the same couple of sentences he produces a narrative about MC, which does not exist elsewhere in the archive.

Saifa Wall, a Black intersex man, self describes as one of few people of color involved in intersex activism. In his writings on MC he has made clear that, “MC’s case exists within a larger system that is continuing to not only fail intersex children, but is also failing to protect children who are racially and economically marginalized” (Saifa Wall, 2013). As a highly involved member of AIC, aligned with MC’s parent’s and legal team, Saifa Wall advocates for MC in a different way, writing a perhaps less comforting function which forces an intersectional analysis of systemic vulnerability. He writes, “In a social context, MC’s case stands at the junction of how medical providers mishandle children born intersex and the pervasive mistreatment of children, especially those of color, in the foster care system” (Saifa Wall, 2014). This statement is then followed by a series of statistics, used to exemplify the over-representation of children of color (Black, Latino, and Native American) in the South Carolina foster care system.

In the process of demanding an intersectional approach to MC, Saifa Wall distances himself from an individualized understanding of MC’s lawsuit. He emphasizes, “In seeking justice for MC, let us also continue to advocate for those children who still languish in the foster care system as well as those of us in our community impacted by multiple forms of oppression” (Saifa Wall, 2013). Thus, unlike the words of others in the archive, Saifa Wall sees MC’s case reflected in the experiences of others, and as a futuristic step towards more intersectional intersex activism.

Also unique to Saifa Wall’s narrative is his interaction and dialogue with MC. While MC’s parents worked to prescribe and speak for MC, Saifa Wall, begins to pull the missing

voice of MC into the archive. He does so with “An Open Letter to My Friend MC,” published on the AIC blog (Saifa Wall, 2013). In the letter he relates to MC saying, “I am writing this letter to you as a grownup that shares a special body too.” In contrast to the previously discussed archival material, Saifa Wall addresses MC’s potential and future. The salient narrative being built around MC tells a story of past tragedy, demanding that MC be understood as a type of living martyr whose agency was stripped of him. Saifa Wall counters this by stating; “The world wasn’t ready for you MC because you are powerful.” This letter functions to bring MC into an archive in which he is virtually silent. In directly addressing MC, pointing to his agency and also his systemic vulnerability, Saifa Wall produces a new comforting fiction, writing a story unique to the archive surrounding MC.

### **The Inconclusivity of MC’s Absence**

MC’s absence is glaring purposeful omission in the archive surrounding him. Partially due to his minor status, he is nearly invisible in the archive being created around, for, and about him. However, his absence serves contradictory functions, serving to protect MC and also further silence him. The maintenance of his privacy may work to protect him in a public sphere, which shames and stigmatizes intersex people. Yet, his total absence also functions to further silence him. His direct words are not included in the conversations and stories being told about him. His absence thus places the task of creating his story in the hands of doctors, caretakers, lawyers, parents, and advocates. Each of the parties involved in writing MC’s stories approach the task with a goal in mind, an agenda. These multiple stories are powered, contradictory, and purposeful. They are telling of the demands, agendas, and understandings of the competing and united parties involved in MC’s case.

Thus the archive of MC tells a series of comforting fictions, forming stories of an abusive State, valuable Whiteness and masculinity, and a need for intersectional intersex activism. MC's lawsuit and the stories about him tell little of MC and more of the valuing system of the people and agencies involved in MC's treatment and litigation.

#### Works Cited

- Brown, W. (1992). Finding the Man in the State. *Feminist Studies*, 18 (1), 7-34.
- Carpio, M. (2004). The Lost Generation: American Indian Women and Sterilization Abuse. *Social Justice*, 31 (4), 40.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241-1299.
- Davis, A. (2003). Racism, birth control and reproductive rights. *Feminist Postcolonial Theory—A Reader*, 353-367.
- Dreger, A. (1999). *Intersex in the Age of Ethics*. Hagerstown, MD: University Publishing Group.
- Eckert, L. (2009). 'Diagnosticism': Three Cases of Medical Anthropological Research into Intersexuality. In M.Holmes (Eds.), *Critical Intersex* (41-72). New York: Ash Gate.
- Fausto-Sterling (2000). The five sexes, revisited. *Sciences*, 40(4), 18-23.

- Feder, K (2014). *Making sense of intersex : Changing ethical perspectives in biomedicine*. Bloomington, IN, USA: Indiana University Press.
- Foucault, M. (1972). *The archaeology of knowledge*. New York: Pantheon Books.
- Gilman, S. L. (1985). *Difference and pathology: Stereotypes of sexuality, race, and madness*. Cornell University Press.
- Gordon, L. R. (1997). *Her majesty's other children: Sketches of racism from a neocolonial age*. Rowman & Littlefield.
- Halberstam, J. (2005). *In a queer time and place: Transgender bodies, subcultural lives*. New York: New York University Press.
- Hoad, Neville. 2010. “‘Run, Caster Semenya, Run!’: Nativism and the Translations of Gender Variance.” *Safundi* 11(4):397–405.
- Holmes, M. (2009). ‘Introduction: Straddling Past, Present and Future.’ In M.Holmes (Eds.), *Critical Intersex* (1-14). New York: AshGate.
- Jackson & Saifa Wall, “Making the case for MC.” *Advocates for Informed Choice*, June 2013.
- Karkazis (2008). *Fixing sex : Intersex, medical authority, and lived experience*. Durham: Duke University Press.
- Kessler (1998). *Lessons from the intersexed*. New Brunswick, N.J.: Rutgers University Press.
- Laqueur, T. W. (1992). *Making sex: Body and gender from the Greeks to Freud*. Harvard University Press.
- Lewis, R. (2003). *Feminist postcolonial theory: A reader*. New York: Routledge.

Magubane, Z. (2001). Which bodies matter? Feminism, poststructuralism, race, and the curious theoretical odyssey of the “Hottentot Venus”. *Gender & Society*, 15(6), 816-834.

Magubane, Z. (2014). Spectacles and scholarship: Caster semanya, intersex studies, and the problem of race in feminist theory. *Signs*, 39(3), 761-785.

Magubane, Z. (2001). Which bodies matter? Feminism, poststructuralism, race, and the curious theoretical odyssey of the “Hottentot Venus”. *Gender & Society*, 15(6), 816-834.

M.C. v. Aaronson, 2:13-cv-01303-DCN (South Carolina, 2013).

Preves (2003). *Intersex and Identity: the Contested Self*. New Brunswick, N.J.: Rutgers University Press.

Ramsay, Michele, Renee Bernstein, Esther Zwane, David C. Page, and Trefor Jenkins. 1988. “XX True Hermaphroditism in Southern African Blacks: An Enigma of Primary Sexual Differentiation.” *American Journal of Human Genetics* 43:4–13.

Reis (2009). *Bodies in doubt : An american history of intersex*. Baltimore: Johns Hopkins University Press.

Saifa Wall, S. (October, 2014). Keynote Address at UC Davis for Intersex Awareness Day, UC Davis, CA.

Saifa Wall, S. (July, 2013). “An Open Letter to my Friend, M.C. From AIC Board of Directors Co-President, Sean Saifa Wall.” *Advocates for Informed Choice*.

Savitt, Todd L. 1978. *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia*. Urbana: University of Illinois Press.

Stoler, A. L. (2002). Colonial archives and the arts of governance. *Archival Science*, 2(1), 87- 109.

Southern Poverty Law Center, (2013). *The Crawfords speak about groundbreaking intersex case*. [video file].

Strelevitz, T. (2015). Intersex in a context of white colonization (Senior Honors Thesis). Tufts University, Medford, MA.

Washington, Harriet A. 2006. *Medical Apartheid: The Dark History of Experimentation on Black Americans from Colonial Times to the Present*. New York: Doubleday.