You Are Not Covering a Minority

Bo Laurent — draft remarks, NLGJA panel Approx. 1,639 words / 14 minutes. I can cut this as needed if less time is available.

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1. Opening (0:32 min)

In 1992, I turned from suicidal despair to activism because I understood the gay and lesbian movement made progress only when people declared themselves unashamed.

But today I want to tell you that organizing around identity has not worked for the intersex movement until now, and I don't think it ever will.

Here's what we need to do instead, and we desperately need your help.

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2. What happened (3:22 min) — *keep in the 5-minute version*

When I was born, in 1956, in New Jersey, my genital appearance was unusual enough that doctors took two days to decide whether to label me a boy or a girl. During those two days they wouldn't tell my mother what was going on, and they sedated her when she grew insistent.

After two days they declared me a boy, sent my mother home, and would not answer her phone calls thereafter.

When I was seventeen months old my parents found their way to New York City doctors who were specialists in such conditions. In fact, these specialists became some of the biggest names in their respective fields in the twentieth century.

They opened my abdomen, saw that I had a typical vagina, cervix, uterus, ovaries, and a small amount of testicular tissue. That's what caused my clitoris to be so large. You all know, right, that it's impossible to have two sets of genitals?

On that basis they deemed me female, and immediately cut my genitals open deeply, dissected the shaft and glans of my clitoris away, discarded them as medical waste, and stitched the skin over the wound.

Then they told my parents they had discovered that I was not actually a boy, but actually a girl. They told my parents to change my name, move to a different town, tell no one what happened, and especially to never tell me what had happened.

They promised that I would grow up heterosexual, marry, and give them grandchildren.

They also told them to destroy every bit of evidence that I had ever existed before the surgery. Birthday cards, home movies, photographs, the lot. They changed my birth certificate, even my baptismal certificate.

I don't, of course, recall any of that. But I do recall being hospitalized at age eight. They told me that it was because I had stomach aches. I didn't have stomach aches, and I was not sick.

At ten my parents told me I'd been born with an "enlarged" clitoris and that it had been removed. Don't tell anyone. Any questions? I had no idea what a clitoris was.

For years, doctors stonewalled my attempts to get my records. At twenty-one I got three pages. They said I had been legally and socially male until seventeen months. They said "clitorectomy." And they said "true hermaphrodite" — which I understood to mean I'd been born with two sets of genitals.

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3. Why this is not an identity story (3:21 min)

Intersex is widely understood as an identity, parallel with L/G/B/ and T. That doesn't work, and we need you to help us stop it.

Coming out, claiming an identity, works when the person vulnerable to harm has agency. Every brutality I just described was inflicted on an infant or a pre-pubertal child. Children are not in a position to join an identity movement. There's no identity; just a medical belief that some bodies are shameful and should be erased by surgery and secrecy.

So when you (and LGBT support organizations) address intersex as a community, as people with a specific identity to be explained to your readers, you are covering the wrong object. You are covering who we turned out to be. The real story, the story we need you to tell, is what was done to us. Because it is ***still being done***.

And naming the population has failed as a strategy. I can tell you that with some authority, because I did it.

I founded the Intersex Society of North America in 1993. We published, we organized, we made a film. We picketed the American Academy of Pediatrics in 1996 — thirty years ago next month. Four years later they invited me to give the keynote.

And in 2006 I drove the change in medical terminology that got "hermaphrodite," "true," and "pseudo" out of medicine. That was a real win. No child is handed those words about themselves now.

But let me tell you what has happened since. Doctors now say that various conditions are not intersex and not DSD — including congenital adrenal hyperplasia, which is the single largest group of children subjected to these operations. No matter what language we use to describe the population of people subjected to these operations, doctors claim any particular patient or condition ***does not count***.

For thirty years we have been narrating our pain. The practices have not stopped. And there is no service, no specialist anywhere, that an intersex adult can turn to for informed help understanding a body that is both atypical and surgically altered.

Compare pediatric heart surgery. Those children grow into adults with lasting problems from the repair — so cardiology built a whole subspecialty for them. There is a board certification in Adult Congenital Heart Disease. First exam, 2015. Dedicated clinics, guidelines, a patient registry.

For us: no certification. No clinic. No registry. No guideline. Nothing.

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4. What we are actually fighting (1:51 min) — *the core; keep*

What we need to get done is not to explain a category of person. It is to stop a protocol, a set of harmful practices inflicted on children.

The first two are wrong in an absolute sense:

- Shame — teaching a child that their body is unspeakable
- Secrecy — lying to patients and families, teaching parents to lie to their children, withholding records, instructing parents to destroy evidence

Shame is at the base of the protocol. Surgeons believe our bodies are so shameful that surgery is imperative, no matter the harm.

The object of the protocol is to erase the intersex person. If an adult complains that the protocol hurt them, then the protocol has failed, because the patient should not even know they are intersex. Thirty years, and there has been no follow up research. That's no accident. It is what the protocol requires.

Two elements are wrong only because the person could not agree to them:

- Genital surgery — clitoroplasty, vaginoplasty, gonadectomy, hypospadias surgery
- Hormonal therapy

I am not opposed to these interventions. Fully informed adults have a right to choose them and deserve knowledgeable and sympathetic medical care when they do so.

But they are wrong when imposed on a child, who cannot consent. And they are wrong when they are chosen, by doctors and parents, for non-medical reasons.

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5. What is true today (0:28 min)

In 1992, I believed I was the only person this had happened to in the history of the world. Today, infant genital surgery has been condemned by every major human rights body. Intersex advocacy organizations exist on every continent. No one ever has to feel that isolated again. That was worth doing.

The surgeries have not stopped.

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6. What you can do with this (3:48 min) — *keep in the 5-minute version*

I am here to recruit you!

Don’t write another damned article about “who intersex people are.”

Instead, here’s some homework for you. Go and write these things; these will be truly new, and they will drive change.

Germany. In May 2021 Germany made it illegal for parents to consent to these operations without family court approval. The first published series from a German surgical unit reports that the court authorized the operation for every patient in the

study group. The largest share of approved cases were reclassified as severe hypospadias. Germany's own law required an evaluation. Five years on, advocates report that it has not been carried out and that surgery rates have not fallen.

Nobody has counted. There is a billing code, CPT 56805, "clitoroplasty for intersex state." It has existed for decades.

No one has ever published how rates vary between hospitals. In every other area of surgery, showing that a procedure's frequency depends on the hospital, rather than on the patient, has been enough to end it. Go and do that analysis. I'm happy to help.

Nobody will state a stopping rule. Surgeons have spent fifty years refining technique — how to do a better job of shaving a big clitoris so it's less offensive.

No surgeon has ever answered the question: what level of harm would mean the surgeries should stop? They apparently think that surgery is imperative, although admittedly cosmetic rather than medical. And because imperative, any harm is just too damned bad. Go and find them, and ask them. Either they tell you an outcome that would make them stop, or they ignore you. Ignoring you is a story. They have been ignoring us for thirty-three years. Write that story.

The law already treats us as the exception. Twenty-seven states restrict gender-affirming care for minors. Every one of those statutes carves out an exception permitting the same surgeries and hormones on children with intersex traits. Tennessee's calls us "congenital defects." Alabama's law lists who the exception covers. One of the categories is a child "having both ovarian and testicular tissue."

That's me. That's what they found when they opened my abdomen in 1958. Alabama has written my diagnosis into statute as a category of child on whom these operations are still permitted.

Kate Sosin reported this for *The 19th* in 2023 — three years ago, and it has barely been picked up since. And the story has grown since they wrote it. interACT took that Tennessee language to the Supreme Court in an amicus brief. The Court upheld the law in June 2025. A study in JAMA Health Forum last November found the carve-outs are consistent across the statutes. Both of those post-date Kate's piece. Nobody has gone back to it.

7. Close (0:17 min)

I spent thirty years trying to be understood. What I have learned is that being understood was never the obstacle.

Don't cover us. Cover what's being done to children, right now, in American hospitals.

Note to organizers

If the NLGJA stylebook lists intersex as an identity alongside L, G, B, and T, it's teaching the framing I'm arguing against. I'd like to talk to whoever maintains it.

Will the session be recorded? Can I get the recording to distribute?

Is this a breakout session? If yes, is there any possibility of three to five minutes on the main stage? Especially before the breakout, so people will know to attend the breakout. The core of what I have to say is an instruction to journalists about how to cover a beat — it's aimed at people who wouldn't choose an intersex breakout. If that's not possible at this stage, would someone introducing the session from the plenary stage be feasible?

Who would I talk to about the stylebook entry?

Can I distribute a one page handout?

Can I show slides?

I am the founder of Intersex Society of North America, and I am also the person who drove the 2006 change in medical nomenclature (“Disorders of Sex Development” rather than a litany of types of “hermaphrodite”).

The argument above is not available anywhere else. It runs against the framing of most intersex coverage. It comes from the person who built that framing and now thinks it was insufficient. Ten minutes lets it land; five gets the personal history and the three assignable stories, without the strategic argument that connects them.