



Safe Places

Newsletter

<http://www.buildingsafeplaces.org/>

June 2014

For this issue we had planned to continue Gilbert Valentine's series on historical ways the Seventh-day Adventist church has dealt with difficult issues, such as the divinity of Christ or racism. But because of the General Conference summit on homosexuality last month and the many activities, events, and communications taking place inside Adventist institutions, we have decided to focus on our present time and process.

Usually our **Visions of God and the Church** are devotionals from pastors or educators. This month's were written by a student at Andrews University and by a teacher at an Adventist academy in Canada. When we asked David Burnie if we could share his thoughts, David replied, "If it can give hope to someone then please share it. I am done hiding my support so no need to make it anonymous. My wife and I are aware of the consequences of being public allies and accept that." We've also included the formal response of the Netherlands Union Conference of Seventh-day Adventists to the Guidelines Regarding Homosexuals and Other Alternative Sexualities recently voted at the General Conference Spring Council.

Our **Recent Research** study is about homeless LGBTI (lesbian, gay, bisexual, transgender, and intersex) youth.

The other part of this section is dedicated to the middle of the "sex" continuum. Over the past year we have shared information about the biology and brain chemistry of lesbian and gay people. We want to take the next couple of *Safe Places* issues to educate ourselves about intersex and transgender Adventists. We believe understanding them is important for at least two reasons. One of the most far-reaching sermons ever given was spoken to one cautious rabbi, on a deserted hill in the middle of the night. Our God yearns for each and every soul. Each and every intersex and transgender is valuable to God and should be to us. Understanding intersex issues also teaches us more about the variations that are in human creation. It helps us see "out of the box" of less complete understandings we may have had before.

As we told you last month, our most complete collection of **Resources** is now at <http://buildingsafeplaces.org/>. Each month we will share new resources we have found. We invite you to search the website for specific topics and media.

As always we welcome your comments, questions, critiques, requests, ideas, and willingness to write. Feel free to share this newsletter with anyone who might find it helpful. Anyone who would like to subscribe to *Safe Places* can do so on the home page of <http://buildingsafeplaces.org/>. If you would like to stop receiving *Safe Places* or if you would like to contact us for any other reason, you can reach us at info@buildingsafeplaces.org.

Blessings,

Catherine Taylor and the Safe Places Team - Ruud Kieboom, Floyd Poenitz, Frieder Schmid, and Ingrid Schmid



Building Community at Andrews

It was Saturday afternoon at 3:38 p.m. The doors to the auditorium had been open for 18 minutes, and we already had a filled room. We talked about streaming in one overflow room, but we ended up with three rooms. This was the first program Andrews University, the flagship educational institution of the Seventh-day Adventist Church, had with LGBT students.

In fact, this was the first officially recognized program with out LGBT people in the history of the Seventh-day Adventist Church.

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Statement on LGBTI's in the Dutch church

At a recent executive committee, the Netherlands Union Conference voted to publish a statement on LBGTIs in the church. This is especially current considering the recent General Conference events on this topic.

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The Top Ten Reasons the LGBT Community Should Be Welcome at Church

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LGBTQ Runaway and Homeless Youth

For homeless gay teens in Little Rock, few places to turn. Arkansas ranks third worst in the USA for homeless children, and few shelters will take in LGBT teens.

[Read more on page 8](#)

Sex and Gender

“Intersex” is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male. Which variations of sexual anatomy count as intersex? In practice, different people have different answers to that question. That's not surprising, because intersex isn't a discreet or natural category.

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Book Review

Middlesex by Jeffrey Eugenides.

Multi-generational perspectives, physical and emotional anomalies and their complications, all portrayed from the lives of fascinating people makes this story at the same time a challenging and very satisfying to read. The topic, intersex, makes it a must read for persons interested in understanding human identity, anatomy, genetics, and sexuality. It is very well written; human emotions and behaviors are exquisitely described.

[Read more on page 11](#)

Stories of the Heart

Dead Silent By Carolyn Parsons

The first time I heard the term “intersex” was in 2000 while I was watching the Discovery Channel. The documentary called, “Is it a Girl or a Boy?” was playing. I was drawn to the story of an adult intersex person talking about her experience. It was vaguely familiar.

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Building Community at Andrews



By Eliel Cruz

It was Saturday afternoon at 3:38 p.m. The doors to the auditorium had been open for 18 minutes, and we already had a filled room. We talked about streaming in one overflow room, but we ended up with three rooms. This was the first program Andrews University, the flagship educational institution of the Seventh-day Adventist Church, had with LGBT students.

In fact, this was the first officially recognized program with out LGBT people in the history of the Seventh-day Adventist Church.

This has been years in the making. It was three years ago that I helped start the unofficial Gay-Straight Alliance (<https://www.facebook.com/aull4one>) at Andrews. The group has flourished with dozens of out individuals all over the spectrum; and now these LGBT students had a venue to share their stories and experiences of being both queer and growing up Christian.

The program started with stories from brave students—my friends, my peers. I cried in the hallway as I listened to them tell their stories to complete strangers.

From a bisexual girl asking herself, “Is my very existence wrong? Should I remove myself from the equation to make the universe a little more right?” to a story by someone who attempted suicide: “My sexuality is no longer an issue of what to do to keep the church happy—it’s an issue of staying alive.” One student shared his story of what he was told by his mother: “You’re an abomination to me; I just can’t look at you anymore.”

Yet these students affirmed that after arriving at Andrews University, they were able to find supportive friends. As one student said, “Andrews allowed me to love myself for who I am, and to want to live—not just survive.”

It's a scary thing to share your experience—it makes you vulnerable—but we are resurrection people.

We’ve survived silencing, being kicked out of homes, and attempted suicides. We have seen some of the darkest parts of the church as people who claim to be Christians have kicked us out of the pews, and we still come back. We’ve stood at the edge of cliffs and have been pushed off of them; yet, like Lazarus, we continue to be brought back by God.

In the end, over 600 people came to attend the program, with people sitting on the steps and more left standing. The entire scene reminded me of Mark, chapter 2, when Jesus healed the paralyzed man.

They gathered in such large numbers that there was no room left, not even outside the door, and he preached the word to them. Some men came, bringing to him a paralyzed man, carried by four of them. Since they could not get him to Jesus because of the crowd, they made an opening in the roof above Jesus by digging through it and then lowered the mat the man was lying on. When Jesus saw their faith, he said to the paralyzed man, “Son, your sins are forgiven” (Mark 2:2-5).

The attendees had faith—this was no longer a debate.

It was a conversation *with* the LGBT community, instead of *at* us. We knew there had to be a better way to have this conversation, and we set our theological differences aside to see the humanity in each other. For too long people have been paralyzed with fear from the way this conversation has taken place. That evening we had faith and found reconciliation.

It’s fitting that this all happened on Sabbath of Easter weekend. Easter is a time to commemorate the death and resurrection of Jesus Christ and a time to reflect on the most beautiful gift of salvation. Christ’s death was a gift of reconciliation. His

death was the remedy, and it promises us healing. We sought healing.

There were queer folk with deep scars who participated and attended, but it seemed it wasn't only queer people who had moments of healing. Through my own tears I saw that there was barely a dry eye in the crowd as we finished the program with the praise song "How He Loves." He is jealous for me.

The auditorium was packed and the air was vibrant, electrified with God's presence.

We found community in a place many of us have felt homeless. We shared stories, cried tears of joy and sadness, and connected as people of faith. It was a hard road to get this program to happen, but in the end love prevailed—love will always prevail.

See more at:

<http://www.sdakinship.org/index.php/es/easyblog/Entrada/68-living-the-resurrection-my-church-s-first-lgbt-program.html>.



Resources

<http://www.buildingsafeplaces.org/>

We encourage you to access our website, <http://buildingsafeplaces.org/>. On it you can find archives of all Safe Places newsletters, topics that include study of the Bible, self-harm and suicidality, same-sex marriage, and stories from both LGBTI Adventists and their friends and families among others. There are resources to address a variety of issues. The site also includes training and consultation opportunities. All the research we have shared in the newsletters is included in its own section on the site.

The publishers of *Christianity and Homosexuality: Some Seventh-day Adventist Perspectives* would like to offer free copies of the book to all pastors and educators. You can place your request(s) by sending your mailing address to churchrelations@sdakinship.org.

Seventh-Gay Adventists

Our hope and prayer making *Seventh-Gay Adventists: A Film about Faith on the Margins* has always been to spark authentic dialogue with (and not just "at" or "about") LGBTI members of the Adventist church (and beyond). The listening spaces that have opened up at screenings and home viewings have been profound. People have realized that it's not about a theological debate; it's about listening—really listening—to the stories and perspectives of those most marginalized and least allowed to share their experiences in our pulpits and publications. Because of the importance of these conversations, we are offering the film for free to any Adventist pastor or teacher who requests a copy. The digital copy is entirely free, and the DVD version will only cost the shipping fees while supplies last. If you'd like to watch this film for yourself or share it with a Sabbath school class, home discussion group or class, please contact Daneen Akers at daneen@daneenakers.com.



KERKGENOOTSCHAP DER
ZEVENDE-DAGS ADVENTISTEN

Landelijk Kantoor / Nederlandse Unie

May 4, 2014

Dear Friends,

At a recent executive committee, the Netherlands Union Conference voted to publish the following statement on LGBTIs in the church. This is especially current considering the recent General Conference events on this topic. The statement can be found (in Dutch) here:

<http://www.adventist.nl/2014/04/24/homoseksualiteit-en-de-kerk/>.

I have provided a translation at the bottom of this email for those of you who haven't learned Dutch yet.

I thought you might be interested in this statement.

Greetings in Christ,

Tom de Bruin

There is a great deal of discussion about sexuality, and specifically LGBTI individuals (lesbian, gay, bisexual, transgender, and intersex), at this moment. The General Conference recently held an international conference in South Africa on this topic, and last week the board of the world church voted on guidelines regarding LGBTI individuals.

In The Netherlands the topic of sexuality has been under discussion for quite some time, and in 2012 the delegates of the local churches voted the following:

Following the example of the "Safe Church" initiative, the delegates, gathered together in committee, charge the Executive Board in the coming administrative period to consider the problems of and concerning people with a non-heterosexual nature, so that they can feel safe in the church.

Following this vote, the executive committee has committed itself to ensuring that LGBTI individu-

als feel safe in the church. In taking this decision to heart, the Netherlands Union Conference of the Seventh-day Adventist Church would like to respond to the General Conference's recently-voted guidelines.

Although we acknowledge the biblical ideal of a monogamous, heterosexual relationship, we continue to emphasize that it is an ideal. The basis of Christianity is that all people fall short of God's ideal; this is why we require God's grace and Christ's sacrifice. This leads to the conclusion that we, as Christians, must welcome all children of God—who all fall short of God's ideal—into our churches with love.

We advise the churches in the Netherlands to fully commit themselves to ensuring that LGBTI individuals feel safe in the church. We would strongly advise against any steps to revoke the membership of LGBTI people, given the unsafe environment this would create in churches.

The Top Ten Reasons the LGBT Community Should Be Welcome at Church

By David Burnie

10: Judge Not Lest Ye Be Judged

Seriously, Jesus actually said that, and as a Bible-Believing Christian I believe it. We do not have the right to judge the sins of others—so what gives us the idea that we have the right to exclude people based on the sins we shouldn't have judged them for in the first place?

9: Double Standard

Okay, so the Bible calls gays evil (no, actually it doesn't and we'll come to that in a minute) but it also calls liars, gossipers, gluttons, and a whole slew of others evil (and actually does!). But, hey, we let all them be part of the group.

8: Even If I'm Wrong, Where Else?

Ok, so I'm wrong (it does happen) and they actually do all need to turn straight or celibate to be acceptable to God, where else are they going to find the love and support they need to go through such a big life-change? While I would strongly preface this by saying that it's the job of the Holy Spirit and not me or you to convict people of sin and righteousness, we are still in the business of helping people overcome, aren't we?

7: They Are Already Here

You just might not know it since they haven't shared that deeply personal part of their life with you. But when we talk about "the gays" we're not talking about a group total outsiders trying to break down our doors. We're usually talking about our sons and daughters, brothers and sisters, friends and neighbors. That should make us all think twice about the way we talk.

6: The Stereotypes Are Bullshit

Sorry for the strong language, but I don't want anyone to mistake this point. "The gays" are not a bunch of sex-crazed maniacs who want to recruit your children, have orgies in the pews, and turn the recession into a pride parade. The reality is that they live lives just as plain and boring as the rest of us.

5: Jesus Went Out of His Way for the Other

Sure, society at large has come a long way in how we treat the LGBT community and other marginalized groups—but ask them and you will find that they still feel left out, sidelined, and marginalized. That's exactly the type of person Jesus ministered to, and exactly the type of person we should be here for.

4: The Bible Wasn't Talking about These

Okay, I know this is where I will lose a lot of people who haven't left already but please try and follow me here. The Bible was written between 2000 and 4000 years ago, but the concept we call homosexuality was developed 100 years ago. What Paul and likely Moses were condemning were twisted practices where married men left their wives at home to defile slave boys in the name of false gods—and I fully believe that is a practice we should still condemn.

3: Especially Not Sodom

Repeat after me. Sodom wasn't about gays. The judgment was pronounced before the angels went to the city and faced their attempted rape. Rape and homosexuality aren't the same thing. Oh yeah, and the Bible itself says it wasn't about the gays. "Behold, this was the guilt of your sister Sodom: she and her daughters had pride, excess of food, and prosperous ease, but did not aid the poor and needy" (Ezekiel 16:49).

2: I Am Thinking of the Children

So often the debate boils down to this: "Won't somebody think of the children?" I hear so much concern about what message we send our kids by accepting LGBT members into the church. Well, I know exactly what message I am sending them—no matter who you grow up to be, God loves you, I love you, and you will always have a place here. If you do turn out to be gay, your life is still worth living, you shouldn't have to run away from your family, and you don't have to hide from God.

1: There Are Some Truly Wonderful People in That Community

Seriously! I have some incredible friends who belong to the LGBT community and they would make an excellent addition to our churches. They are talented, smart, funny, caring people who enrich my life with their friendship and, when given the opportunity, would do great things for Jesus as part of our church!



Recent Research

LGBTQ Runaway and Homeless Youth

For homeless gay teens in Little Rock, few places to turn. Arkansas ranks third worst in the USA for homeless children, and few shelters will take in LGBT teens.



By Dexter Mullins

Al Jazeera, March 3, 2014—“A 2012 study published by the Williams Institute cites the two primary reasons LGBT teens end up on the streets: family rejection after coming out or being thrown out because of their sexuality. ‘The study provided evidence that LGBT youth comprise a disproportionate portion of homeless youth,’ said Gary Gates, one of the researchers behind the study. ‘Family rejection based on a youth’s sexual orientation or gender identity appears to be one of the most important factors for understanding what can lead LGBT youth to become homeless.’ Gates also points out that keeping track of the LGBT youth population is difficult because they tend to be more ‘transient,’ and that by publicly identifying themselves as LGBT, they ‘experience substantial stigma that could further increase reluctance to speak about their sexual orientation or gender identity’ with homeless service providers.”

Read the full article at: <http://williamsinstitute.law.ucla.edu/headlines/lgbtq-runaway-and-homeless-youth/#sthash.OOUrIKn8.dpuf>.



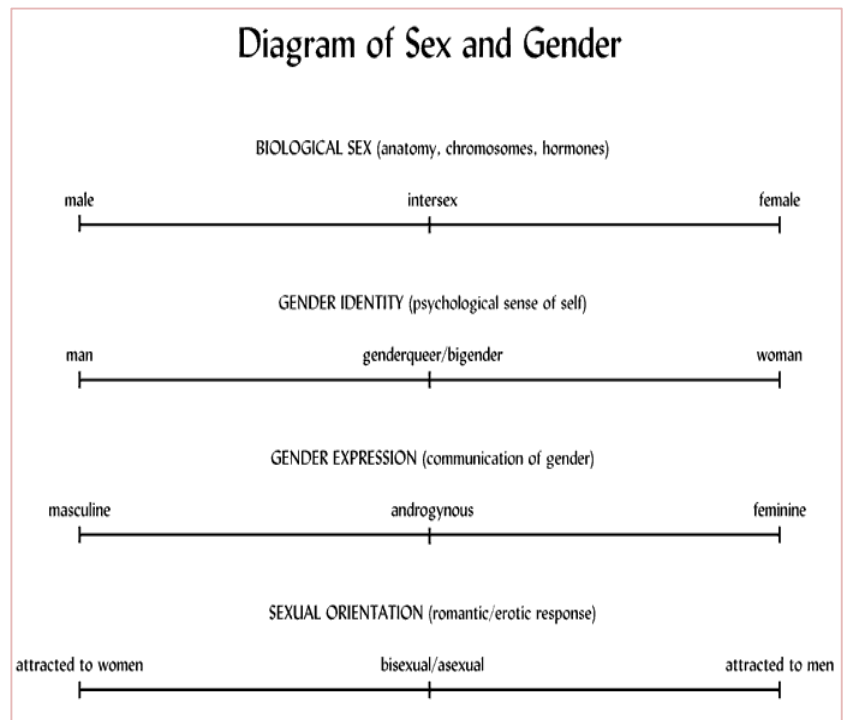
Sex and Gender

“Intersex” is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male. For example, a person might be born appearing to be female on the outside, but having mostly male-typical anatomy on the inside. Or a person may be born with genitals that seem to be in-between the usual male and female types—for example, a girl may be born with a noticeably large clitoris, or lacking a vaginal opening, or a boy may be born with a notably small penis, or with a scrotum that is divided so that it has formed more like labia. Or a person may be born with mosaic genetics, so that some of her cells have XX chromosomes and some of them have XY.

Though we speak of intersex as an inborn condition, intersex anatomy doesn’t always show up at birth. Sometimes a person isn’t found to have intersex anatomy until she or he reaches the age of puberty, or finds himself an infertile adult, or dies of old age and is autopsied. Some people live and die with intersex anatomy without anyone (including themselves) ever knowing.

Which variations of sexual anatomy count as intersex? In practice, different people have different answers to that question. That’s not surprising, because intersex isn’t a discreet or natural category.

What does this mean? Intersex is a socially constructed category that reflects real biological variation. To better explain this, we can liken the sex spectrum to the color spectrum. There’s no question that in nature there are different wavelengths that translate into colors most of us see as red, blue, orange, yellow. But the decision to distinguish, say, between orange and red-orange is made only when we need it—like when we’re asking for a particular paint color. Sometimes social necessity leads us to make color distinctions that otherwise would seem incorrect or irrational, as, for instance, when we call certain people “black” or “white” when they’re not especially black or white as we would otherwise use the terms.



In the same way, nature presents us with sex anatomy spectrums. Breasts, penises, clitorises, scrotums, labia, gonads—all of these vary in size and shape and morphology. So-called “sex” chromosomes can vary quite a bit, too. But in human cultures, sex categories get simplified into male, female, and sometimes intersex, in order to simplify social interactions, express what we know and feel, and maintain order.

So nature doesn’t decide where the category of “male” ends and the category of “intersex” begins, or where the category of “intersex” ends and the category of “female” begins. Humans decide. Humans (today, typically doctors) decide how small a penis has to be, or how unusual a combination of parts has to be, before it counts as intersex. Humans decide whether a person with XXY chromosomes or XY chromosomes and androgen insensitivity will count as intersex.

In our work, we find that doctors’ opinions about what should count as “intersex” vary substantially. Some think you have to have “ambiguous genitalia” to count as intersex, even if your inside is mostly of one sex and your outside is mostly of another. Some think your brain has to be exposed to an unusual mix of hormones prenatally to count as intersex—so that even if you’re born with atypical

genitalia, you're not intersex unless your brain experienced atypical development. And some think you have to have both ovarian and testicular tissue to count as intersex.

Rather than trying to play a semantic game that never ends, we at ISNA take a pragmatic approach to the question of who counts as intersex. We work to build a world free of shame, secrecy, and unwanted genital surgeries for anyone born with what someone believes to be non-standard sexual anatomy.

By the way, because some forms of intersex signal underlying metabolic concerns, a person who thinks she or he might be intersex should seek a diagnosis and find out if she or he needs professional health-care

How common is intersex?

To answer this question in an uncontroversial way, you'd have to first get everyone to agree on what counts as intersex—and also to agree on what

should count as strictly male or strictly female. That's hard to do. How small does a penis have to be before it counts as intersex? Do you count "sex chromosome" anomalies as intersex if there's no apparent external sexual ambiguity?¹⁾ (Alice Dreger explores this question in greater depth in her book *Hermaphrodites and the Medical Invention of Sex*.)

Here's what we do know: If you ask experts at medical centers how often a child is born so noticeably atypical in terms of genitalia that a specialist in sex differentiation is called in, the number comes out to about 1 in 1500 to 1 in 2000 births. But a lot more people than that are born with subtler forms of sex anatomy variations, some of which won't show up until later in life.

Below we provide a summary of statistics drawn from an article by Brown University researcher Anne Fausto-Sterling.²⁾ The basis for that article was an extensive review of the medical literature from 1955 to 1998 aimed at producing numeric estimates for the frequency of sex variations. Note that the frequency of some of these conditions, such as congenital adrenal hyperplasia, differs for different populations. These statistics are approximations.

Not XX and not XY	one in 1,666 births
Klinefelter (XXY)	one in 1,000 births
Androgen insensitivity syndrome	one in 13,000 births
Partial androgen insensitivity syndrome	one in 130,000 births
Classical congenital adrenal hyperplasia	one in 13,000 births
Late onset adrenal hyperplasia	one in 66 individuals
Vaginal agenesis	one in 6,000 births
Ovotestes	one in 83,000 births
Idiopathic (no discernable medical cause)	one in 110,000 births
Iatrogenic (caused by medical treatment, for instance progestin administered to pregnant mother)	no estimate
5 alpha reductase deficiency	no estimate
Mixed gonadal dysgenesis	no estimate
Complete gonadal dysgenesis	one in 150,000 births
Hypospadias (urethral opening in perineum or along penile shaft)	one in 2,000 births
Hypospadias (urethral opening between corona and tip of glans penis)	one in 770 births
Total number of people whose bodies differ from standard male or female	one in 100 births
Total number of people receiving surgery to "normalize" genital appearance	one or two in 1,000 births

¹⁾ Dreger, Alice Domurat. 1998. Ambiguous Sex—or Ambivalent Medicine? Ethical Issues in the Treatment of Intersexuality. *Hastings Center Report*, 28, 3: 24-35. http://www.isna.org/articles/ambivalent_medicine .

²⁾ Blackless, Melanie, Anthony Charuvastra, Amanda Derryck, Anne Fausto-Sterling, Karl Lauzanne, and Ellen Lee. 2000. How sexually dimorphic are we? Review and synthesis. *American Journal of Human Biology* 12:151-166. <http://bms.brown.edu/faculty/f/afs/dimorphic.pdf>

Middlesex

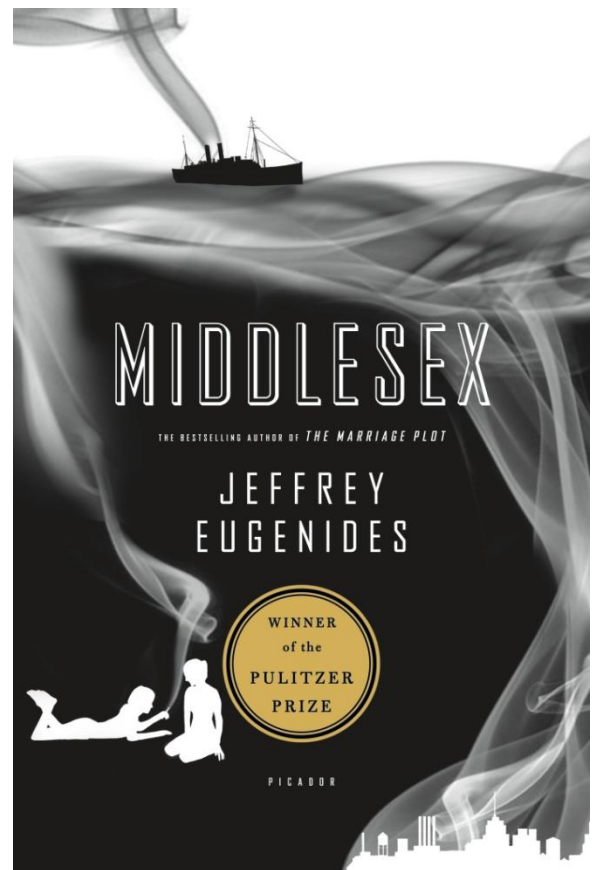
By Jeffrey Eugenides
2002. Picador.

Multi-generational perspectives, physical and emotional anomalies and their complications, all portrayed from the lives of fascinating people made this story at the same time a challenging and very satisfying read for me. The topic, intersex, makes it a must read for persons interested in understanding human identity, anatomy, genetics, and sexuality. It is very well written; human emotions and behaviors are exquisitely described.

Middlesex is fiction and Eugenides skillfully employs “historical imagination” to tell a story mirroring the facts of “The True Story of John/Joan” by John Colapinto, which appeared in *Rolling Stone* in 1997.¹⁾ In this literary treatment of a clinical report, the story is told by the person described as being born Calliooe Helen Stephanides, referred to in most of the telling as Cal. “I was born twice:” says Cal, “first as a baby girl...in January of 1960; and then again, as a teenage boy...in August of 1974. Specialized readers may have come across me in Dr. Peter Luce’s study “Gender Identity in 5-Alpha-Reductase Pseudohermaphrodites,” published in the *Journal of Pediatric Endocrinology* in 1975.”

Cal begins the story in the present, and then takes the reader to learn about his family, living in a rather isolated community in Asia Minor. The grandparents traveled together to America, and one particularly fascinating part of the story for me is that they settled in Detroit, Michigan. I was born and raised in the Seventh-day Adventist stronghold of Battle Creek, about an hour’s drive from Detroit. The auto industry there has always been a part of my life. Cal’s grandfather worked in “The Rouge,” a 1000-acre complex begun in 1917 by Henry Ford to help himself and to help build America. Cal’s grandfather was stunned by the changes in his life and his perspective when he became a part of that huge industrial complex, enduring the dark cloud, the chemical smell, and then darkness inside the factory—along with 50,000-70,000 persons working there each shift. He wanted to provide a good life for his wife, children, and, subsequently, his grandchildren.

Cal’s grandfather hated his work, left the factory, and began a restaurant in Detroit’s Greek Town. As he and his wife raised their family, they incorporated their unique physical and social history with their childrearing. None of us are blank slates. They



kept a huge secret—they were brother and sister. All three generations were challenged as they experienced ethnic bigotry, religious fear, insecurity, and medical challenges, including depression and gender identity. Critical to Cal’s story is that really important physical and emotional challenges were hidden or ignored. When puberty did not bring the expected changes in Cal’s body, his parents took him for medical evaluation.

It’s important to note that in *Middlesex*, Eugenides describes Cal’s fear and confusion about his body being hidden from the physician, Dr. Luce. In Colapinto’s recounting of the historical John/Joan, the physician, Dr. Money, had more information and was “purposefully deceitful.”²⁾ In both accounts the reputation of the physician was enhanced by his inside knowledge and consequent research and publications about “gender identity.” Dramatic consequences reveal the psychological harm to their patients. And pure objectivity is not possible, so these accounts reflect the personal experiences and values of the writers.

Bryn Mawr’s Serendip website offers a fascinating presentation titled, “The Birds, the Bees, and 5-alpha Reductase Deficiency”³⁾ offering helpful in-

formation on the difficulty of identifying and understanding how sex, gender, and identity are understood. In a recent TEDx Talk, Alice Dreger (NW University) provides some help in understanding “body types that challenge social norms.” I believe, as she does, that culture defines what’s “normal.” This is one perspective on intersex; physical bodies are “all over the map,” says Dreger.

Our worldview can be expanded, not just to tolerate but, to accept differences and care for and about all people in their uniqueness. This book can

be helpful to folk who are interested in biology, genetics, anthropology, sociology, history, and belief systems.

Reviewer, Kay Clayton, Sociologist, Social Worker

¹⁾ M. Pottash, “The Historical and the Literary-Representations of Dr. Luce and Dr. Money.” Bryn Mawr Serencip.

²⁾ Ibid.

³⁾ <http://serendip.brynmawr.edu/sci/cult/evolit/s05/birdsbees>

Stories of the Heart

Dead Silent



By Carolyn Parsons

The first time I heard the term “intersex” was in 2000 while I was watching the Discovery Channel. The documentary called, “Is it a Girl or a Boy?” was playing. I was drawn to the story of an adult intersex person talking about her experience. It was vaguely familiar.

Growing up on a Seventh-day Adventist mission in Angola, Africa, I was a “tomboy,” a girl interested in soccer, bicycle mechanics, building, playing doctor, and climbing trees. My sisters and I lived in a place that gave us immense freedom of movement and self-expression. When my body began to change at age 11, everything changed. I began to look more male, to act more male, and my genitals started to look more like a boy’s. When my sister told Mom and Dad that I looked like a boy when we were bathing, I was taken to my grandfather’s office.

Grandpa and Grandma went to Angola in January of 1931 to develop a medical mission. My dad was born there a year after they arrived. My parents met at La Sierra College when Dad was studying to be a lab technician. My mom, who was born

in the United States, was at La Sierra to get a degree in education. My parents married right after graduation and my older sister was born when my dad was doing his clinical training at the White Memorial hospital in Los Angeles. My younger sister and I were born on the mission in Angola.

In early 1974, I was sitting in my Grandpa’s examination room. It was dead silent except for the sounds of the afternoon soccer game coming from the frosted glass window behind me. After examining me, grandpa washed his hands in the sink across from me and went in to his office to talk to my parents. The next thing I remember is driving to South Africa. I was taken to the Red Cross War Memorial Children’s Hospital in the Western Cape Province, at the foothills of Table Mountain. While at the hospital, I was examined by several doctors. Each had me take off my underwear and lay on a table where they would touch my genitals, pulling, tugging, making notes, or photographing.

They took x-rays, blood, and urine samples, and swabs from the inside of my mouth. No one spoke to me about why I was at the hospital and what they

were going to do. Instead I figured out for myself that there was something terribly wrong with me. It was so terrible that it had to be kept a secret. I kept it, holding it tightly inside. I kept it inside for years; I was good at it, so good that I kept it even from myself. On the day of surgery I was given something to drink that would make me drowsy. I took a bath and was taken away on a gurney. The surgical suite was cold and filled with shiny equipment. It was not at all like the operating room that Grandpa worked in with a simple tray of tools, a bucket for the bloody sponges, and a single bright light. The operating room at the mission hospital had natural light coming through the windows that were frosted at the bottom and clear on top. I sometimes went to the prep room and stood on my tiptoes looking in through the windows of the double-swing doors, watching Grandpa operate. This operating room where I had my surgery had no windows but instead had cold florescent lights. When I woke up after surgery my groin area was numb.

After surgery and being released from the hospital we went back home. I don't remember much about that time, but within a few months civil war was starting to spread. My parents could see that things were going downhill fast, so my sisters and I were sent to South Africa to Helderberg College. During the next few months the situation at home deteriorated. My mom and another missionary family drove to South Africa to meet us. Then we waited for Dad to fly out. We went to the airport in Cape Town once, twice, and he was not on the daily flight. We then went to the home of family friends. There we were able to get in contact with my uncle on the ham radio. He said that Dad was coming. The next day, he arrived on the flight. He had been bumped from previous flights by people paying extra under the table to get on the plane. Fortunately, he was able to get in touch with his boyhood friend who worked for the airline and was able to board the plane.

When we were all together we flew to the United States. Dad got a job at the White Memorial Hospital in the lab. Mom got a job as an office manager in the radiology department. My sisters and I were enrolled in San Gabriel Academy. After the school year, we moved to a more rural area of Southern California where my Dad worked in the lab and my mom worked as a transcriptionist. She then got a job teaching elementary school.

Those years since surgery and leaving the only home I knew were traumatic. I became numb to life, going with the flow. I finished high school and went to community college. I threw myself into art and pottery, excelling at working with my hands, and withdrew from life. I later attended Walla Walla University. I did not finish a degree, but instead I began working in the printing industry.

Watching the Discovery Channel documentary, I began thinking about my experience. I was scared but compelled to continue. I searched the internet and found information about various syndromes and congenital diseases; none quite fit what I remembered. Then I found information about Androgen Insensitivity Syndrome (AIS). It seemed most like what I thought my case was like. It wasn't spot on, but close enough. I was never told whether I had two X chromosomes or XY pattern on the sex-determining 46th chromosome. After I did more research I was confident that AIS best described my condition, specifically the partial form or PAIS. In Partial Androgen Insensitivity Syndrome, a 46XY person with partial defect in the androgen receptor gene is partially masculinized. The diagnosis of PAIS, I learned, is a variable diagnosis involving not only androgen receptors but also testosterone and dihydrotestosterone synthesis. In the complete form, CAIS, the androgen receptor gene is completely inactive and the 46XY person develops like a female but without internal reproductive organs.

Soon after learning about the AIS support group, I talked to my parents about what I had learned. It was difficult to talk about it because of the burden of shame that we shared. My mom was especially hard hit because of the implications from the doctors who handled my case that she did something during her pregnancy that could have caused my condition. After I told them, my mom went to the office and came out with a two-page record summary from the hospital. For the first time, I learned that I had a 46XY karyotype. I got in touch with the Androgen Insensitivity Support Group and learned of the annual meeting a couple months away. I signed up and flew to the meeting. My first evening there I was contacted by a couple of other attendees and a small group of us got together to talk into the night. The women I was talking to identified as lesbians. It was the first time I had ever told my story to anyone, including how I tried urinating standing up and how I fantasized about being muscular, strong, and fast. I told them that in spite of the confusion and shame I felt about my body, I also

felt good being in it during that time. The teasing from my playmates and my trip to the hospital changed all that. I no longer felt good to be in my body; I felt ashamed and that I was not acceptable the way I was. I internalized that message until I was completely convinced.

At the meeting we had a couple of presentations from physicians and researchers and I learned about a condition called 5 α Reductase Deficiency. This deficiency means that testosterone is not converted to the more physiologically active dihydrotestosterone. Without dihydrotestosterone, masculinization is incomplete but there is usually enough activity so that the body masculinizes some at puberty. This condition is better known in the Dominican Republic, Turkey, and Pakistan where there are populations that are closely related marrying and having children. The condition is autosomal recessive, meaning that both parents need to have a copy of the recessive gene and it shows no symptoms in the carriers. I spoke with the physician that presented at the meeting and showed him my brief hospital record; he agreed with me that I probably had 5 α Reductase Deficiency.

The next year I spent processing what I had experienced. I began to understand that I was attracted to women. I was overwhelmed by everything I had unearthed. I began to peel away layers that I had covered myself in. It was distressing emotionally, and I began to experience increased depression and anxiety. I found an LGBT-supportive therapist and began four years of intensive therapy and psychiatric care to deal better with depression, anxiety, and insomnia. I was diagnosed with Post Traumatic Stress Disorder related to two traumas that occurred within the same year: having surgery and leaving the only home I had known.

Dealing with emotional scars I hadn't visited for almost 30 years was not easy. I had heard about a group called Seventh-day Adventist Kinship, and in early 2002 I joined SDA Kinship online. After I joined, there was a regional meeting in my area. I offered my extra bedroom for anyone that was coming from out of town. I got an email from a woman asking about staying the night. We began to correspond by email. On the day of the meeting, I got an email that she wasn't coming because her pickup broke down. Even so, we continued to correspond; and three months later I went to visit her. We fell in love, even before we met. I came out to my family because I wanted to have her in my life. My family was a bit distressed to begin with but very soon be-

gan to welcome my wife as another daughter, sister, and aunt.

We have been together for ten years now. We got married in Canada a couple of years ago and now enjoy legal marriage in our home state—a legal marriage that the Seventh-day Adventist Church publicly opposes. After corresponding with the Religious Liberty director for the Adventist church in our area, I learned that not only had the church opposed the law in the first place, but that it was considering helping to gather signatures to get the marriage rights law on the ballot as a referendum.

My wife and I have been through a lot. Not only do we deal with social stigma that LGBT people deal with almost daily, but for many years we did without the medical and other benefits opposite gender couples enjoy. My wife works for the federal government, and the so-called “Defense of Marriage Act” (DOMA) made it illegal for me to be on her insurance. When I was working at a company that had domestic partner benefits, I paid tax on her medical benefits because of DOMA. The last four years, my wife has supported me physically, financially, and emotionally while I received a Bachelor of Science degree in animal science from Washington State University.

The first Seventh-day Adventist person I reached out to was Carrol Grady. I knew about her because she attended the same church my cousins and my sister attended. Having a safe ally to confide in was a real gift that I will never forget. In an email, Carrol asked me a question that has informed my view of my own identity since. She asked me if, since I was intersex and genetically male, I identified as straight and not lesbian. I thought about it a bit and replied that I identified as lesbian. The important thing about identifying as I do is that I don't feel that my sexual orientation is any different than other person's. I knew that my orientation towards people of the same gender isn't different from that of any other LGBT person just because of my particular genes, hormones, experiences, or identity. Since then I have learned even more about the diversity of love, attraction, identity, and social factors that are included in a world such as lesbian. I am even more comfortable with being a part of the LGBT community.

Seventh-day Adventist Kinship has, for several years, made it part of their mission to support

intersex people and educate allies in the church about the issues of intersexuality. In Kinship, there is an “I” at the end LGBT to signify the inclusion of intersex people in the sexuality and gender spectrum. This is not a universal inclusion but it is common in areas where Kinship is active, such as in much of Africa where the LGBTI movement is active. I stand united with my siblings in, among other countries, Kenya, Uganda, Zambia, Zimbabwe, South Africa, Namibia, and Botswana.

In Kinship I have been able to continue growing and find fertile ground for discussing the limitations of the boxes that we are put in. For example, I don’t identify as fully male or female. I am neither and I am both. My gender expression is not either male or female. More and more LGBTI people are opening up to the idea that gender identity and expression are on a spectrum and that many, even some non-LGBTI people, don’t fit neatly into these categories. When some of us fill out a form with demographic information we experience anxiety at not having categories that apply to us. Whether intersex, trans or anyone else for whom sex and gender are not binary categories, the experience can be maddening.

My wife and I attended a Seventh-day Adventist church for the first four years we were together. During that time I began paying close attention to the church’s official positions on LGBT relationships and marriage. During this time the church began to publicly advocate against LGBT marriage rights. The church I grew up in and loved was abandoning its own tradition of full support for separation of church and state and beginning to become politically active against her LGBT members, families, and allies. At a time of a sea-change in public

acceptance of LGBT relationships, I saw my church going the opposite direction. I tried to engage with Seventh-day Adventist leaders on the issue but I have not experienced being respected as a fellow human being in these interactions. I have been assumed to be sexually permissive, irresponsible, immature, or any number of other inaccurate and hurtful stereotypes of the “homosexual lifestyle.” This political engagement has been one of the most painful parts of my relationship with the church—the church that my grandparents and parents gave their lives to and that I, to a lesser extent, did as well.

As a member of an LGBT community chorus I sang a song called “A Life Uncommon.” In that song are the words, “Never give yourself to that which you wish to be free from.” These words put into focus for me that giving any support at all to the Seventh-day Adventist church implies agreement with the stance of the church. After discussing these issues, my wife and I stopped attending church. This was a new beginning for me, not an end. Since then I have rejected the dogma, theology, and belief of my youth. On my new path, I am learning what it means to be a whole person, with integrity and honesty.

Carolyn Parsons is an animal scientist living in the Pacific Northwest of the United States. She and her wife enjoy making art, baking, and watching documentary films. Carolyn is an avid photographer, a science nerd, and a creative writer. She enjoys singing in choruses and choirs, which she has been doing since she was a child. Carolyn has returned to Angola to visit, and hopes one day to return and develop a dairy that will help provide meaningful employment and milk products to help fight malnutrition in her native land.

