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A Tribute to Lee Brown

An Inspiration in Many Ways

by Sharon L. Brown

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Lee Anderson Brown, my loving partner of seven years and five months, a gift to me from God, an answer to my prayers, passed from this mortal life into eternal life with God in October of this year (2004). I write this tribute for Lee, who many of you know through his work in academia and with the Transgender Liberation Coalition, the Gender Centre, Health In Difference Conferences, and with the Intersex Network of New South Wales.

Lee was born on 27th August 1957 with a body that had a more complex female and male form than most people. Humans are all born with varying degrees of female/male physiology, and Lee was born with what current language describes as intersex, including ambiguous external and internal genitalia.

Lee was diagnosed by doctors as having a hypospadias and Partial Androgen Insensitivity Syndrome (P.A.I.S.). Sex karyotype tests and a series of surgical operations were carried out within the first year and later at the age of three and during Lee's primary school years.

Lee was given the gender neutral name 'Lee', because in the first year doctors were still unsure as to which way to go. Throughout Lee's early childhood and adolescence not one person explained to Lee why all the operations, tests, prodding and probing (including digital per-rectal examinations) were being done.

Lee felt abused and violated. In Lee's own words to me he described the events as being child sexual assault. There can be no other way of describing such treatment, regardless of the motives for such treatment. The legacies of such treatment can be found today in the lived experiences told in the personal narratives of many people who underwent such treatment. Not all intersex people are as traumatised by early surgical interventions, although they may have required less invasive surgeries or may have had matters explained appropriately, together with a more holistic and compassionate doctor-patient-family relationship.

Some of the literature on this is sensitive and the organisations concerned would not wish me to break confidence. Lee understood that the doctors' perspectives were formed as a result of believing that little children probably will not remember and they perceive a need to help the child to be 'normal' and to fit into society. Less was known or understood then about human psychological development than is the case today. It was, and still is, very cutting-edge stuff. Lee's parents were probably advised by the doctors at the time not to discuss the issues with Lee.

They also would have felt that they did not know enough to interfere. Lee's mother, like so many others, used a concise medical guide of the times, to try and understand medical matters. For many, the availability of such texts gave them a sense of more control over decision making. This might have helped more if the information had been not only correct but understandable.

Certainly the spread of accurate information has been an important factor in allowing parents of intersex children to be better informed. But this has come at a price.

Lee, along with many colleagues over the years assisted in the education of the medical profession as well as other academics regarding best practice standards in cases of intersex children. There still exists however, a need to continue - as many doctors who think they can second-guess God in such a way as to attempt to render intersex people totally invisible.

As Lee stated, people don't want to be labelled 'freak'. They wish to be 'normal'. In our world, that places the dichotomy of gender at the centre of so much social interaction, to be outside that dichotomy is a lonely and frightening experience. The need to be able to live and express ones own sex, gender and sexuality is important, and to fit into a social gender is also very important. The problem with silencing intersex children or rendering them silent and invisible is that when they grow into adolescents and adults they discover the truth.

If they find out the hard way, as Lee did, the consequences can include a feeling that those who should have cared for and loved these children had, instead, taken their rights away.

A similar experience is found among people who were adopted, and were never told, only to find out later in life. Lee's younger brother, Alan, was never told about Lee's condition and all he knew was that his brother was going off to have operations and that thugs at school picked on Lee because Lee was different. Alan has recently learned a lot more about Lee's life experience. The love between

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them has never been lost, even through periods of separation.

Parents can often be very confused and put their trust in doctors. Certainly it used to be standard practice in most hospitals to adopt a policy of "we believe we are doing the right thing for the child and her or his parents and it is best if people who would not fully understand be told very little other than the basic information".

Lee's mum and dad probably felt it might be better for Lee not to be told, yet they put their trust in doctors who were also silent on the matter. It wasn't until Lee's mother told him, shortly before dying, some patchy details regarding his birth and treatments that Lee even knew what had been 'wrong'.

Lee went to one of his aunts, with whom he held close relationship, and she told him more of the facts. Lee had by then found some sense of understanding and was able to make some sense of his early childhood experiences and his own feelings of sex/gender 'ambiguity'.

Lee had been born with cryptorchidism (undescended testicles). One 'testicle' was manipulated down the inguinal canal to a relatively normal position by doctors, whilst the other could not be located.

This undescended testicle, which was in a position more appropriate for an ovary, soon found Lee. At twenty years of age it developed into a teratoma the size of a tennis ball and had to be treated with experimental chemotherapy and irradiated with cobalt. Lee survived this although he did not know the whole story until his mother's and aunt's revelations in and after 1989.

Lee had even been to see doctors seeking sex/gender reassignment thinking he might be transsexual, and in consultation with an endocrinologist working in the field of inter/transex was told the results of blood tests indicated an intersex condition called Partial Androgen Insensitivity Syndrome.

P.A.I.S. is a complex condition whereby the receptor cells for active transport and cell nucleus receptors for sex hormones such as testosterone, are either not present or are defective. Genes code for the proteins that are required for cell membrane active transport.

So, a lower degree of masculinisation, and/or a higher degree of feminisation results, in a foetus that is genotype male (i.e. XY sex Chromosome Karyotype) both in pre-natal growth and throughout the lifespan. Blood serum levels of testosterone are made, but cannot be fully utilised by the target cells, because of the absent or incomplete proteins.

Over the years, Lee studied Sociology at the University of New South Wales, completing his B.A. Degree, with first class honours. He worked in factories and drove taxis to earn a living.

He also worked as a part-time tutor and attended many symposiums, conferences and has written a number of papers. With the changes to universities Lee found it harder to get academic work. Also, in this so-called egalitarian society, class structures still exist, and are promoted by both major political parties. At times Lee feared he would be discriminated against because of his working class background. Some of the oligarchy in academia certainly seemed to be using class politics, although Lee also had his supporters, and they encouraged him to try for a teaching position, interstate or overseas.

Lee was a humble person. His humility came from his humanity, and his life experience. Sometimes he struggled to find a way to be heard in his quest to share his experiences and to dignify other intersex and transex people, some of whom have had terrible experiences at the hands of so-called experts in the medical, legal, educational, political and religious disciplines.

It seems that the so-called developed world finds it difficult to accept intersex and transex people, and attempts to deny our very existence, using medical processes of 'normalising' that have involved applying gender norms and looking for compliance from their 'patients'.

Of course we all need and want to fit into the world so we can co-exist with others and each person must find his or her way.

Often though the medical profession expresses an arrogance that suggests some doctors and nurses see themselves as the ones to be the arbiters of 'normal'.

Some seem to go out of their way to deny an individual's truth, and to have the voices of intersex and transex people rendered silent by denigrating personal narratives as fantasy or simply some form of non-expert diagnosis of the pathologised categories of intersex, transsexual or transgender.

I always find the very term 'transsexual' to be a misnomer. When we take the latter part 'sexual' and place it alongside heterosexual and homosexual and when the prefix trans (meaning to cross or change) is placed in front of sexual, one could be forgiven to think that transsexual means to cross or change sexuality. There have been narratives by some doctors and psychiatrists to suggest that on one hand a 'male' who is sexually attracted to the male sex, but is also a female in mind is a homosexual, and if 'he' becomes a 'she' by means of sex-reassignment and is still sexually attracted to males then now she is heterosexually oriented.

The problem with this is that the body seems to be given so much importance in the narratives, rather than the whole person – being, body, mind and soul. As for people who may have 'deformed' bodies, as deemed by human eyes and standards, many of these 'broken temples' are very much filled with the Holy Spirit.

Personal narratives have never purported to be the complete explanation for the occurrence of people with intersex/transex variances. Personal narratives do not define the whole of humanity. Nevertheless the personal body-mind-spirit narratives are often overlooked by western medicine in its attempts to continue with control of the discourse, diagnosis and treatments.

Some doctors and other health professionals have become more enlightened by listening and thus learning better ways to deal with the

issues of intersex/transsex people.

There still exist, however, some who see themselves as the guardians of morality and see intersex/transsex people as a pathological condition that needs to be rectified.

The scary scenario of gene therapies and gene manipulation to 'correct' sex/gender ambivalence in pre-natal humans may, if some have their way, become a reality.

We already have sex selection and so-called genius or super-athlete gene selection, currently with private funding and tacit support from some governments.

For millennia, humans have sought physical or intellectual perfection.

There is comprehensive research data including psychiatric, physiological, endocrine, and post-mortem studies, indicating a high prevalence of brain-sex variation in human brains, and supporting the assertion that intersex/transsex people are indeed born that way.

One interesting observation is that it apparently depends on the levels of androgens that a pre-natal human brain receives that affect the brain sex development.

It would then seem that the primary brain development for humans is closer to female (or perhaps gender/sex neutral).

Enlightenment, tempered by the hand of God, is what Lee was trying to achieve with his many papers and Ph.D thesis. Perhaps these writings will be turned into a book. Work is underway so that his narrative will not be lost.

Lee and I were good for each other. We had our own personalities which challenged and complemented each other. We nurtured each other often through difficult times including Lee's battle with cancer. Lee was the quintessential quiet-achiever. Sometimes he was a little too quiet as he had self-doubts about his work. Some of his fears were founded on fact, as universities are now exposed to the same external global market forces that want to produce more 'user pays' type of students or academics, rather than nurturing those who have a real calling to their fields.

Lee and I shared a passion for social justice. Integrity of personhood was and still is something we both valued. The right for a person to privacy and whether they chose to disclose their intersex/transsex status.

Nelson Mandela said, "Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure."

Lee was also a person who struggled to let his light shine at times, particularly when faced with his fear about his academic future. However just as we were trying to see our way clear to where Lee might get into librarianship and finish his Ph.D, he was diagnosed with cancer in April 2004.

He had evidently had the cancer for some time and many a doctor either failed to take his presenting symptoms together with his past history seriously enough or else put him on the Medicare merry-go-round of x-rays rather than something adequate like a C.T. scan.

He did not get the early diagnosis which might have resulted in successfully treated.

One will not know in this life whether Lee could have beaten the cancer or not if it had been picked up earlier, but as a so-called developed nation, Australia could do better for its citizens.

I can only hope that doctors, nurses and other health professionals will diligently exercise their duty of care to those they encounter so that they can look themselves in the mirror and know they have done their best.

For closure on this tribute for Lee, I would like to share part of my Eulogy for Lee which I read at Lee's funeral service held at Metropolitan Community Church - Sydney.

A Eulogy for Lee

One of Lee's favourite quotes was - "When I get a little money I buy books; and if any is left I buy food and clothes." - Erasmus

My memories of Lee are that he was the kind of person who, despite many personal difficulties and struggles in life was a big hearted lover, a romantic at heart.

Lee believed in doing what was right and just.

Lee was the kind of person who had a passion for knowledge, understanding and wisdom. Lee was thirsty for knowledge and truth and hungry for justice.

But what is truth?

As Lee would often say, one person's truth may seem true to that person, another person has a truth of his own.

If however, we as individuals can come to a point of mutual agreement on the very essence of our humanity then we are on the road to justice and mutual respect for one another.

He would also say that humility is the beginning of wisdom and we need to be humble enough to admit that

we don't know all the answers, we don't know the absolute Truth - for knowledge only grasps truth imperfectly and we see dimly as in a faulty mirror.

Only God, who is Truth, knows absolute Truth and we cannot know the mind of God, we only need to know this which is true "God loves us and will always love us and will not forsake us ever and we are to love God by way of keeping the commandments of Jesus - the child of God".

God loved and continues to always love Lee and Lee strove in life to keep the commandments of Jesus especially that greatest commandment to love God and to love his neighbour as he loved himself.

In such loving Lee came into my life sometime in 1996 when the Transgender Liberation Coalition were holding meetings in Oxford Street cafes.

My first memory of Lee was when I arrived and Lee was talking with another group member and we got to introduce ourselves to the group.

Lee introduced himself saying something like this... "Hi, my name is Lee Brown. I am currently writing my Ph.D thesis for the department of Sociology at University of New South Wales. It's called *The Sequined Fringe*, which is the history of how trannies found a way of living in society and expressing their gender through music hall and vaudeville late last century and early this century and how through the theatre they found a place within society."

From that time on, I saw Lee at various functions and one day when I was out shopping for my homecare client, Lee and I met and exchanged telephone numbers. I was invited for dinner one night to his place at Gladesville. I remember him sitting on the end of his bed playing guitar. Later I invited Lee to 'Hope House' in Woolloomooloo.

Lee and I decided to go out for coffee later that night. We went to Mazz & Eli's on Oxford street and were sitting on a lounge when Lee started kissing me and I didn't resist. We went back to where I was living and we made love together that night. That was the 29th May 1997. The next day Lee went off to go home and to go to University.

Well that's how our relationship began; the rest was a beautiful journey side by side through the ups and downs of life. We had had difficult experiences in life and carried many scars so we were good for each other.

Lee inspired me in many ways, giving me confidence in myself to go off to University to study for a degree in nursing. Lee represented all that is beautiful in this world. Lee was my knight, my boy scout, my music man, my peaceful meadow, my partner and my lover. Lee's name means a sheltered meadow.

So it was fitting that I, Lee's lover, and Alan, Lee's brother should be at his side when he departed this world on Friday 29th October 2004.

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