

## **In Support of H 6171—Dr. Mikaila Mariel Lemonik Arthur**

Close your eyes and imagine, for a moment, that you had been born with external genitalia that did not quite fit the norm—say, a clitoris larger than average or a penis smaller than average. Would you have wanted your parents and their doctors to decide for you at or shortly after birth whether you were permitted to keep your body intact? Or would you have preferred to live a life in which the full range of sexual experience was denied you because those doctors were more concerned about the physical appearance of a part of your body few would ever see than they were about your autonomy and mental health?<sup>1</sup>

That is what is at stake for those people whose lives are touched by the issues relevant to H 6171. Each year, more than 1% of babies born in the United States are born intersex, or with biological characteristics that place them somewhat outside the binary categories of male and female that our science and our politics have constructed. Many of these babies have external genitalia that some might see as “ambiguous,” but to the adults those babies would become, it’s just their body, no more or less strange than the mole I have on my face or my longer than average fingers. For generations, doctors have decided<sup>2</sup>—sometimes with the consent of parents and sometimes without parents even knowing what was going on—to make a snap decision at birth to radically restructure infants’ bodies by carrying out surgeries that have often left those individuals to lifetimes of pain, sexual disfunction, distrust of medicine, and mental anguish.

H 6171 does not prevent medical interventions that are clearly necessary to forestall death and disease. And it does not prevent young people from pursuing surgery once they are old enough to understand their own bodies and participate in decision-making. But it does prevent doctors from rolling the dice with infants’ lives by carrying out surgeries that have never been shown to have long-term benefits for those impacted by them. It prevents parents from reshaping their children’s lives, whether in a misguided attempt to help or due to their own discomfort with ambiguity, in ways that end up only hurting those children.

Sure, being born intersex can be difficult. But so can being born shorter than average, or being born with freckles and red hair, or being born really bad at sports. We accept these as part of normal human variation, and intersex traits are normal too. Of course, our society has a lot to do to make the lives of intersex kids easier, but surgery on infants who cannot consent is not the way to do it.

In the words of intersex expert Alice Dreger<sup>3</sup>: “When I talk about intersex, people ask me, ‘But what about the locker room?’ Yes, what about the locker room? If so many people feel trepidation around it, why don’t we fix the locker room? There are ways to signal to children that they are not the problem, and normalization technologies are not the way.” Thus, I urge you to pass this bill and help move us to a place where, instead of breaking our children, we repair our world.

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<sup>1</sup> A thought experiment attributed to sociologist Susan Kessler and described here:  
[https://isna.org/articles/ambivalent\\_medicine/#fn12059708205d8a20a180436-12](https://isna.org/articles/ambivalent_medicine/#fn12059708205d8a20a180436-12)

<sup>2</sup> <https://www.journals.uchicago.edu/doi/abs/10.1086/494643>

<sup>3</sup> <https://archive.nytimes.com/www.nytimes.com/library/national/science/072898sci-essay.html>