**[Spoiler]**

**Why did Taylor choose not to have surgery (or at least to defer surgery to begin with)?**

I noticed on the book reviews for *Intersexion* recently that there was one reviewer, apparently a transgender individual, who was upset that Taylor decided not to have gender normalization surgery at the earliest possible opportunity. Experienced with the daily pain of living in a body that did not conform to their gender identity, this reviewer felt that it was unlikely that an intersex person would choose not to have surgery.

The history of gender affirmation surgery for transgender individuals and gender normalization surgery for intersex individuals is vastly different. For many years, transgender persons have fought for access to hormone therapy and gender affirmation surgery so that they could live in a body that was physically aligned with their gender identity. They have fought and are still fighting for society as a whole to accept gender transition and the medical interventions required if a transgender person wishes to transition their physical form. Intersex persons, however, have a long history of forced surgical interventions and are fighting for the right not to be surgically altered to fit society’s view of “normal” sex characteristics.

Since the 1950s, doctors and parents have chosen surgery for infants and children too young to express their gender choices and surgical preferences. In many cases, doctors performed genital surgery and removal of gonads or other reproductive organs without the knowledge or permission of the infant’s parents, lying about what surgery has been performed and why.

Because, as the medical profession puts it, “it is easier to dig a hole than build a pole,” most genital surgery was performed to create the appearance of “normal” female genitals rather than male. Many individuals who would identify as male were transitioned to female bodies, with micropenises removed and external or internal testes removed to prevent male puberty. General guidelines during the heyday of this practice were to remove any penises measuring one inch or less. Females with megaloclitoris also had their “extra tissue” removed. One unfortunate result of both practices is loss of erectile tissue, sensation, and sexual pleasure.

Parents were told that the baby was a girl or that they should raise the child as a girl, and the child would easily adopt a female gender identity. Many individuals didn’t know what surgeries they had undergone until confronting infertility issues later in life. Many had gender dysphoria as a result of these “normalization” surgeries and being raised as the gender they did not identify with.

The Intersex community advocates for intersex babies to be left intact, correcting only life-threatening issues, leaving the choice to the individual when they are old enough to develop a firm gender identity and to understand the consequences of genital or reproductive surgery. They advocate for recognition that there is a genital configuration spectrum, not just the sex binary of male and female that is commonly accepted.

Just as transgender individuals want to be recognized by their identified gender, intersex individuals may choose to be recognized as non-binary, X, third gender, intersex, or any other gender identity. They may choose to live with the genital and reproductive organ configuration that they were born with. Just as there is a backlash by the Deaf community over implanting cochlear implants in deaf babies or young children, and just as many people in the Autistic community advocate for acceptance of neurodiversity rather than seeking a “cure” for autism, there is a movement for acceptance of the intersex spectrum and the many diverse physical sex characteristics people are born with. Sex characteristic diversity is not necessarily something that needs to be “fixed.”

I believe that the efforts of both Transgender and Intersex communities can help promote acceptance of ‘noncoforming’ individuals in the public eye, benefitting both.

In *Intersexion*, Taylor is an individual with CAH (Congenital adrenal hyperplasia) who has been raised as male, but who is confused and unhappy with this identity, and chooses in the course of the story to transition to female. She makes the choice not to have genital normalization surgery immediately, though she does leave that avenue open in the future.

Taylor represents many people who want intersex individuals to have the opportunity to make this choice for themselves, without being forced by parents or the medical profession to surgically alter their bodies to conform to an ideal female or male representation. While some may choose to go the surgical route and align their genitals and reproductive organs to a male or female phenotype, others may choose to make only those changes required to correct medical problems or allow for preferred sexual activity, and still others may choose to make no changes at all.

It is my hope that the full range of options will be available to all intersex persons, without societal pressure to make their bodies look a certain way. I want to be part of a society where people can be comfortable in their own skin, no matter what colour, shape, or sex that body may be.