3. CAH and Intersex

The issue of CAH is contentious among advocates who are aligned with the medical establishment and those who choose a more radical approach to bodily autonomy. Before 2006, most medical records belonging to intersex children were labelled as “adrenal hyperplasia”, “testicular feminization syndrome”, “true hermaphrodite” (now referred to as “ovotesticular syndrome” where fetuses have ovotestes or gonads possessing both male and female tissue), “male pseudohermaphrodite” (external male anatomy with internal female organs) or “female pseudohermaphrodte” (external female anatomy with internal male organs). Hil Malatino, author of Queer Embodiment: Monstrosity, Medical Violence and Intersex Experience, argues that “the discursive rise of the ‘true’ and ‘pseudo-’ hermaphrodite was actually the conceptual death of the true hermaphrodite’ (p. 45).

In 2005, medical providers convened in Chicago to discuss the management of children with intersex variations at the International Consensus meeting on Intersex. There were a few intersex advocates in attendance that included Bo Laurent (neé Cheryl Chase) and Alice Dreger. While that meeting defined protocols for the treatment of intersex children, categorized intersex variations, recommended psychosocial support for patients and families and acknowledged different approaches to treatment, the statement implemented pathologizing language such as disorders of sexual development (DSD) and centralized power among medical practitioners. Whereas before 2006, CAH was considered an intersex variation, since then, medics have attempted to reclassify CAH and hypospadias as non-intersex to decrease the number of intersex people, diminish the power of intersex advocacy and continue performing these often medically unnecessary and invasive interventions. However, even if the occurrence of intersex variation decreases, wouldn’t that justify a greater need for legal recognition and protections?

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