INTRODUCTION

1 Most contemporary published sources cite Richard Goldschmidt (1917) as the earliest author to deploy the term *intersexual*, but dozens of citations throughout the nineteenth century use this language as a way to describe bodies, sexual attraction, communication styles, and even marriage arrangements. In 1866, the *Oxford English Dictionary* first defined *intersexual* as “existing between sexes, pertaining to both sexes.” German geneticist and biologist Goldschmidt then used the word *intersex* to refer to sex determination and a continuum of gender in moths in a precursor to its accepted uses today (Stern 1967). Even when the word gained widespread acceptance in the 1950s, its meanings continued to differ over geographic and temporal contexts.

2 I rely on Judith Butler’s conception of “citationality” (via Derrida and Lacan) in this formulation. In her discussion of gender and performativity, she explains cited reiterated norms as those that “precede, constrain, and exceed the performer” (1993, 234). I expand on the meaning and power of citationality in the chapters to come, especially in chapter 2.

3 I use the phrase “always already,” following conventions in critical theory and coined by Martin Heidegger, to refer to assumed actions without definable beginnings. It describes what is “always” present and “already” preexisting in common thought. This concept works in concert with the quotidian to explain black intersex frequency, especially in the Global South, as seemingly unremarkable because it forms part of daily life.

4 I appreciate Iain Morland’s explanation of these diagnostic processes: “Intersex is often popularly conflated with ambiguous genitalia—external sexual anatomy that cannot be easily described as entirely female or male, such as a larger-than-typical clitoris. However, for clinicians, an intersex diagnosis can refer also to attributes that are not apparent on the body’s surface, including xxy sex chromosome or indifference to the hormones that produce effects connotative of masculinity” (2014, 111).

5 Amaduame’s influence is immense and recently inspired a thirty-year retrospective in the *Journal of Contemporary African Studies* (Magadla, Magoqwana, and Motsemme 2021). In this special issue, Zethu Matebeni (2021) smartly articulates...
the dominance of colonial understandings of gender and their implications for present-day considerations.

6 Oyewúmí's work has been critiqued as imagining an ungendered precolonial community without adequate empirical data (Mama 2001) or as giving too much agency to Euro-American colonizers (Thomas 2007). Nevertheless, the bones of her intervention have inspired related research for decades.

7 I agree with Desiree Lewis and Gabeba Baderoon's arguments about the importance of foregrounding African feminisms and “feminist knowledge produced on the continent in conversation with, in response to, and as part of a broader conceptualisation of black feminism than what is commonly known” and follow their directive here (2021, 4).

8 Decolonial, postcolonial, and anticolonial feminisms emerge from multiple locations and periods but commonly critique the ubiquity of raced and colonial histories and amplify the political importance of challenging their legacies (Asher and Ramamurthy 2020).

9 Desiree Lewis and Gabeba Baderoon point out that the recent revival of interest in African feminism in South Africa today has been a response to widespread calls for decolonization and the importance of feminisms to these efforts (2021, 6).


11 Eve Tuck and K. Wayne Yang's discussion of the appropriation of decolonialization—and their pointed assertion of what it is not—is relevant here; “It is not converting Indigenous politics to a Western doctrine of liberation; it is not a philanthropic process of ‘helping’ the at-risk and alleviating suffering; it is not a generic term for struggle against oppressive conditions and outcomes” (2012, 21).

12 I especially appreciate P. J. DiPietro and colleagues’ detailed analysis of this element of Lugones’s thinking, borne of the authors’ close collaborations with her: “For Lugones, gender does not signify the binary categories of either male or female, or even a spectrum of genders between these poles, but a system of relations with light and dark sides. The light side of the colonial/modern gender system . . . is based on the ideas of biological dimorphism and heterosexuality between men and women, opposing an ideal of the weak, passive, domestically bound, and sexually pure woman to that of a strong, active, self-governing, and sexually aggressive man. The light side is hegemonic in that it establishes the modern meanings of ‘woman’ and ‘man,’ and thus of ‘human’—those who are civilized and evolved enough to warrant the labels ‘woman’ and ‘man.’ By contrast, the dark side of the colonial/modern gender system does not organize gender in these terms; colonized/nonwhite females were ‘understood as animals in the deep sense of “without gender,” sexually marked as female, but without the characteristics of femininity’ [Lugones 2007, 202–3]. . . . Most important, the light side of the colonial/modern gender system is maintained by perpetuating the dark side: the more people of color are dehumanized, the more womanly and manly white bourgeois people become” (DiPietro, McWeeny, and Roshanrava 2019, 15).
At the end of this chapter I discuss my reasoning for capitalizing *Black* when referring to those in the United States out of respect for politics in this context while also following many South African scholars’ decisions not to capitalize *black* as a refusal of lexicons imposed by those in the Global North.

The seven countries represented are Burundi, Kenya, Lesotho, Namibia, Tanzania, Uganda, and Zimbabwe.

National and regional distinctions have been artificially imposed, and feminists including Yacob-Haliso (2021) argue that collective African protest is itself decolonization.

Important discussions on this subject include Aizura (2018), Gill-Peterson (2018a), and Driskill (2016), just to mention a few; see also Wolff, Rubin, and Swarr (2022).

Joseli Maria Silva and Marcio Jose Ornat articulate a trans decolonialist approach as a “strategy with which to overcome the notion of the primacy of scientific knowledge over those who suffer the effects of epistemic violence” (2016, 220).

The other pioneering intersex activist of whom I am aware is Julius Kaggwa from Uganda, who wrote an amazing autobiography presciently published in 1997.

Cary Gabriel Costello points out the eugenic components of preventing gender “abnormalities,” including the warning on the label of Propecia that cautions, “Women who are pregnant must not use PROPECIA and should not handle crushed or broken PROPECIA tablets because the active ingredient may cause abnormalities of a male baby’s sex organs.” As Costello goes on to articulate, “intermediate genitalia are framed as abnormal and as triggering a medical emergency” (2016, 86). I was recently prescribed a medication with finasteride in it, and a pharmacist personally called me to issue a required extra warning about possible “abnormalities to male genitals” that could occur during my pregnancy (though I am physically unable to become pregnant). Controversies about this drug continue to the present. Merck is currently being sued in a class action suit brought by men in the Global North who took finasteride and faced side effects of post-finasteride syndrome, ranging from impotence to suicide. Further, illegal use of finasteride to mask steroid abuse has led to athletes being banned from global athletic competitions.

For more on the Lamprey grid and its development and use as a tool of scientific racism, see Landau (2002) and Pinney (2011).

Science Channel (@ScienceChannel), Twitter, September 13, 2016, 10:00 p.m., https://twitter.com/ScienceChannel/status/77581976768086018.

I explore this film’s comparative medical claims and discussions of black intersex in South Africa at length in chapter 2.

Sambia is Herdt’s pseudonym for the region under his consideration.

Interestingly, years after Herdt and Davidson’s research began, they suggested that Imperato-McGinley conduct research in Papua New Guinea herself (e.g., Imperato-McGinley et al. 1991), and Herdt and Stoller also reference her work collectively (e.g., 1985), further indicating interdisciplinary and transnational collusions.

Herdt and Stoller published their own transcription of their conversation and inserted their later thoughts in brackets.

In the late 1990s and early 2000s, the questionable ethics of Herdt’s work more broadly came to the fore when representatives of the Sambia took court action
and forced him to face public scrutiny, as reported in US-based publications such as *Anthropology Today* and *Anthropology News*. They contested the ethics of his work, lack of compensation, and failure to share his publications in public library repositories in Papua New Guinea. For discussion of this court action and public statements by Herdt and his accusers, see “Media” (1998); Dariawo et al. (1999); Herdt (1999); *Anthropology Today* (2000); see also Eckert (2017).

27 Gronemann’s publication apparently includes an unclothed picture of Sakulambei with his eyes blacked out, purportedly for anonymity (Eckert 2017, 129–30); I analyze similar photographs and conventions of photographic dehumanization in chapter 2.

28 For instance, Foucault’s ([1963] 1994) analysis of the dominance of the clinical gaze troubles gendered categorical violence and surveillance, disrupting ideas considered diagnostic and definitive.

29 Authors including Donna Haraway (1989) and Paul Landau (2002) juxtapose cameras and guns, discussing how colonial hunting with a camera allows photographers to ultimately control time, nature, consumption, and possession.

30 Rahul Rao’s (2020) analysis of the neoliberal spaces of Uganda, India, and Britain is another text that navigates these tensions of exploring the queer archival past, asking if there are ethical ways to explore the “past-in-present” and “future-in-present.”

31 The g.a.l.a Queer Archive (https://gala.co.za/) was founded in 1997.

32 There are also a range of new, similar terms in use; for instance, the Organisation Intersex International (OII) prefers intersexuation as a term “to approach sexuation—known as a set of biological and symbolical phenomena leading a person to recognize him/herself as belonging to one sex or the other—and not sexuality” (Montañola and Olivési 2016, 2). Eckert (2017) suggests intersexualization as a way to describe the process through which intersex diagnoses and labels are imposed.

33 DSD is an inconsistent acronym that can include the words disorders/differences, sex/sexual, development/differentiation, and so on, depending on authors’ preferences.

34 Dissatisfaction about DSD is not uniform but extends globally; as David Rubin notes, “The proponents of the shift from intersex to DSD adopt medicalized language in an effort to generate improved treatment outcomes, but the DSD nomenclature has generated significant opposition from some intersex activist groups, such as Organisation Intersex International, whose members argue that the DSD nomenclature has discriminatory social and political implications” (2017, 131; see also Curtis 2007).

35 My thinking on this benefits from discussions on social media initiated by Shireen Hassim, who alerted me to Asanda Ngoasheng’s publication. I capitalize Black only when referring to the United States, in deference to Black scholars and activists who explain this decision as a claim to power in the face of histories of enslavement (Appiah 2020).

36 Ngoasheng writes the following about her use of lowercase letters: “It is about rejecting linguistic disciplining, because languages are one of the tools used to oppress, erase and challenge black people. The use of small letters is jarring and should be jarring linguistically, because it is done to force the reader to pause and
think—why is ‘black’ or ‘white’ not capitalized, and what is the author trying to tell me by not capitalising it?” (2021, 147–48n2).

1. COLONIAL OBSERVATIONS AND FALLACIES

1. Bantu Gynaecology defines Bantu to include “Negroid peoples” of southern Africa who speak one or more of two thousand dialects of the Bantu language and who share a set of similar phenotypic characteristics deemed inferior (Heyns 1956, 1–2). Beginning in the mid-nineteenth century, Bantu, a word for “people,” was used to refer to speakers of a group of languages in Africa. It was deployed under apartheid to describe Africans as physically inferior and to politically justify violent genocidal policies. The word was later largely replaced with African or black in demographic descriptions by those in power.

I elaborate on the 1950s origins and development of the field of Bantu Gynaecology later in this chapter. Bantu Gynaecology is the most influential publication of Godfrey Phillips Charlewood (1909–2003), a South African–born obstetric/gynaecological surgeon who was trained at the University of Cape Town and in England. Charlewood served in Britain’s Indian Medical Service for over a decade. He returned to South Africa in 1947 and worked first at Baragwanath Hospital in Soweto and then in private practice in Johannesburg. Charlewood was very influential in training physicians and founded the College of Medicine of South Africa in 1954; he also served as president of the Southern Transvaal branch of the South African Medical Association (Van Dongen 2003).

2. I later found that these pages pictured a nude person with the caption “A ‘true’ hermaphrodite with female breasts, rudimentary vagina, uterus, penis and ovotestis” (Charlewood 1956, 13–14).

3. Library censorship and theft of medical and sexology texts like Havelock Ellis’s On the Psychology of Sex for pornographic purposes provide important points of comparison (e.g., Bright and Crowley 2014).

4. European travel to southern Africa began in the 1500s, with the first recorded ships docking at the Cape of Good Hope from France in 1530, England in 1579, and the Netherlands in 1595 (Mlambo and Parsons 2019, 62). Now part of contemporary South Africa, the Cape of Good Hope was colonized by the Netherlands’ West India Company and Dutch settlers in 1652 as a stopping point for those traveling around the southernmost point in Africa and to enslave the region’s indigenous people.

5. Gordon (1992) provides a string of citations from the 1700s to the 1900s that all made the assertion that Khoi people were the connecting link between humans and “the brute creation,” in part reliant on this categorization of their genitals as hermaphroditic. The term eunuch is as complicated as hermaphrodite; it was sometimes used synonymously and at other times indicated castration.

6. The work of A. Marius Wilson (1911) provides another example of this hierarchical thinking.

7. Anatomy was not privileged as a way to distinguish between male and female bodies until the nineteenth century, and in Europe the primary genital distinction during this time was “heat”—“the heat which causes the female vagina to ‘pop out’ into the morphologically identical penis” (Jones and Stallybrass 1991, 81).
African traditions of self-exposure as political strategies are well documented in various areas and times. See, for instance, Naminata Diabate’s (2020) *Naked Agency: Genital Cursing and Biopolitics in Africa*, and Laura Grillo’s (2018) *An Intimate Rebuke: Female Genital Power in Ritual and Politics in West Africa*.

As a point of comparison, Gordon cites Susanna Barrow’s analyses of the French Third Republic and the suffrage movement in Britain. In both of these contexts, exaggerations of innate genital difference were similarly mobilized to rationalize political resistance (1992, 194).

Rebecca Hodes explains the convoluted routes of these ideas: “Sexual anomalies attributed to native South Africans were articulated in the writings of European scientists and travelers, and . . . wound their way into the accounts of colonial authorities stationed at the Cape, then back to the Global North, where they were revitalized in the writings of sexual scientists working across continents, chronologies, and academic disciplines. At times the steps in the process were reversed, with the accounts of travel writers, doctors, missionaries, and historians at the Cape providing the ‘original’ source for claims later echoed by European, British, and American scientists” (2017, 133–34).

Reprints of this (1894) text continue to be available on Amazon (https://www.amazon.com/Textbook-Diseases-Women-Henry-Garrigues/dp/1163502073).

African women’s supposedly inferior pelvic structure and buttocks (so-called steatopygia) also merit dozens of pages of discussion and accompanying photographs in this chapter.

The authors of the Ploss compendium address debates about the origins of this “anomaly” at great length, but even when conceding that elongation may not be innate, they position the “apron” as a “symptom of primitive development” ([1885] 1935, 335). They even cite zoomorphic colonial work declaring a “remarkable resemblance between the vulva of the female chimpanzee and the local structure of the Bushwoman” (Blanchard, quoted in Ploss, Bartels, and Bartels [1885] 1935, 335).

Baartman is sometimes referred to as Saartjie—or by the derogatory Hottentot Venus. I choose to use the name and spelling Sara (instead of Sarah) here, as it is the name preferred by most South African activists who worked for decades to honor her history and repatriate her body. Scores of scholars have written about Baartman’s exploitation; critiques of troubling representations and efforts to honor her memory include Yvette Abrahams (2000), who wrote the first book-length analysis of her life; Clifton Crais and Pamela Scully’s explorations of Baartman’s historical experiences and genealogical legacies (2009); and Zine Magubane’s (2001) critiques and insights into discussions of Baartman and the historical emergence of blackness.

Colonial fascination with Africans’ buttocks and thighs—and their classification as “steatopygic” (having excess tissue and fat)—has similarly been manipulated by scientists to justify theories of physical difference and inferiority.

Baartman has continued to be fetishized in contemporary scholarly accounts and prolific discourse that Zine Magubane describes as “a veritable theoretical industry” (2001, 817).
Cuvier also recommended genital surgeries to “normalize” labia that were to become common in the next century, suggesting that treatment of the “Hottentot apron” might follow a sixteenth-century Portuguese practice of surgically removing elongated labia because husbands could not abide what he called a “disgusting deformity” (Cuvier [1817] 1969, 267; Fausto-Sterling 1995, 37–38).

By 1822, Cuvier had 11,486 scientific preparations, including many human skeletons and skulls, used to support his theories of racial hierarchies. He built these collections by asking colonial travelers to remove (steal) bodies from any battles involving “savages” and to preserve them for his examination. Cuvier and his collaborator, Henri de Blainville, developed classification systems of living beings and theories to match at the Musée d’Histoire Naturelle. This locale became the world center for the study of the life sciences (including comparative anatomy, paleontology, morphology, and zoological taxonomy), featuring collections of plants, animals, and human bodies, which were then compared (Fausto-Sterling 1995, 24–25).

Innumerable Africans were transported to Europe and the United States for live displays during this period.

Historical details of some of these European displays of humans are spelled out in works including Thomson (1996), Lindfors (1983a, 1983b), and Altick (1978).

Museums also hosted scientific house journals that concretized hierarchical ideologies. Comparative anatomy theorized the world and living beings based on the random collections of bones and life-sized casts of indigenous people that they were able to obtain.

The systemization of ethnological and anthropological knowledge to create raced difference was given strong institutional support in South Africa after 1902, so this project was timely (Dubow 1995, 11).

Davison cites other primary work focusing on the genital morphology of various so-called Hottentot women, including Kirby (1954), Altick (1978), and Gould (1982).

Hodes (2017) points out that zoomorphism was common in descriptions of the “Hottentot apron,” comparing it to an elephant ear, turkey’s beak, butterfly’s wings, and cockscomb, among other references.

Historian Paul Landau referred to this project as “medicalized tableaux,” a collection in which “skulls, facial masks, and plates of photographed ‘types’ are grouped together in this bizarre museum according to the logic of conquest and administration” (2002, 151). As a point of comparison, see Linda Kim’s (2018) analysis of the Races of Man exhibition that opened in Chicago in 1934, which drew well over three million visitors in its first year alone.

In 2013, all life casts were removed from ethnographic exhibitions in South Africa (Rassool 2015; Davison 2018).

It is likely that Drury also made casts of the body and genitals of /Khanako (Rassool and Hayes 2002, 128n21), and Drennan engaged in scientific scrutiny of /Khanako and her community.

Rassool and Hayes describe their first encounter with this image during research on a native commissioner who served in Namibia from 1915 to 1947. “In ‘Cocky’ Hahn’s reasonably coherent photograph collection, among his studio shots of Prime Minister
Jan Smuts at the United Nations in New York to be precise, an incongruous and disturbing image fluttered out” (Rassool and Hayes 2002, 121–22; see also Hayes 1996). They document their effort to answer the questions this image raised for them, uncovering details of Khanako's life and juxtaposing this distressing image with photos of her strong and confident leadership.

29 Anne McClintock further explains the linear temporality of this medium: “In the colonial postcard, time is reorganized as spectacle; through the choreographing of fetish icons, history is organized into a single, linear narrative of progress” (1995, 125).

30 Malatino (2019) similarly discusses the connection between such medical images and pornography.

31 In the first myth, a child represents the attributes of both parents to the extent that they are unable to decide on its sex, while the other myth represents a child as the product of parents' bodies intertwined to become joined as one (Fausto-Sterling 2000, 32). Indeed, debates about “hermaphrodites” were essentially gender theories in ancient Greek philosophy and beyond. While the older Hippocratic view suggested that “hermaphrodites” were “beings truly intermediary in sex, neither male nor female, but exactly in between” (Datson and Park 1995, 421), the Aristotelian model claimed that all people were either strictly male or female, though some might have extra genitalia which could be likened to an extra toe or nipple (Cadden 1993). According to Plato, there were originally three sexes—male, female, and hermaphrodite—but the third of these had been lost over time. Early biblical interpreters “thought that Adam began his existence as a hermaphrodite and that he divided into two individuals, male and female, only after falling from grace” (Fausto-Sterling 2000, 32–33). These and other myths and stories about gendered bodies reflected a wide range of theories of binarism.

32 As Jones and Stallybrass put it, “It was, no doubt, the very precariousness of gender hierarchy which suggested to some physicians the need to maintain differentiation by force” (1991, 87).

33 Dreger’s work is grounded in extensive analyses of European history, including around three hundred accounts of hermaphroditism in humans published in British and French scientific and medical literature from 1860 to 1915 (1998, 24).

In researching “The Age of Gonads” in Europe, she also points out, “It cannot be a coincidence that at the same time other historians find the emergence of the homosexual, I find the virtual extinction of the hermaphrodite” (152–53). Dreger and many other scholars have explored how hermaphroditism blurred the lines between the material body and sexual behaviors—homosexuals were often referred to as “psychic hermaphrodites”—and procreative sex was paramount.

34 The increasing attention to gonads could be linked to an increasing valorization of men's roles in reproduction in this period. Huet (1993) explains that whereas in the Renaissance, women's imaginations were thought to control the appearance of their offspring, teratology and especially teratogeny (producing “monsters” in laboratories) were indicative of a societal shift that increasingly credited men as creative geniusse who could produce and control bodies deemed monstrous.

35 See critical analyses of this period in work by Karkazis (2008) and Malatino (2009, 2019).
For discussion of John Edward Coke’s use of the phrase “that sex which prevaleth” and deployment of this same concept by legal experts, useful historical context is provided by Fausto-Sterling (2000).

Dreger details Tait’s reception among evolutionary theorists: “Darwin thought such a concept correct, but also amusingly scandalous. He kidded his friend, the geologist Charles Lyell, ‘Our ancestor was an animal which breathed water, had a swim bladder, a great swimming tail, an imperfect skull, and undoubtedly was an hermaphrodite! Here is a pleasant genealogy for mankind!’” (1998, 66–67).

Colonists’ long-standing fascination with African women’s buttocks, labeled as “steatopygia,” can also be linked to pelvimetry and eugenic attention to reproduction. Gilman reminds us that Havelock Ellis’s famous text, Studies in the Psychology of Sex (1905), reflects the aforementioned evolutionary “great chain of being” and links to Baartman’s exploitation. Gilman details, “His discussion of the buttocks ranks the races by size of the female pelvis, a view that began with Willem Vrolik’s 1826 claim that a wide pelvis is a sign of racial superiority and was echoed by R. Verneau’s 1875 study of the form of the pelvis among the various races. Verneau cited the narrow pelvis of Sarah Baartman in arguing that the Hottentot’s anatomical structure was primitive” (1985, 90). Ellis accepts this ranking, recognizing debates within science but still degrading “the buttocks of the Hottentot as a somewhat comic sign of the black female’s primitive, grotesque nature” (Gilman 1985, 90). C. Riley Snorton positions the pelvis as “a critical site for producing racial hierarchies among nineteenth-century anatomists and sexologists intent on finding bodily ‘proof’ of black inferiority” and gives an example of British sexologist Havelock Ellis’s (1900) argument that the supposedly larger size of African women’s buttocks compensated for their allegedly smaller pelvic size (2017, 19).

Urology similarly developed through experimentation on the bodies of those who were dehumanized, including people who were Black, disabled, women, and/or children (Gill-Peterson 2017, 2018a).

When referring to Bantu Gynaecology as a specific field of medical inquiry and practice, I capitalize this phrase to indicate its institutionalization and use the preferred South African spelling of gynaecology (as compared to the preferred US spelling, gynecology).

As Snorton explains, almost three years of experiments on chattel persons conducted by Sims, often referred to as the father of modern gynecology, “served as ‘proof’ of black females’ genital exceptionalism (as nonreproductive, inverted, unfeeminine), even as the procedures also produced an erasure of chattel slavery’s effect on black female genitalia in the state of exception” (2017, 20). Snorton further explains that Sims’s archive serves as a materialization of Hortense Spiller’s flesh ungendered.

There has been a close association between the monstrosity ascribed to women’s bodies through reproduction and hermaphroditism since the Middle Ages (Huet 1993). Perhaps nowhere is this more apparent than in Bantu Gynaecology, where denigration of women’s bodies, so-called hermaphroditic bodies, and African bodies converged.

Comparisons between pelvimetry focused on white women in the Global North and African women in the Global South during colonial periods prove important

44 The UNESCO statement against scientific racism paradoxically reified South African racial politics. One example of this came through the reactionary journal Mankind Quarterly, originating in 1960 and continuing to the present as a direct commitment to extending the racial projects that predated UNESCO (Tucker 2007). While based in the United States, the journal reflected a global network of contributors and editors from India, China, Russia, Japan, Saudi Arabia, and Egypt (Saini 2019, 73). South African intellectuals such as J. D. J. Hofmeyr were centrally involved with the journal and reinforced the shift from eugenics to genetics, “geared to the defence of high apartheid” (Dubow 2015, 242). Hofmeyr led the South African Genetic Society and gave “direct support to a small but well dispersed network of international white supremacists who, in the postwar world, felt themselves to be a beleaguered scientific minority standing up for unpopular truths. These causes focused on opposition to civil rights legislation in the United States and the totemic defence of white supremacy in Rhodesia and South Africa” (242).

45 Gill-Peterson argues that normative bisexuality, then describing the concurrent existence of two sexes, has been “largely forgotten or overlooked in the history of gender, sexuality and trans medicine, [and] so too has its eugenic foundations” (2018a, 55).

46 For further critical analysis of Money’s influence and scholarship, see works including Califia 1997; Kessler 1998; Fausto-Sterling 2000; Colapinto 2000; Karkazis 2000; Downing, Morland, and Sullivan 2014; Goldie 2014; Eckert 2017; and Malatino 2019.

47 Magubane (2014) also juxtaposes treatments of black and white intersex infants.

48 Traces of this can be found in the United States, including in the early work of Hugh Hampton Young in the 1930s. As Gill-Peterson writes, Young was interested in “a presumed exceptional pathology he imagined residing somewhere in black bodies” (2018b, 611).

49 Despite the supposed end of scientific racism, claims about the inferiority and difference of African genitals continued to be repeated in academic and public contexts on a transnational scale. For example, the 1963 handbook Races of Man, written by Sonia Cole and published by the British Museum, was hugely popular and had global influence for its depictions of race and evolution. In it, Cole takes account of post-UNESCO shifts in language about genetics and blood groupings, but her characterization includes descriptions of so-called Bushmen that reiterated a familiar portrayal of genitalia through derogatory language of comparative anatomy. Cole describes, “Certain peculiarities of the genital organs are also characteristic: the penis is often in an almost horizontal position; and in women the extension of the labia minora, forming a ‘tablier’ or apron, is universal, though whether this character is hereditary or acquired has been disputed” (1965, 124). In Cole’s description, as in so many before, Africans’ genitals are represented as unusual and inferior to those of Europeans. Fausto-Sterling notes that even the famous sexolo-

The follow-up volume to *Bantu Gynaecology* was titled *Gynaecology in Southern Africa* (Charlewood 1972) and included a chapter on intersex by Willem van Niekerk titled “Abnormal Sex Development.”

Cytogenetics is a branch of biology concerned with genomes and heredity that focuses on the structure and function of chromosomes in individual cells.

It was also common for physicians in this time to assert a connection between so-called mental retardation and intersex, especially among black patients; Klempman asserts, “It is concluded that true hermaphroditism is the commonest form in the Bantu. A combination of abnormal sexual development with other congenital anomalies, including mental retardation, is often associated with abnormality of the sex chromosomes” (Klempman 1964, 236, emphasis added).

*African* is used synonymously with *Bantu* and *Black* here, as is *Caucasian* with *White*, reflecting common slippages among terms connoting language, geography, ethnicity, tribe, and race.

Though making broad claims, Wilton himself acquiesces that in a human population group, “The true incidence can only be estimated if all neonates are investigated and the intersex states recorded, this would entail detailed nuclear sexing and chromosome analysis of peripheral blood and fibroblast cultures, of large numbers of newborns” (1969, 47).

Princess Mariana Hospital was built in 1966 in the capital of Botswana to mark the country’s independence. At this time, the hospital primarily treated patients from rural areas in advanced and acute stages of illness (Johnson 1975a).

Johnson notes elsewhere that as no histological services were available in Botswana, all specimens were sent to the Royal Army Medical College in London. But this case was clearly significant to him. In an article about the prevalence of advanced and varied cancers in the region, Johnson writes, “As histological specimens have to be sent outside the country and take several weeks to return, not all operation specimens are sent. This leads to an underdiagnosis of malignant conditions . . . and means that not all clinically suspected cancers are proven histologically” (1975b, 260). While many patients with life-threatening cancers did not merit laboratory analysis, this patient with minor or perhaps no medical concerns did because of the potential of a “true hermaphrodite” diagnosis.

Johnson himself was instrumental in postindependence allopathic medicine in Botswana, establishing the *Journal of the Medical and Dental Association of Botswana* in 1970 with the intention of stimulating interest in and funding for clinical research in Botswana. Writing at the journal’s inception, Johnson muses, “While we can make no claims to being a leading medical journal, we feel we are making a contribution to the improvement of medical services and practice in Botswana” (1972, 287). Perhaps his article on “true hermaphroditism” fit Johnson’s objectives of garnering attention for medicine in the region.
2. “INTERSEX IN FOUR SOUTH AFRICAN RACIAL GROUPS IN DURBAN”

1 Grace’s 1970 work also addresses dermatoglyphics in relation to intersex at length, and physicians often genetically link dermatoglyphics to both Turner’s and Kleinfelter’s syndromes.

2 Scientific and medical theories of intersex based in the Global North have always relied on juxtapositions of colonizers and colonized, and global professional networks demonstrate intellectual comraderies and competition.

3 Money published a commentary on the work of Julianne Imperato-McGinley on intersex in the Dominican Republic, arguing with her theories (Money, Imperato-McGinley, and Peterson 1976). Robert J. Stoller worked with intersex patients in the United States and then collaborated with both Imperato-McGinley and Gilbert Herdt, traveling to Papua New Guinea in efforts to diagnose and research those considered intersex. Imperato-McGinley also collaborated with Herdt to theorize and analyze those in both the Dominican Republic and Papua New Guinea as part of her development of theories of intersex in the Global South. This transnational context essentially constituted the parameters of intersex in the Global South. My brief mapping is not intended as a comprehensive review of transnational connections and citational practices in medical literature, but these exemplars point to the networks of information and collaboration that underpin ideas of intersex.

4 These three studies are Klempman (1964); Forbes and Hammar (1966); and Wilton (1969).

5 In this context, Grace was particularly fascinated with how the newly emerging field of cytogenetics and karyotypes could differentiate males from females.

6 Grace’s six chapters dedicated to conditions he believes fall under the rubric of intersex are “Gonadal Dysgenesis, Turner’s Syndrome and Phenotypes”; “Kleinfelter’s Syndrome and Male Hypogonadism”; “Unrepresented Syndromes”; “Hormonal and Drug-Induced Intersexes”; “Male Intersexes”; “Idiopathic Female Intersexes”; “Hermaphroditism”; “‘Pseudo-Intersexual’ Conditions” (1970, iii–iv).

7 This is how Grace explains race: “The South African population is made up of four distinct races: the Bantu, a composite group formed from many smaller tribes of the Nguni stock; immigrant whites of European origin, and Indians from the southern provinces; and the smaller Coloured community which originated through miscegenation between early white settlers at the Cape and their Malaysian slaves and indigenous Hottentots. No population census has been made in South Africa since 1960, projections from which estimated that the 1969 population consisted of 18,000,000 Bantu; 3,750,000 whites; 1,500,000 Coloureds, and some 800,000 Indians” (1970, 4).

8 Grace goes on to state his rationale for the location of his study: “Durban [is] particularly well suited to such studies because three of the races are represented by substantial numbers and the minority, the Coloureds, are to a large extent co[n]centrated in a well-defined community so that in each case ‘captive’ populations for epidemiological study can easily be had” (1970, 216).

9 In Grace’s later work, ongoing and shifting perceptions of the “truth” of gender and race converge in categories he uses interchangeably—Bantu, Negro, and
Black—in his different publications. Analyzing the use of racialized terminology in five decades of South African medical literature points to its inconsistency and links to South African politics; Braun et al. (2007), among others, demonstrate the problems of using racial categories in medicine that assume homogeneity. It is also important to point out that class and the impacts of apartheid policies of segregation were largely left out of Grace’s explicit analysis, though they were briefly acknowledged when he notes that, with regard to Indian and white patients, “a certain amount of selection was inevitable because many of the wealthier classes are precluded, either from choice or by regulation, from using the facilities at the hospitals concerned. No attempt was made to correct for this discrepancy between the social and economic status of the groups because there is no evidence to suggest that these factors have any influence over the occurrence of intersexuality; irrespective of the sampling method, the numbers involved were large enough to offset any bias” (1970, 197).

10 Hypospadias is a condition in which the urethral opening is usually on the underside of the penis rather than at the tip.

11 One of his disquieting future research recommendations is a study of everyone in the entire population, in which wide use of the sex chromatin test would determine whether the rarity of XXY males “amongst the Bantu and Indians is real.” Grace suggests such studies could focus on pupils at “schools for the subnormal and patients incarcerated in hospitals for dangerous retardates” (1970, 223).

12 His language here betrays his sentiment that intersex was “rampant”—a word with an etymology referring to wild animals (e.g., “running rampant”) or something spreading that is unwelcome and unrestrained—connoting colonial and apartheid perceptions of black South Africans as animalistic and uncontrollable in population, behavior, and corporeality.

13 In at least two additional publications, Grace drew on his thesis data to make similar claims involving patients, previously referenced and pictured as “Case 26” (Grace, Quantock, and Vinik 1970) and “Case 25” (Grace and Schonland 1970).

14 This is yet another example of what G. Ellison and T. de Wet (1997) refer to as the meaningless descriptive labels of ethnicity, race, and nation.

15 As detailed in chapter 1, the broader development of the field of genetics is inseparable from eugenics and grounded in histories of comparative anatomy.

16 Despite failed inquiries, Ramsay and other authors continue this quest to locate the physical basis for disproportionate “true hermaphroditism” among black South Africans for over three decades. For instance, another study that Ramsay co-authored (Spurdle, Shankman, and Ramsay 1995) replicates the intentions of Ramsay’s 1988 study—to “determine the cause of the disorder”—this time through molecular investigation (53). Again, the authors claim, “Most true hermaphrodites diagnosed in southern Africa are Bantu-speaking Blacks” but admit that studies examining environmental and genetic bases for this claim as well as the molecular causes they seek to prove in their own research have not been fruitful (53). For Ramsay, the blame for not finding quantitative proof for her claims may be placed on the families of intersex children, who she posits are unwilling to share genetic information that would substantiate her unproven hypotheses.
The title of this film recalls the important critiques Towle and Morgan (2002) forward about the objectification and the use of the metaphor of “third” sex and gender addressed in the introduction. All transcriptions are my own.

Sources for these statistics for rates of intersex are not cited or mentioned.

Gill-Peterson explains similar perspectives shared by Hugh Hampton Young and others at the Brady Institute of Johns Hopkins University in the United States: “In many instances, black families and their communities in Baltimore were evidently quite accepting of intersex children, to the point of being skeptical of the need to accept a medical decision and binary sex. In response, physicians and social workers tried to disqualify their beliefs as unscientific or irrational” (2018a, 76).

Freedberg details the role of images in creating significant responses in viewers; state censorship of images deemed pornographic and aniconism—religious edicts that prohibit certain kinds of visual depictions—provide just two examples of institutionalized fears of the power that images hold. He explains: “People are sexually aroused by pictures and sculptures; they break pictures and sculptures; they mutilate them, kiss them, cry before them, and go on journeys to them; they are calmed by them, stirred by them, and incited to revolt. They give thanks by means of them, expect to be elevated by them, and are moved to the highest levels of empathy and fear” (1989, 1).

Campt explains that in her own work analyzing photographic archives of prisoners in Cape Town, “the haptic temporalities of the archive in question are composed of moments of contact when photographs touch us and animate reflections and responses. These temporalities include, but are in no way limited to, the moment of photographic capture; the temporality of the photographic re-production of material objects; their assembly and reconfiguration as nodes of state, social, and cultural formation; and the present and future temporalities of their interactions with researchers, archivists, and the broader community” (2017, 72).

Suspected diagnoses fell into a wide range of Grace’s detailed “intersex” classifications already discussed here, ranging from Turner’s syndrome to hypospadias.

A few photos in this context also represent abdominal surgeries in process and reproductive organs removed and clinically displayed.

Genital images in Grace’s thesis collection and elsewhere, such as in Malatino’s analysis of photographs in the sexological archives of the Kinsey Institute for Research in Sex, Gender, and Reproduction, are easily compared to pornography in “the privileging of close-ups over other shots, the overlighting of too often easily obscured genitalia, and the selection of positions that aim to display the intricacies of bodies and organs” (2019, 142).

Jacob Dlamini’s The Terrorist Album (2020b) also speaks to the creation and power of violent images. His work analyzes the grim legacy of an album of more than seven thousand photographs taken from the 1960s to the 1990s focused on those deemed “terrorists” by the South African security police. Apartheid was fraught with failures, and Dlamini argues that when security forces were confronted with the problems and inefficiencies of this album, they would “blame the native” instead of admitting the impossibilities of racial categories revealed (2020b). His analysis exposes the confused brutality of apartheid law enforcement and the visuality of apartheid itself (2020a).
26 Other relevant publications include Grace 1975a, 1975b; and Grace and Ally 1972.

27 Grace’s chapter titles indicating the extent of his interest in dermatoglyphics include the following: “Dermatoglyphics,” “Dermatoglyphs of Normal South Africans,” and “Dermatoglyphs in Intersexuality.”

28 Dermatoglyphics was medically institutionalized in 1926 by Harold Cummins and was strongly supported through the 1980s. This field considered handprints of humans as a means of creating human hierarchies and as a point of comparison to primates; it was widely accepted as diagnostic of conditions such as epilepsy (Wertelecki and Plato 1979; Mavalwaka 1978).

29 Today, finger and handprints are also used forensically, but the objective accuracy of analyzing these ridges continues to be questioned in both scientific and juridical contexts.

30 Eyes are significant in indicating life and humanity: “Eyes . . . provide the most immediate testimony of life in living beings; in images—where substance, at the first level, excludes the possibility of movement—they are even more powerfully capable of doing so. If an image is perceived as particularly lifelike, then the absence of the eyes may inspire terror. Their presence enables the mental leap to an assumption of liveliness” (Freedberg 1989, 202). Further, the use of images of people punished by the state have been sanctioned and used to shame those considered frauds and traitors—and to warn others of their presence—since the late thirteenth century (255).

31 Hausman (1995) also provides an analysis of a tradition of “before vs after” visual comparisons in early intersex medical photography in Europe.

32 Dregger’s decision to include her own photo also addressed the lament she had heard from intersex people: “These people were talking about the general problem of medical textbooks showing intersexed people not just as different but as tragically deformed. But they also spoke of personal experiences. They themselves, as children and adolescents, had been repeatedly subjected to physical and visual examinations by medical students, residents, and attending physicians. Although it was certainly not the medical professionals’ intentions, these ‘exhibitions’ had left the subjects feeling freakish and violated—‘like insects tacked to a board for study’” (2000, 162).

33 As Campt reflects in her interpretation of photographs of those imprisoned under colonialism and of other South Africans: “These photos were not taken at the behest of their sitters. They are images intended to classify types rather than to identify individuals. While those in the photos may have given tacit sanction or approval, they are at best coerced and at worst compelled” (2017, 49).

34 The authors detail their fascination: “A Bantu neonate was found at birth to have epicene genitalia and perineal hypospadias. Postmortem examination revealed phallic and perineal urethrae and uterus didelphys. Cytogenetic studies demonstrated normal female sex chromatin and karyotype. The clinical history, postmortem findings and histological observations are reported. The case is of interest because the formation of a phallic urethra in a genetic female is a rare event; also, idiopathic female intersexuality is not frequently encountered in the Bantu races of southern Africa” (Grace and Schonland 1970, 1115).

35 In his discussion of the gruesome postmortem image of Emmett Till published in Jet magazine at his mother’s bequest, Fred Moten (2002, 65) muses on the ghosts in
photographs: “An image from which one turns is immediately caught in the production of its memorialized, re-membered production. We lean into it, but we can’t.”

These representations are separate from traditions of postmortem photography undertaken historically to memorialize and grieve family members. These practices continue to the present in customs, for example, of stillborn photography.

Ellison and de Wet trace the terminological and conceptual differences found in this literature over decades, suggesting, “For example, ‘Bantu’ and ‘European’ were the two commonest labels used in 1950 and 1960 yet neither appeared in articles published in 1980 and 1990. The term ‘Black’ or ‘black’ did not appear in any of the articles published in 1950, 1960 or 1970, yet it was the commonest label used in both 1980 and 1990” (1997, 1676), reflecting popular and shifting usage in broad contexts. They supplement this historical analysis with a table that identifies descriptive language in the hundreds of medical articles they studied, which includes “traditional racial” terms (e.g., Caucasian and Negroid), phenotypic language (e.g., Black and white), tribal or clan descriptions (e.g., Zulu), and language (e.g., Afrikaans). The authors also note that of the 668 articles they analyzed, only 3 contained a disclaimer suggesting that the authors didn’t accept the validity of these categories.

Henrietta Lacks was a Black woman exploited for unusual and reproducible cancer cells taken from her body without consent when she was a patient at Johns Hopkins Hospital. These cells had immeasurable use for cancer research after she passed away and made billions of dollars in profit without the knowledge of or benefit to her family. The life and treatment of Lacks has been the subject of numerous recent books, films, and apologies about the ethics of racist science and medical treatment (e.g., Skloot 2010).

The Reimer twins’ parents sought Money’s expertise after seeing him on a television program (Colapinto 2000). Morland explains the influence of popular culture on the Reimers in this way: “Ten months after the circumcision accident, the Reimers were watching a current affairs television program on which Money was discussing the adult sex change surgeries being pioneered at the Johns Hopkins Hospital. The pivotal role of television in the case has rarely received attention. Even while contemporary surgical technology foreclosed some possibilities . . . the technology of television opened others; by the time the Reimers were watching Money in the late 1960s, television had become more popular than newspapers as a source of national and international news for Canadians” (Morland 2015, 72).

I discuss David Reimer’s impact in South Africa and Sally Gross’s assessment of Reimer’s experiences at length in chapter 3.

To use Judith Butler’s (1993) language, this repetition of norms that imitates no original operates citationally, despite flawed theories, troubling images, and contradictions.

3. DEFYING MEDICAL VIOLENCE AND SOCIAL DEATH

1 Gross was an active consultant for 2003 South African film, The 3rd Sex. This film has no connection to the 2004 film of the same name discussed previously, which focused on research in the United Kingdom, Dominican Republic, and South Africa.

2 Gross was a prolific writer and theorist and gave many interviews; her writings, interviews, film contributions and archival materials are compiled and detailed in
appendix 1. GALA Queer Archive houses Sally Gross’s personal collection of documents, photographs, and memorabilia, donated by her brother after her death in 2014.

3 The Triangle Project (https://triangle.org.za/) is an organization in Cape Town founded in 1981 and focused on health, community, research, and advocacy for LGBTI people and their families. It remains operational to the present and currently offers services including sexual health clinics, counseling, support groups, a phone helpline, outreach programs, and a library.

4 Slovo and Kasrils were influential anti-apartheid leaders and later politicians active in the African National Congress. In addition to Gross’s writings and my interviews and communications with her, I quote at length from a three-part series on Gross’s views and life authored by Stephen Coan in close collaboration with Gross in 2000 and published in the Witness (then called the Natal Witness), the longest continually published newspaper in South Africa. Gross was very proud of this set of articles and her partnership with Coan in its writing. Throughout her life, she often referenced and reshared this series of articles as a way of explaining her own biography. I also share from the article “Lifting the Veil” (1999), published in the Mail and Guardian, another piece that she wrote in collaboration with staff reporter Aaron Nicodemus.

5 Gross notes that at this time, the Church of England was debating the ordination of women, and her superior connected her struggles to the dismissal of women and equated intersex with issues considered to be perversions, such as pedophilia and sexual abuse (Gross 2000).

6 Dr. Harry Benjamin was one of the first physicians to work with transsexuals diagnosed (at the time) with gender dysphoria. The protocol that developed from his work, widely known in both medical and popular discussions, originated in 1979 as a set of guidelines for treating transsexuals prior to surgical interventions. It was developed collaboratively with members of the Harry Benjamin Gender Dysphoria Association, an organization that became the World Professional Association for Transgender Health (WPATH).

7 Michelle Wolff’s conference paper “Sally Gross: Mother of Transnational Intersex Activism Died Alone,” presented in 2019, describes Gross’s life holistically. Wolff’s forthcoming biography of Gross will detail her life and ideologies, including providing a nuanced analysis of her complex relation to religion and spirituality.

8 Some of the activist work with a strong influence at this time included organizing through the Intersex Society of North America (operational until 2008, http://www.isna.org/), growing numbers of publications (such as Chase 1998), and videos such as Hermaphrodites Speak! (1997).

9 The organization was briefly known as the Intersex Society of South Africa at its inception, a name initially modeled on the Intersex Society of North America. But it was soon changed by Gross to Intersex South Africa to reflect its independence.

10 This article was published before Intersex South Africa had a website, and reflective of her transnational activist connections, Gross requested that the article “Lifting the Veil” include contact details for ISNA: “For information about intersexuality in general, consult the website of the Intersex Society of North America at www.isna.org” ([Gross and Nicodemus] 1999).
Gross continued her efforts to promote the new organization, sharing her own story in the feature series about her life in the Witness and in Challenge (a South African religious bimonthly) and interviewing on the popular Cape Town station Radio Bush.

Gross also found solidarity in the networks of anti-apartheid activists recommending her affiliation with Triangle, as it is locally known. She elucidates, “One of my comrades, who was at the time a senior official in the ministry with which I was doing some work suggested that I get in contact with a friend of hers . . . [who is a trustee] of Triangle Projects and ask her advice about how to go about the business of launching a group, and so on. And Heather [Adonis] thought it would be a really valuable thing to do. . . So, I did and I chatted to Annie [Leatt] and I chatted to Graeme [Reid], who’s now back studying, and I chatted to Glen [de Swardt]. And we agreed on a broad association around this issue. What I reasoned in part is that Triangle’s helpline and clinic might sometimes attract people who are intersexed and don’t have proper information . . . you know, that would probably give me the opportunities to get information in at that level and also to network and to build up contacts. So things went from there” (Gross 2000).

Gross explains details she learned about this decades later: “Some months ago, my late father sent me an email in which he expressed anger at the ‘stupid’ ritual circumciser, who should, on my father’s account, have realised that I was a girl and should not have attempted circumcision. As I have noted, scar-tissue told me as a young adult that circumcision had been problematic. My late father’s email revealed something I had not known: that the mohel [by Gross’s own definition, “the Hebrew term for a ritual circumciser”] returned a few days later to hack at the still unhealed wounds, presumably also without anesthetic, in order to try to tidy up the mess. This shocks me” (Gross 2011, 235–36).

Reimer’s case was most famously recounted by John Colapinto (2000) for a popular audience in a book that became a New York Times bestseller.

The fate of the Reimer twins was not anomalous. For instance, Jules Gill-Peterson describes a similarly tragic outcome for a patient named Robert Stonestreet, diagnosed with “hermaphroditism” in 1915 at Johns Hopkins University (2018a, 71). After being subjected to surgeries and other unwelcome treatment, his father withdrew him from care. But two decades later he returned to Drs. Hugh Hampton Young and William Quinby for medical proof that he was a man because a priest had heard of his childhood diagnosis and refused to marry him. The doctors refused assistance, and Stonestreet committed suicide. As Gill-Peterson explains, “Ending in suicide, Stonestreet’s experience testifies to the violent and often traumatic effects of medicalizing intersex children as living laboratories of plasticity” (2018a, 75).

Muti is a Xhosa spelling, and muthi is the analogous spelling in Zulu.

I refer to Nhlanhla Mkhwanazi by his first name hereafter to differentiate him from his parents. No statistics are available on the frequency of muti kidnappings. Many victims of such kidnappings are murdered (Kotolo 2000; Mkhwanazi 2000), adding to the rarity of medical interventions into muti injuries.
Suzanne Kessler’s (1990) adage reflecting on the tendency to assign 90 percent of babies with ambiguous genitals as girls in the United States in this period famously summarizes: “Good penis equals male, absence of good penis equals female.”

Films speaking to health and race have long histories in South Africa; for instance, beginning in the 1930s–1940s, films focused on sexually transmitted diseases attempted to exploit black communities’ engagement with cinema for eugenic purposes (Jeeves 2003). But Gross flips this historical precedent in The 3rd Sex (van Huyssteen 2003).

Susanne Klausen provides historical context on “poor whites” as descendants of those who subsisted as “itinerant pastoralists, squatters, tenant labourers, and small-scale farmers” (2001, 55).

These theories of scientific racism mirrored an intense sense of dread about the difficulties of maintaining British imperial dominance.

Coinciding with growing adoption of eugenic policies, the 1916 Medical Disorders Act criminalized characteristics associated with “poor whiteism,” aiming to certify, detain, and incarcerate people with traits such as “feeble-mindedness.”

Klausen details this history and the worries it evoked. She explains that “eugenicists, who subscribed to a biological deterministic explanation for white poverty, pushed for a restriction to be placed on the growth of the poor-white population in the name of preserving white civilization. Eugenicists attributed white poverty to inherent inferiority rather than to the effect of their social and physical environment; too many poor whites, they argued, threatened the quality of the white race. A number of eugenicists were leading members of the emergent birth-control movement” (Klausen 2001, 56).

As Deborah Posel aptly put it many years ago, “All versions of apartheid developed from a common starting point—a shared perception of the need to protect white supremacy and preserve the ‘purity of the white race’” (1987, 125).

I explore apartheid’s racialized gendered medical experimentation on those defined as transsexual, gay, and lesbian in Sex in Transition, focusing at length on the horrific treatment of white conscripts (2012, 77–107).

In the introduction, I document similar trends of pathologizing and experimenting on black and brown people deemed intersex in the Dominican Republic and Papua New Guinea.

DDT remains in use throughout Asia, South America, and Africa.

See, for instance, Rich et al. (2016) and Langston (2008) for discussions of the connections between EDGs and intersex in animals.

Endocrine-disrupting chemicals have affected human bodies intentionally, through hormonal medications, and unintentionally, through pollution and incidental consumption/absorption that lead to endocrinial changes (Kier 2010).

Horak, Horn, and Peters’s (2021) detailed literature review in “Agrochemicals in Freshwater Systems and Their Potential as Endocrine Disrupting Chemicals: A South African Context” traces the impact of EDGs and their connections to research on intersex in fish and mammals.

In our conversations, Gross mentioned scientists Riana Bornman and Hindrik Bouwman by name and described their work at length (see Bornman et al. 2009;
Barnhoorn et al., 2009; Bornman, Barnhoorn, and Genthe 2010; Bornman and Bouwman 2012; Bouwman et al., 2012).

32 Bornman et al. (2009) share research that supports these statistics.

33 For instance, Rajendra Maharaj of the Malaria Research Programme at the Medical Research Council claims, “The negative effects of DDT have not been substantially proved”; similarly, the South African Health Department’s spokesperson Fidel Radebe speciously argued that the Department of Health has been spraying DDT since the 1940s without any harmful effects on human health (Groenewald 2009).

34 Gross also parses medical diagnoses of intersex and their historical origins (addressed in chapter 1), pointing out that from the perspectives of physicians, “the most important thing in a person’s life—and something which sets up a hell of a lot of the trauma anyway—is not the basis of this kind of very arbitrary taxonomy of true hermaphrodite, female pseudohermaphrodite, male pseudohermaphrodite, but quite simply the appearance of the external genitalia at birth” (van Huyssteen 2003).


36 A published anthology, Intersex, Theology, and the Bible, that resulted from these conference proceedings was dedicated to Gross. In the introduction, Susannah Cornwall shares, “While this volume was in late stages of its preparation, we received the sad news that Sally Gross, the founder of Intersex South Africa, had died. Sally had been unable to travel from her home in Cape Town to Manchester for the colloquium and conference held there in March 2013, as her health prevented her from flying long distances. However, she took a full part in the proceedings via Skype, and those present were deeply moved by what she felt had been inappropriate and inhumane treatment from members of her religious order when she spoke about her intersex identity” (2015, 18).

37 Though outside the scope of this book and Gross’s writings, it should be noted that extensive controversy followed the publication of Goldhagen’s work, particularly his debate with Christopher Browning, focused on historical details and the role of antisemitism as a motivation for the atrocities of the Holocaust.

38 Philosophers including Claudia Card (2003) have also extended notions of social death to explain forcible loss of identity and efforts to exterminate certain groups through gendered genocide and intense mental and physical harm.

39 Snorton further conceptualizes social death in context, relating it to Frantz Fanon’s discussion of “still life,” Achille Mbembe’s notion of “raw life,” Giorgio Agamben’s conception of “bare life,” and Christina Sharpe’s “the wake.” He shows how Patterson’s work and its antecedents in Black studies theorize genres of contested living and how “life and death function as schemata for systems of social valuation” (Snorton 2017, 185).

40 The term thingification originally comes from Aimé Césaire.

41 Keguro Macharia grapples with how “thinghood” allows space “to think about those considered not-quite-human and, at times, unhuman” in relation to histories of black diaspora and how black diasporic thinkers and artists imagined their creation of usable histories and usable lives (2019, 3).
The threat that intersex poses to Christianity, and its reduction to a naturalized intractable anatomy, represents centuries of history. In a comparative example from the early fourteenth century, French theologian Peter of Palude “posed the hypothetical problem of a hermaphrodite priest. Should such a person be ordained? Tellingly, his answer arose from the ways in which hermaphroditism set humans apart from nonhumans” (DeVun 2014, 465).

The Catholic order wanted Gross outcast, but she qualifies her assessments: “It should be noted, though, that all of this reflects the decisions and actions of a tiny handful of people who monopolised information and power in relation to my situation. The members of my former Order and Catholics and other Christians at large are not to be tarred with the same brush” (2013).

Jared Sexton is referencing Fanon’s ([1952] 2008) assertion of black confidence in the face of white superiority in Black Skin, White Masks, what he describes as “an embrace of pathology without pathos” (2011, 28; see also Moten 2018, 229–30).

In The 3rd Sex (van Huyssteen 2003), Gross asserts that almost every intersexed person she has met “has at some stage attempted to commit suicide.” Her comments are affirmed by an interview with psychologist Gareth Hunt in the film; he states that the categorical denial of belonging and repeated surgeries facing those deemed intersex commonly leads to suicidal ideation.


The impetus toward “correction” as a condition for belonging is well theorized in critical intersex studies. M. Morgan Holmes puts it this way: “In the world of the clinic into which they are born, intersexed infants and children face a prevailing perception that they are so seriously damaged it is impossible even to conceive of admitting them to the category of personhood without performing extensive and immediate medical and surgical intervention on them” (2008, 170).

Camminga’s Transgender Refugees and the Imagined South Africa: Bodies over Borders and Borders over Bodies (2019) provides a timely and thoughtful analysis of contemporary manifestations of the kinds of challenges for trans migration and border crossing that Gross faced in the 1990s.

Prominent anti-apartheid activist, parliamentarian, and professor Gertrude Fester-wicomb explains these strategies based on her firsthand experience: “When Gross returned to South Africa, she had many problems with the Department of Home Affairs. . . . She approached a gender equality commissioner, Shelia Meintjes, and myself to enquire how we could assist her and other trans and intersex people. When i met her, i was deeply impressed by the amount of research she had done on intersex people globally. However, she was not able to do much research on their position in South Africa. I questioned whether we could not do more local research, since this would be needed if we wanted to facilitate any change in laws, and she met with Meintjes and me to share her ideas about researching the South
African situation” (2021, 81). Fester-wicomb explains the resistance and ignorance they faced and how they worked to educate and shape new ideas of gender.

In *Sex in Transition*, I detail the historical collusions between medicine and the law in policing the parameters of gender. In the 1960s, the Births, Marriages and Deaths Registration Act allowed legal change of gender “on the recommendation of the Secretary of Health.” But from the 1970s through the end of apartheid into the 1990s, adherence to British legal precedent made it impossible to change gender on legal documents, even when medical authorities confirmed that this change was warranted. The resulting legal discrimination focused on trans people, with an impact on those who are intersex, was one of the reasons Gross focused her activism on jurisprudence and the law (Swarr 2012).

Ryan Thoreson explores shifts in trans and intersex activism in South Africa after 2000, characterizing agendas as focused less on rights and more on medical reconceptualizations. Further, he argues, “In their practice and rhetoric, trans and intersex activists have thus eschewed a narrow focus on borders and South African nationalism,” instead embracing “a pan-African, transnational approach” and situating themselves as part of a global trans and intersex social movement (2013, 659).

Numerous publications, including my own, have explored gendered legal changes in South Africa (e.g., Klein 2009; Swarr 2012; Husakouskaya 2013; Thoreson 2013; Rubin 2017). It is also important to note that laws have been unevenly applied. Expectations of medical and material proof for legal changes are still often required by the Department of Home Affairs, and activist efforts continue to try to expose these hypocrisies (e.g., Camminga 2019).

Gross, Theron, and I wrote collaboratively about the significance of Semenya’s plight for intersex activism in 2009. In this context, Gross explains the strategy behind her efforts to gain publicity and to make the amendment to the Promotion of Equality Act and its implications known through the media. “Unless I am much mistaken, the appearance of the article in the *Mail and Guardian* at this time makes it impossible for jurists, litigators and legislators to ignore it and its implications now, and the implications are in fact substantial” (Swarr, Gross, and Theron 2009, 659).

Gross also highlights the insufficiency of documents to affect deep-seated attitudes about intersex. Even when her identity documents matched her gender identification, medical personnel still treated her disdainfully.

The fundraising campaign for Gross initiated by Mitchell, started in January 24, 2014, can be found at https://www.gofundme.com/f/6gc520.

The only other documents on the ISSA website during this time were an article dated January 1, 2018, on substance abuse and drugs, also supposedly by Lennox, titled “Don’t Let Intolerance Ruin Your Life,” and a link to information titled “About Us” that replicated ISSA’s organizational mission statement.

For instance, Behind the Mask was an extensive website of queer African histories and actions (including intersex activism) that went dormant in 2012 due to lack of funding. Activists engaged on social media may also chose to remove videos and posts that have important political significance but that compromise their safety or include personal information that they change their minds about sharing.

This is the organization’s web address: http://www.intersex.org.za/.
4. #HANDSOFFCASTER

1 The IAAF, an acronym that originally stood for International Amateur Athletics Federation, changed its name to World Athletics in 2019 in an effort to save its reputation after doping and corruption scandals left its president and other leaders in prison. I refer to the organization as IAAF before its name change and as World Athletics after.

2 Critiques of representations inattentive to racist and gendered histories have been incisive, yet such critics’ calls have not been widely heeded (e.g. Macharia 2009; Munro 2010; Hoad 2010; Magubane 2014; and Rubin 2017).

3 I choose to refer to gender testing instead of sex testing in this chapter. As explained previously, I do not find the distinction between gender and sex useful. In my view, separating the two makes sex seem like a solid and objective scientific truth of the body, in comparison to the malleability of gender. In reality, both sex and gender are subjective historical productions better discussed together under the rubric of gender.

4 Historian Carina Ray (2009) also saw rivals’ racist comments as a distraction, “sour grapes” from those deeply invested in undermining a competitor who beat them again and again, and their stakes in her career certainly belied any assumptions of objectivity. Yet reporters continued to cite these athletes’ comments and feed the suspicion of Semenya. Demands like Savinova’s “just look at her” suggest that a truth of gender is visible on her body. David Rubin contextualizes these comments in colonial histories of visibility, “in which black and brown female bodies and gender nonconforming bodies have long been treated as extraordinary objects of biomedical scrutiny and biopolitical regulation” (2017, 129).

5 See Moya Bailey’s (2016) analysis of misogynoir in representations of Semenya in medical media.

6 One typically troubling report pronounced that the “physical evidence is damning. Her muscular development, the narrowness of her figure, the facial features, jaw line, facial hair and deep voice sent off alarm bells” (Gullan quoted in Schultz 2012, 287). Both Schultz (2012) and Miller (2015) offer extensive analyses of Semenya’s visual representations in the media.

7 Height and long legs are just two of aspects of the body that may lead to success in sports like basketball and track. Olympic swimmer Michael Phelps has long been assumed to have the long limbs and flexible joints of Marfan syndrome that facilitate his swimming success. But these ungendered physical advantages are of no interest to those who regulate professional sport, and they highlight the biases of efforts targeting Semenya and other athletes.

8 Bavington demonstrates that the commonly cited rationale for gender regulations—preventing men from competing in women’s events—is strikingly inconsistent with a 1936 proposal from Avery Brundage, then president of the American Olympic Committee, seeking to prevent the participation of “abnormal” women (2019, 186).

9 Heggie’s historical work finds that the rules “requiring that female competitors bring a medical certificate to prove that they were eligible to compete” originated in 1946 for the IAAF and in 1948 for the IOC (2010, 159).
10 Cox was referring primarily to Black women from the United States as “hermaphrodites.” No African nations entered the Olympics until the 1960s.

11 Arne Ljungqvist, chair of the IAAF Medical Commission from 1980 to 2004 and member of the IOC Medical Commission since 1987, also acknowledges that suspicions of intersex, not so-called gender fraud regarding men competing in women’s events, are behind such testing. He writes that gender testing was initiated because “there had been rumours for years that there were athletes competing in the women’s events who were more male than female, making it an unfair competition for ‘real’ women. To thwart the rumours, the IOC decided to introduce some kind of control” (2011, 183).

12 Racist histories of sport are strongly linked to eugenics (Gilroy 2004). Tavia N’yongo discusses such troubling connections among eugenics and sport in initial responses to Semenya’s scrutiny (2010).

13 As Lindsay Parks Pieper points out, “US citizens disparagingly depicted women of the USSR as ‘graceless, shapeless and sexless.’ Degrading the Soviets’ physiques as masculine and unsexed served to discredit the nation’s government, suggesting that the ‘ills of communism were inscribed on the bodies of women.’ In addition, Americans claimed that the Soviet Union inverted the natural gender order by forcing women into labor. The hard, physical work—similar to athletic training—transformed the muscularity of the Russian women, which contradicted the United States’ dominant understandings of the female form” (2016, 43). By contrast, the Soviet state favored egalitarianism in the law and the strength that comes from physical labor.

14 A 1960 proposal from American doctor Raymond Bunge called for the IOC to introduce sex chromatin testing to prevent what he referred to as “genetic doping” (Bavington 2019, 186), again conflating natural hormonal differences with fraudulent activities.

15 It is also notable that secret policies requiring athletes to take steroids in the German Democratic Republic became infamous for their damaging effects, while drug use in the United States was both ignored and enabled. In the 1980s, the US public was obsessed with suspicions about Russia, but US athletes were some of the worst drug offenders. The US Olympic Committee did not impose sanctions or even announce the eighty-six positive tests among US athletes until after the 1984 Olympics. The IOC Medical Commission then weakened the doping controls in the next Olympic games, even as it simultaneously strengthened gender testing (Pieper 2016, 123). Positive doping tests have also been routinely disregarded for more privileged athletes due to rampant corruption. Duplicity related to drug use colors all elite sport, and in 2020 Lamine Diack, IAAF president from 1999 to 2015, and other top IAAF officials were convicted of years of doping-related corruption charges.

16 Yale University endocrinologist Dr. Myron Genet detailed the motives of the Heinonen Sixteen in archival correspondence to the IOC Gender Verification Workshop Group: “As I suspected, much of this is fueled by the remarkable success of the Chinese distance runners. If there is any doubt about this, the cover article of Keeping Track is devoted entirely to the Chinese women runners and their recent disappearance from world level running events. There is a not-so-hidden sugges-
tion that the success of the group trained by Ma Junren was because of the use of banned substances or other nefarious maneuvers. According to the attached article from the May 4 New York Times, however, the success of the Chinese women runners may be more attributable to their remarkable training regimen; Gender verification correspondence, May–September, including further correspondence regarding the “refined proposal from the Heinonen Sixteen” and the possibility of holding a conference with the sixteen athletes to discuss gender verification tests further, May 19, 1994, UGC 188/8/26, b20045645, Papers of Malcolm Andrew Ferguson-Smith, Professor of Genetics, University of Glasgow, Scotland, Wellcome Library, London, England (hereinafter Ferguson-Smith Papers).

There was also a condescending component of the proposal from the Heinonen Sixteen, which suggested that “educational testing” could help athletes from developing nations learn about their gender “abnormalities” before they advanced in elite sport. This article is titled “Give-and-Take on Gender Verification” (1994), gender verification correspondence, UGC 188/8/26, b20045645, Ferguson-Smith Papers.

See also Hida Patricia Valoria and Maria Jose Martinez-Patino’s (2012) examination of “fairness” based on their experiences and their participation in these same meetings hosted by the IOC in Lausanne.

From its inception, gender testing has been imposed only on those competing as women, long considered a vulnerable and protected category dedicated to white femininity, and never on men.

Other African athletes, including Maria Mutola from Mozambique, have also been publicly targeted and are discussed later in this chapter.

Competitive track was reluctantly permitted for women athletes beginning in 1928, but sporting authorities were resentful and routinely portrayed those who were successful as overly masculine.

South Africa was banned from the Olympics from 1964 to 1992 due to worldwide reaction to apartheid.

Munro continues, “In modern sports, the border between male and female is inspected and policed in a quite literal sense, and Semenya is accused of being an illegal immigrant across that border. It is international sports itself, though, that has smuggled a particular set of ideas about sex differences around the world, under the guise of the universal, the natural, and the scientific” (2010, 387).

Judith Butler (2009) queries the broader implications of the attention focused on Semenya: “So rather than try and find out what sex Semenya or anyone else really ‘is,’ why don’t we think instead about standards for participation under gender categories that have the aim of being both egalitarian and inclusive? Only then might we finally cease the sensationalist witch hunt antics of finding anyone’s ‘true sex’ and open sports to the complexly constituted species of human animals to which we belong.”

In early years, Semenya has sometimes seemed willing to give up her career, stating, “For me, running is nothing. Honestly, it’s nothing,” while at other times, she has been steadfast in her determination. Changing regulations and redefinitions of gender by the IAAF have consistently hindered her career, and these investigations, as Semenya explained in 2010, “have dragged on too long with no reasonable certainty
as to their end. The result is that my athletic capabilities and earning potential are being severely compromised.” Over a decade later, she is engaged in the same fight.

Dutee Chand was another important pioneer in defiantly speaking out about the injustice she faced. After being barred from elite competition because of her naturally high testosterone levels, Chand appealed to the Court of Arbitration for Sport and was successful, leading to suspension of the IAAF’s “hyperandrogynism” regulations from 2015 to 2018.

For instance, Francine Niyonsaba from Burundi and Maximila Imali and Margaret Wambui from Kenya have all spoken openly about the impact of the 2018 IAAF hyperandrogenism rulings on them.

Early representations of Semenya’s perspectives can be found in the 2011 film Too Fast to Be a Woman? The Story of Caster Semenya (Ginnane 2011).

The South African government reportedly spent $15 million to defend Semenya in her most recent court case.

Leonard Chuene was subsequently suspended from his position, and in 2011 he was convicted for mishandling Semenya’s treatment as well as for a host of other abuses of power, financial scandals, and corruption. He passed away in 2021.

Mandela famously stated that sport is “more powerful than governments in breaking down racial barriers” and that “sport has the power to change the world. It has the power to inspire, the power to unite people that little else has” (quoted in Levy 2009, 49).

The website for Xcollektiv is https://xcollektiv.wordpress.com/, and the collective also posts on Facebook and Twitter. On their website, they describe themselves in the following way: “The Xcollektiv is a creative incubator for collaborative multi-disciplinary projects by visual-artists, writers, filmmakers and performers who are exploring issues of dispossession, trauma, memory and resistance through their work. Our aim is to facilitate and initiate projects that pose questions and draws attention to issues and to connect with ordinary lives through public creative processes. Our intention is to weave an ‘in-cooperative’ expression that will be comprised of and will infiltrate different media spaces: to reach neglected audiences, and build community and agency around issues of individual and collective importance.”

The original cartoon’s title is translated from the French as “The curious in ecstasy or shoelaces,” referring to the curious woman bending down to tie her shoelaces while gazing at the exposed penis under the kilt in supposed ecstasy.


De Mérode initially presented himself as a self-styled doping expert, but Pieper (2016) argues that his expertise was based on just one academic paper (authored by Belgian doctor Albert Dirix). The prince was most likely appointed because of his public profile and influence.
Correspondence concerning the buccal smear test, including copies of correspondence sent to Ferguson-Smith and comments by him thereon, UGC 188/8/5, b20045438, Ferguson-Smith Papers.

The logistics of gender testing have always represented a failed quest to find positivist truths in the body. Before 1968, gender was verified by doctors’ visual examinations of athletes’ genitals, informally referred to as “nude parades,” and gynecological assessments were deemed humiliating and inconclusive. The discovery of the structure of DNA in 1953 and gendered chromosomes in 1955 inspired a new consensus, as chromosomes were inaccurately equated with gender truths. When chromosomal testing was implemented for the 1968 Olympics in Mexico City, all women were forced to submit to it. But the tests were based on poor science and were predictably rife with false results.

When asked about better ways of determining gender, Albert de la Chapelle reflected, “How would I or generalize things? My final stand is, I would simply have no test at all. This view is based on the assumption that anyone who feels like a woman, looks like a woman, and has a name and passport of a woman, is a woman” (Correspondence concerning the buccal smear test, November 6, 1989, UGC 188/8/5, b20045438, Ferguson-Smith Papers).

Correspondence concerning the buccal smear test, November 6, 1989, UGC 188/8/5, b20045438, Ferguson-Smith Papers.

By the 1990s, medical associations including the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Medical Association, American Society of Human Genetics, and the Endocrine Society all publicly opposed gender testing.

“Treatments”—ways to surgically and hormonally reduce natural testosterone levels—have only been offered to athletes in recent years as an alternative to withdrawing from competition. Their ugly ramifications for individual athletes are discussed below.

According to Bermon, while intersex occurs more frequently in the Global South, it is also less diagnosed. He blames infrequent diagnoses on indigent facilities and incompetent doctors with inadequate expertise.

African genital cutting has long been a problematic focus of white feminists (addressed further in chapter 5). Stanlie James (2002) documents accounts of white women from the Global North opposing African genital cutting as early as 1929.

Bermon condescendingly and inaccurately puts it this way: “We do nothing to ‘fit people into the norm.’ If a person claims to be a woman and wants to compete in this protected female category, then she should be happy to lower her testosterone level. If this is not the case one must ask questions (a) about her true sexual identity, (b) about possible secondary benefits to maintain[ing] her high testosterone levels” (quoted in Mulot 2019).

Paula Radcliffe and Sharon Davies are British white athletes who have publicly targeted and condemned Semenya, falsely claiming she has an “unfair advantage” and is “biologically male.” I analyze Radcliffe’s beef with Semenya at length in the conclusion to this chapter.

This publication was first brought to my attention by the brilliant analyses of Karkazis and Jordan-Young (2018). In the Fénichel paper, the specific “developing
“countries” are not identified in an effort to protect patient anonymity, though critics were easily able to identify these athletes by details given. The hospitals mentioned here regularly perform unnecessary procedures on elite athletes on behalf of sports governing bodies (Fénichel et al. 2013, E1055).

47 Antidoping control officers are not medical professionals. They are minimally trained to screen patients for illegal drug use and to observe/judge athletes’ genital “normality” as they urinate. In addition to genital inspections, urine drawn for doping tests may be tested for testosterone levels, often without athletes’ knowledge or consent. As the authors of a Human Rights Watch report explain, “Doping control can serve as a backdoor to test any woman deemed suspicious by sports governing bodies, but it is also a route to test all women via collection of blood and urine samples” (HRW 2020, 83).

48 A 5α-reductase deficiency is an inherited autosomal condition that affects the development of reproductive and genital organs (addressed at length in the introduction).

49 The acronym SDRD5A2 refers to patients with the steroid 5α-reductase type 2 gene.

50 Testosterone-lowering medications have side effects that regularly include excessive thirst and urination, electrolyte imbalances, metabolic problems, and headaches, fatigue, and nausea (Jordan-Young, Sönksen, and Karkazis 2014, 21).


52 I am again relying on Butler’s (1993) conceptions of citationality in this formulation.

53 The 2019 film first aired on German television.

54 As Katrina Karkazis and Morgan Carpenter succinctly put it: “The alternatives available to athletes are presented under the guise of choice, but each option carries its own high price. The choice is to subjugate oneself to power: alter your body, accept being labeled, or leave. It is an impossible set of choices” (2018, 586). They thoughtfully detail the options available under the 2018 sporting regulations: submitting to constant invasive assessments and interventions, competing with men or in an imagined intersex sport category, or challenging the regulations.

55 The experiences of athletes affected by gender regulations have been largely unknown. But when comparing accounts, researchers find important patterns emerging: “Each athlete received limited information about the regulations and the procedures for their implementation, and limited information about the purpose and outcomes of the medical tests they underwent. Each was presented with a set
of options that involved medically unnecessary and potentially harmful procedures they were pressured to undergo to maintain their eligibility to compete. And each of the athletes, in this situation where they lacked information and were confronted with the loss of their career, experienced coercion” (HRW 2020, 66).

56 The film Gender Battle features heartbreaking interviews with the family of Indian runner Santhi Soundararajan, who attempted suicide one year after a failed gender test in 2007 (Sviridinko, Willison, and Seppelt 2019). Indian Olympian Dutee Chand experienced similar trauma following her diagnosis of hyperandrogenism in 2018. Chand has spoken publicly about the consequences of losing her career and identity, including in her testimony to the Court of Arbitration for Sport.

57 Human Rights Watch researchers reveal patterns of enforced femininity and cosmetic surgery like breast enhancements to deter suspicion of athletes in the Global South. “For example, in J. G.’s case, what began as officials telling her to augment her appearance with makeup and jewelry then grew into recommendations for cosmetic genital surgery. ‘Coaches told me to grow my hair long, wear lipstick and earrings, and wear a padded bra to look more like a woman,’ J. G. said. The coach, she said, delivered this instruction in front of the entire team, so everyone around her was aware of the profiling taking place. Soon after that incident, officials from her local sports ministry suggested to J. G. that she undergo surgery to make her body appear more feminine: ‘[They] told me to do a surgery. Not related to testosterone—not specific, just because my body was different, maybe to make breasts’” (HRW 2020, 89).

58 Additional hashtags on Twitter that have waxed and waned in popularity in recent years include #IAAFMustFall, #CasterSemenya, #IStandForCaster, #IStandWithCaster, #LetHerRun, #SupportSemenya, #NaturallySuperior, #IAAFRegulating, and #WeAreCasterSemenya.

59 In Pedi, Semenya’s given name—Mokgadi—means one who guides others.

60 Not only does Gladwell inaccurately (and derogatorily) describe the influence of testosterone, he invokes two additional common and false tropes. The first is the idea that gender regulations are based on an objective notion of “fairness”; fairness in women’s sport has historically developed as a raced and classed notion to facilitate the success of white women in the Global North. Second, the conception of women as a “protected category” assumes both women’s inherent weakness and a need for protection (from other women deemed too masculine by US and western European standards).

61 Beginning in November 2018, Cornelius would have been tasked with enforcing new regulations to restrict South African athletes with testosterone deemed “too high.” He resigned because he refused to do so. Cornelius explains that if a dispute arose about an athlete’s testosterone levels, he would be forced to apply rules he finds unconscionable. As a result, “Just from an ethical and moral point of view, I can’t be part of it so I had to speak out against it. . . . I won’t be required to enforce regulations that I think are manifestly unfair and most likely unlawful in most parts of the civilised world” (quoted in Feltham 2018).

62 Scholars of social media have celebrated the space afforded by online platforms in creating counter-publics while also addressing limitations of social media.
Critiques focus on, for instance, trans oppression due to surveillance/dataveillance (Korn and Kneese 2015; Fischer 2019; Beauchamp 2019) and racist “white savior” narratives found in online feminist spaces (Kaba et al. 2014; Tambe 2018).

As of 2018, 16 million South Africans used Facebook and 8 million used Twitter, where discussions about politics accounted for about 10 percent of all tweets, a number considerably higher than 1–2 percent of political hashtags in the United States and UK (Maluleke and Moyer 2020, 877–80).

See Rhodes Must Fall: The Struggle to Decolonise the Racist Heart of Empire (Chantiluke, Kwoba, and Nkopo 2018) for a range of accounts about the global impact of this movement.

Gavaza Maluleke and Eileen Moyer trace the roots of fallism to murdered anti-apartheid leader Steve Biko’s ideology of Black consciousness (2020, 881); see also Hussen 2018. *Mzansi* is a colloquial word for South Africans often used affectionately.

Semenya’s acceptance and self-representation need to be contextualized in social media proliferation and changing ideas about gender on a global scale. In theorizing revolutionary change, social commentators have long played with a slogan of the US-based Black Panther movement coined in the 1960s—“The Revolution will not be televised.” This slogan, popularized by Gil Scott-Heron’s 1970 poem and song of the same title, offered a critique of corporate and popular cultures as a medium for social revolution. In 2010, journalist Malcolm Gladwell (coincidentally the negative inspiration for the #HandsOffCaster hashtag), reinvigorated debate about this phrase when he penned a widely circulated article for the New Yorker suggesting “The Revolution Will Not Be Tweeted” (2010). Gladwell’s contention was taken up in the wake of the North African Arab Spring revolution the following year when an article in Foreign Policy responded, “The Revolution Will Be Tweeted” (Hounshell 2011, emphasis added). In discussing the silent protest that took place in front of a televised 2016 speech by accused rapist and former South African president Jacob Zuma and the related hashtag #RememberKhwezi, Gavaza Maluleke and Eileen Moyer point out that in-person, televised, and online activism can be simultaneous: “In a seeming counter to Gil Scott-Heron’s 1970 poem, the revolution was not only televised, it was live-tweeted” (2020, 893). The role of foreign intervention in African activism is also foregrounded in Felogene Anumo and Valérie Bah’s (2017) suggestion that for African feminist organizers, “The Revolution Will Not Be NGO-ised.” As discussed in this chapter and in chapter 5, multiple forms of media and self-representation are increasingly critical to African intersex, queer, and feminist activist strategies.

At the time of this writing, Twitter is worth $4.4 billion, and Instagram is worth $100 billion; profit motives and political affiliations strongly affect the potential for social media as a site for radical social change.

Within one year, Nike’s YouTube post of the ad had more than 13 million views.

“Just Do It: Caster Semenya,” posted by Caster Semenya on Twitter (@caster800m), 1:00, September 11, 2018, https://twitter.com/caster800m/status/1039417826518491137?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ctwterm%5E1039417826518491137%7Ctwgr%5E%7Ctwcon%5Ees1_c10&ref_url=https%3A%2F%2Fwww.espn
Interphobia (sometimes intersexphobia) is a term coined by scholar and activist Cary Gabriel Costello in 2010. The corporatization of Pride and the rainbow flag has been accompanied by “pinkwashing,” as corporate sponsors now see queerness as a boon for their businesses.

In 2014, Time magazine decreed that the world had reached “The Transgender Tipping Point” due to shifts in legislation, media, and medicine (Steinmetz 2014), but this so-called tipping point was a celebration of celebrities and assimilation rather than an indicator of substantive changes in the lives of the majority of trans people. Indeed, gestures toward acceptance may actually prevent revolution by promising change while masking structural inequities (Spade 2011; Aizura 2017) or provoking backlash.

Online social movements opposing oppression in countries including South Africa, Nigeria, Sudan, Malawi, and Botswana have also relied on hashtag activism (Sebeelo 2020, 96–97). But social media in Africa has its limitations and drawbacks, at times providing space for homophobic surveillance and homonationalist political violence incited by those in the Global North (Currier and Moreau 2016).

Savinova was never subjected to the scrutiny Semenya faced, and her use of steroids was discovered not through drug or gender testing. Instead, her own overconfident statements were captured during a doping exposé and revealed in a German television program. The secret footage of Savinova became part of a documentary exposing decades of doping among elite Russian athletes systemically coordinated by Russian officials (Seppelt 2014). In it, Savinova is shown discussing her use of anabolic steroids with the support of her husband, who, she states, had contacts in the doping lab where athletes were tested.

Savinova was stripped of her gold medal, which was awarded to Semenya; Savinova’s wins over the prior three years were nullified; and she was prevented from competing again professionally until 2021. But this sanction controversially did not affect her financial gains from sport.

Radcliffe even testified against Indian athlete Dutee Chand in her fight against her exclusion from sport in 2015.

Current policy falsely suggests that hyperandrogenism, defined as excess androgen production in women, is a medical problem. The term is used by sporting officials as a euphemism for intersex, which is an application they invented.

Bermon and Garnier together are notable as the current and former directors of the IAAF/World Athletics’ Health and Sciences Department, exemplifying the incestuous ethics of those determining the parameters of gender in sport. Their correction also admits the need for independent research; “Ultimately, an independent, prospectively designed, randomly controlled trial is needed to establish confirmatory scientific evidence for the causal relationships between the variables analysed” (Bermon and Garnier 2021, e7). But as Laine Higgins points out, “It’s something critics of the study have requested for years, likening World Athletics’ research process to a cigarette company conducting an investigation into the health effects of smoking” (2021).
The 2018 gender rulings by the IAAF, which continue to be upheld, are a direct result of this one study.

5. TOWARD AN “AFRICAN INTERSEX REFERENCE OF INTELLIGENCE”

This chapter explores both South African activism and broader Africa-wide interventions like the African Intersex Movement.

The acronym representing this organization has not been consistent historically, as Gross’s own references in chapter 3 demonstrate. Intersex South Africa has been sometimes referred to as ISSA, ISA, and ISOA. Today it is known as ISSA, so I use that acronym consistently here. Iranti was founded in 2012 by Jabulani Pereira with an explicit focus on queer visual media, and the organization has since worked to document and advocate, in part, by “witnessing” events ranging from court cases to historic legislative gains for transgender and intersex people all over Africa (https://www.iranti.org.za/). This chapter addresses the work of only a small selection of organizations, but many others have been working in partnership over the past decade, including Transgender and Intersex Africa, Gender DynamiX, the Triangle Project, Transhope, and Matimba.

This work builds on the discussions in chapter 4, further emphasizing the growing power of social media for unseating interphobia.

I reference this important document throughout this chapter. It addresses the National Intersex Meeting that took place on December 11, 2017, and included delegates from South African NGOs, governmental departments, and academia (National Dialogue 2018, 36).

Lungile Maquba and Joshua Sehoole detail: “Sally, who worked tirelessly to ensure visibility and redress of the ongoing human rights violations of intersex people in South Africa, secured the first known mention, globally, of intersex in national law through the inclusion of ‘intersex’ within the definition of ‘sex’ in the Promotion of Equality and Prevention of Unfair Discrimination Act, which governs the judicial interpretation of the Equality Clause. She subsequently helped to draft legislation on the Alteration of Sex Descriptors and Sex Status Act 49 of 2003, which allows intersex citizens to change their sex descriptors on their identification documents” (National Dialogue 2018, 1).

For instance, a 2015 campaign by Iranti featured a photograph of South African intersex activists who are also identical twins with accompanying text that states, “there are as many intersex people as there are twins.” Activists are alluding to the prevalence and impact of John Money’s theories of children’s gender plasticity detailed in chapter 1.

Mokoena articulates the feelings that come from being a research subject shared by many South Africans. Gross similarly says that she didn’t want to be a “specimen or lab rat,” and Semenya uses the same language as Mokoena: “guinea pig.” After learning her surgery had been elective and unnecessary, Hendricks returned to Tygerberg Hospital in Cape Town, where the surgery had taken place, to get answers, but she was told that no files or records of her medical treatment could be found. Access to full medical records is another important priority for activists.
Institutionalized and traumatic visual examinations in school contexts are widely cited by intersex activists. For instance, activists share these and similar accounts: “In 2010 a principal at a school in Ga-Natatelang village near Kuruman undressed a six-year-old child, who had ambiguous genitalia” (John 2012).

Tamale further describes the ramifications of colonialism: “The unhealed scars are still seen in the linear shapes of the boundaries that make up Africa’s 54 nation states, in its legal, political and education systems as well as religious institutions. They are evident in the invisible tentacles that drive and direct our economies. We experience them as internalized discourses of power and submission in people’s social, political and religious lives” (2020, 18).

Mtshawu’s YouTube channel is Babalwa Mtshawu, accessed August 2021, https://www.youtube.com/c/BabalwaMtshawu; as of August 2021, it contained 153 personal vlogs.

At the time this vlog was recorded and posted, Mtshawu was a doctoral student in geography at the University of the Free State. In this vlog, her textbooks are visible on her desk, and the walls are decorated with a large South African map and colorful letters that read: “Wish it Dream it Do it!”

The music video clip was from the song titled “What” (Playboi Carti and UnoTheActivist), asaprockyuptown, video, 3:38, June 29, 2016, https://www.youtube.com/watch?v=wcJVXg7gg4w.


Mtshawu discusses her mixed reactions to the response to the viral BBC Africa interview and reflects on the paradoxes of visibility. While the video reached half a million views in a few days, the comments on it were “quite brutal.” She explains this as yet another pitfall of wide visibility for intersex activists: “There’s a lot of negativity associated with the number of views you get probably because smaller crowds tend to be nicer and bigger crowds tend to be very mean. And when you’re talking about your journey within a particular topic that is considered taboo in Africa, you’re going to deal with a lot of backlash” (quoted in Samanga 2019).

This report was published under the auspices of StopIGM.org/Zwischengeschlecht.org, an organization founded in 2007 as a self-described “international human rights non-governmental organization.” This organization explains itself as led by intersex persons, partners, families, and friends. It “works to represent the interests of intersex people and their relatives, raise awareness, and fight IGM Practices and other human rights violations perpetrated on intersex people according to its motto, ‘Human Rights for Hermaphrodites, too!’” (Bauer and Truffer 2016, 5). The report draws on intersex activism in Switzerland and the UK, as well as on published works by Sally Gross and ISSA, testimony by Nthabiseng Mokoena, work by South African organizations Iranti and Gender DynamiX, and the authors’ own research and “personal communications with intersex people from South Africa” (Bauer and Truffer 2016, 6).

In this 2001 article, Wiersma’s citations for this unproven claim include himself (Wiersma and Constantinides 1993), Van Niekerk (1976), Grace (1977), and Aaronson (1985); see his similar claims in Wiersma (2008). In his doctoral dissertation...
a decade later, Wiersma makes the same claim: “The high incidence of OT-DSD [formerly referred to as “true hermaphroditism”] in the Southern African black population group is unusual”; but he concedes, “Despite considerable research on the condition, no explanation for this occurrence has yet been offered” (2011, 67).

The images of patients represented as three of Grace’s cases (numbers 26, 28, and 29) are printed on pages 18–19; the authors do not explain why they chose these particular cases and photographs.

Infanticide is a practice documented globally and is, of course, not uniquely African. Existing research on infanticide in African contexts connects it to unplanned pregnancies (e.g., Thomas 2007) and albinism (e.g., Blankenberg 2000), among others, but not to intersex.

One productive activist dialogue on this issue in 2017 brought together activists, governmental officials, community health-care workers, and traditional healers. This meeting represented a collaboration between Iranti, Intersex South Africa, and the Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities to discuss “Intersex Rights in Rural Settings.”

The acronym LEGBO initially stood for Lesbian, Gay, Bisexual Organization.

Julius Kaggwa is an incredible activist, known as perhaps the first intersex person in Africa to publish on his experience (1997; 2011); he is executive director of SIPD (Support Initiative for People with Congenital Disorders, https://sipdug.org/) in Uganda. He states: “In many African countries, the traditional way of dealing with perceived sexuality ‘abnormalities’ has largely been staying silent—and wishing them away through various kinds of traditional rituals, which often meant killing the intersex infants.” The report continues, “Moreover as a perceived ‘cultural practice’ infanticide can go fairly hidden, in that the numbers are largely unknown because the babies are dumped with no intention of being found. Mothers can retain their place in communities and society and avoid stigma often through taking this route or pleading ignorance regarding the actions of midwives or birth assistants” (National Dialogue 2018, 13).

Work on early representations of intersex and monstrosity includes Leah Devun’s (2021) analysis, The Shape of Sex: Nonbinary Gender from Genesis to the Renaissance.

In Gross’s (2013) view, governmental and religious disinterest in infanticide was another manifestation of intersex social death; she writes, “Social death strikes again, quite possibly leading to the condonation of infanticide on an industrial scale.” She also discussed her views of infanticide in an interview with Trish Beaver published in the Witness (2012).

Mokoena’s theories recall Oyèrónké Oyêwùmí’s (1997) interrogation of gender binaries as a colonial imposition in Yorùbáland, discussed in the introduction.

Lack of medical care means few treatment options in rural areas, and many families are unable to afford expenses required to travel for specialized care. Mokoena details, “And that is the typical experience that when I was working at Transgender and Intersex Africa that most intersex people from Mpumulanga and the North West and Limpopo had to travel to Gauteng to have access to health because there wasn’t access in their provinces” (Le Roux and Mokoena 2016).
The acronym FGM was first introduced by feminist activists in the Global North seeking to condemn practices in Africa without parallel considerations of similar practices in the United States and Europe or their cultural contexts. There are wide schisms between feminists from the Global North who have objectified African women through their condemnation and African women critical of these practices. Oyéronké Oyěwùmí’s “Alice in Motherland” (2003) provides a brilliant critique of this divide. Many activists and scholars prefer language such as “genital cutting” or “female genital cutting,” though the word female itself also suggests a naturalized gendered body and anatomy that intersex activists work to unsettle.

ISNA’s efforts to forward the correlation between FGM and IGM were shared widely. Though they had wide influence in shifting opinions, ultimately this comparison did not lead to substantive legal changes.

David Rubin smartly critiques comparisons that judge African practices as “backward,” cautioning against the possible digression of renewed comparisons of practices in the Global North and South into what he labels “intersex imperialism” (2017, 118).

South African intersex activists are critical of the legal condemnation of indigenous African practices because laws against such practices have had contradictory effects. They explain, “In many countries, FGM is, actually, illegal although this does not stop the practice. In fact, some research suggests that the legal injunction against it has only made the practice more dangerous by driving it underground” (National Dialogue 2018, 10).

Activists identify and call out particular pediatric centers where elective surgeries are still practiced in South Africa as the Red Cross War Memorial Hospital in Cape Town, Chris Hani Baragwanath Hospital, the Department of Paediatric Surgery at Free State University, Tygerberg Hospital, East London Hospital, and the University of KZN’s Paediatric Department (National Dialogue 2018, 16). The support of the South African state for such surgeries while also acknowledging intersex harm makes it complicit. As Bauer and Truffer contend, “The State party is responsible for these violations constituting a harmful practice, violence against children, and torture or at least ill-treatment, perpetrated by publicly funded doctors, clinics, and universities, as well as in private clinics, all relying on money from the mandatory health insurance, and public grants” (2016, 18).

South African activists report that a global study of trans and intersex organizations in 107 countries concludes that intersex activist groups are severely underresourced and excluded from funding by international donor agencies and governments, with fewer than one in five intersex groups employing full-time paid staff (National Dialogue 2018, 26).

In August 2020, Iranti collaboratively launched a mutual aid fund distributed throughout southern and East Africa: Burundi, Kenya, Lesotho, Namibia, Tanzania, Uganda, and Zimbabwe. They explain, “Iranti has decided to take a ‘solidarity not charity’ approach to our relief efforts in the region as we also see it as the responsibility of people taking care of each other during this time” (Iranti 2020b).

One anonymous person recounts, “It is often difficult for me to explain myself every time I visit a health facility. When they look at my particulars (ID) and the person
before them, it raises more questions to them. The humiliation is just too much that they tend to call one health official after the other. The same thing happened when I tried to get vaccinated and was turned away after going through that dehumanising experience” (Matimaire 2021). Betha Tsitsi Masvibga Ndabambi of the Intersex Community Trust of Zimbabwe explains that many of those who were able to get the first vaccine dose had not been able to get the second dose for these same reasons.

Iranti explains this difficulty: “While the clear majority of media outlets had set out to report on this issue with significant sympathy for and deference to the trans, gender-diverse, and intersex communities, there was a significant lack of nuance and understanding of the issues at hand and of Iranti’s specific advocacy goals. The third option was, for example, referred to over and over again as ‘third gender,’ which would not be an accurate descriptor for a country as socially and culturally diverse as South Africa” (Iranti 2021).

Activists held a webinar on the issue, and representatives of the DHA who attended acknowledged that they had already begun learning from this feedback from trans, nonbinary, and intersex activists (Igual 2021; Nortier 2021).

At the time of this writing (May 2021), this policy was under review by the DHA. But as this book was going to press, the DHA began offering X marker options on identity documents. Iranti partnered with the DHA undertaking multiple joint events in 2022 to help with ID, gender, and name changes, “in hopes of alleviating some of the difficulties and discrimination” faced by trans, intersex, and gender diverse people “when attempting to attain official documents that accurately reflect their identity” (Iranti [@irantiorg], Instagram, June 14, 2022, https://www.instagram.com/p/CeyxhPCDPTU/?hl=en).