

*Sample Resolution – Intersex Legislative Recognition*

1. WHEREAS, “Variations in physical sex characteristics” and “intersex traits” are umbrella terms used to describe a wide range of natural bodily variations in traits including genitals, gonads, internal reproductive organs, hormone function, and chromosomal patterns; and
2. WHEREAS, Beginning in the 1950s, physicians in the United States began performing unnecessary surgeries on infants with variations in their physical sex characteristics, often referred to as intersex, in an attempt to force them to conform to what these physicians perceived as typical male and female bodies; and
3. WHEREAS, These irreversible interventions continue to this day and include vaginoplasties, clitoral reductions and recessions, procedures to relocate a functioning urethra, and removal of gonadal tissues, which are most often performed before a child reaches the age of two; and
4. WHEREAS, In the majority of cases, there are no urgent medical considerations that would require immediate surgery on the genitals or reproductive organs of an infant born with variations in their physical sex characteristics, meaning the individual is needlessly deprived of the opportunity to decide whether these procedures are right for them; and
5. WHEREAS, There is evidence that performing these non-urgent surgeries without the informed consent of the individual can cause severe psychological and physiological harm, leading the practice to be deemed a human rights violation by multiple international agencies; and
6. WHEREAS, These harms, which often last a lifetime, may include scarring, chronic pain, urinary incontinence, sterilization, loss of future sexual sensation and function, recurring complications requiring repeated follow-up surgeries, depression, post-traumatic stress disorder, suicidality, and incorrect gender assignment; and
7. WHEREAS, These interventions are often motivated by cultural assumptions about appropriate appearance and function of another person’s body, and by adults’ fears that children with variations in their physical sex characteristics will be ostracized by peers and/or will grow up to be LGBTQ; and
8. WHEREAS, Parallels exist between these non-urgent surgeries on children with variations in their physical sex characteristics and the practice of conversion therapy suffered by LGBTQ youth, as well as the performance of medically unnecessary interventions on disabled populations not based on individual health and well-being; and

9. WHEREAS, Being born with variations in one's physical sex characteristics is not a flaw or shortcoming, yet intersex people and their families report difficulties accessing competent medical care that centers the child's well-being and self-determination, does not reinforce pathologization or stigma, and does not emphasize surgery or a regimen of hormones before the individual is able to participate in these decisions; and
10. WHEREAS, This difficulty is echoed by the Fenway Institute's recent guidance on intersex-affirming care, which acknowledges that “[o]ften, families feel pressured to consent to surgeries on their child without being given sufficient mental health counseling, peer support, or information on alternatives to surgery.”; and
11. WHEREAS, The United Nations Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment explained in 2013, “Children who are born with atypical sex characteristics are often subject to irreversible sex assignment, involuntary sterilization, involuntary genital normalizing surgery, performed without their informed consent, or that of their parents, ‘in an attempt to fix their sex,’ leaving them with permanent, irreversible infertility and causing severe mental suffering.”; and
12. WHEREAS, The World Health Organization explained in 2015 that children born with variations in their sex characteristics have been “subjected to medically unnecessary, often irreversible, interventions that may have lifelong consequences for their physical and mental health, including irreversible termination of all or some of their reproductive and sexual capacity... Human rights bodies and ethical and health professional organizations have recommended that free and informed consent should be ensured in medical interventions for people with intersex conditions, including full information, orally and in writing, on the suggested treatment, its justification and alternatives.”; and
13. WHEREAS, Human Rights Watch concluded in its in-depth 2017 report that these surgeries are “often catastrophic, the supposed benefits are largely unproven, and there are generally no urgent health considerations at stake. Procedures that could be delayed until intersex children are old enough to decide whether they want them are instead performed on infants who then have to live with the consequences for a lifetime.”; and
14. WHEREAS, Physicians for Human Rights has “call[ed] for an end to all medically unnecessary surgical procedures on intersex children before they are able to give meaningful consent to such surgeries.”; and
15. WHEREAS, Three former Surgeons General of the United States agreed that these surgeries can cause “severe and irreversible physical harm and emotional distress” and “violate an individual’s

right to personal autonomy over their own future,” “clearly infring[ing] on the child’s right to physical integrity, preservation of sexual and gender identity, and procreative freedom.”; and

16. WHEREAS, The United States Department of State has commemorated Intersex Awareness Day by recognizing the harm of these surgeries, stating that “at a young age, intersex persons routinely face forced medical surgeries without free or informed consent. These interventions jeopardize their physical integrity and ability to live freely.”; and
17. WHEREAS, The largest intersex patient support group in the United States, InterConnect, has called for a delay of all decisions regarding non-urgent procedures on children with variations in their physical sex characteristics until the individual can participate in the decision; and
18. WHEREAS, The largest advocacy organization in the United States dedicated exclusively to advancing the rights of people born with variations in their physical sex characteristics, interACT: Advocates for Intersex Youth, has likewise called for laws and policies that ensure decisions about surgical changes to these variations that are not medically urgent in early childhood are delayed until the individual can lead the decision; and
19. WHEREAS, Those subjected to non-consensual interventions at a young age frequently express despair over the fact that they were unable to make these decisions for themselves and hope that future generations will not be subjected to these procedures, such as a resident of [STATE] who shared: [QUOTE]; and
20. WHEREAS, Physicians who have treated intersex patients have expressed remorse at the legacy of non-consensual surgery, with one [STATE]-based provider reporting: [QUOTE]; and
21. WHEREAS, Intersex individuals and their caregivers report not having been told of significant risks relating to these interventions prior to their performance, including loss of sensation, uncertain functionality, scar tissue inflexibility, urinary incontinence, infertility, loss of natural hormone production, and high complication rates leading to repeated follow-up surgeries, among others; and
22. WHEREAS, Individuals born with variations in their physical sex characteristics are entitled to the same informed consent process provided to any other individual prior to undergoing an irreversible medical procedure, including explanations of the treatment or intervention to be performed, any short-term and long-term risks, any necessary health care management or long-term follow-up care that will be required, any benefits, any appropriate alternatives including delay or forgoing treatment, and the risks and benefits of those alternatives, as well an offer to answer any questions concerning the treatment or intervention; and

23. WHEREAS, In the rare cases when the physical health of a child with variations in their sex characteristics is threatened such that intervention is immediately necessary to address a risk of harm and cannot be safely deferred, all medically necessary treatment options should remain available to ensure that the imminent physical danger is addressed; and
24. WHEREAS, Interventions that alter the genitals, gonads, or other internal sex organs of children with variations in their physical sex characteristics too young to participate in the decision, when those procedures both carry a meaningful risk of harm and can be safely deferred, are the sole subject of this resolution; and
25. WHEREAS, [STATE] must serve as a model of competent and ethical medical care and has a compelling interest in protecting the physical and psychological well-being of minors, including intersex youth; now, therefore, be it

RESOLVED that the [State Legislative Body]—

- (1) opposes all forms of prejudice, bias, or discrimination and affirms its commitment to the safety and security of all children, including those born with variations in their physical sex characteristics;
- (2) considers intersex children a part of the fabric of our state's diversity to be celebrated rather than an aberration to be corrected;
- (3) recognizes that intersex children should be free to choose whether to undergo life-altering, irreversible surgeries that carry high risks of harm particularly when performed without individual consent; and
- (4) calls upon healthcare professionals to foster the well-being of children born with variations in their physical sex characteristics, and the adults they will become, through the enactment of policies and procedures that respect their right to self-determination and bodily autonomy by deferring decisions about medical or surgical intervention until the individual can understand the long-term impact of such procedures and request them if they wish, and by providing affirming support to promote patient and family well-being.