

*An estimated 2% of people are born with variations in their physical sex characteristics, including chromosomes, genitals, hormone function, and internal organs like testes or ovaries. “Intersex” is an umbrella term for people with those variations. Some intersex children undergo irreversible, medically unnecessary surgeries to change the appearance or function of their bodies without their consent. The consequences are devastating: individuals forced to undergo these procedures have endured lifelong infertility, intense pain, loss of sensitivity, and psychological trauma.*

*In October of 2017, the Department of State condemned these procedures, noting that “[t]hese interventions jeopardize [intersex people’s] physical integrity and ability to live freely.” Three former US Surgeons General have called for an end to the procedures, as have countless organizations representing intersex people and their families. Legislative leadership on this issue is long overdue.*

### **Protecting Health**

When a child’s health is in jeopardy, any interventions that are immediately necessary should, of course, be performed. But most surgeries on children born with variations in their sex characteristics are *not* urgently necessary in childhood, and many won’t be necessary at all. There are no demonstrated risks to delaying surgical decisions in these cases until the individual is old enough to make choices about their own body. On the other hand, operating too early – before the person’s wishes and needs can be known – introduces the risk of irreversible damage. According to a report from Human Rights Watch, people subjected to these procedures in childhood can suffer lifelong infertility, pain, urinary incontinence, sexual dysfunction, and PTSD. Many will require multiple follow-up surgeries to attempt to heal issues caused by the original surgery. At the same time, some intersex people report that legitimate health needs not related to their sex characteristics have been ignored due to medical providers’ focus on their genitals or other visible differences. Medical care should prioritize long-term individual well-being, not a narrow idea of what’s “normal.”

### **Respecting Autonomy**

Initially, childhood surgeries to change variations in sex characteristics were assumed to be justified by the notion that children who were not operated upon would feel uncomfortable with their bodies. However, we now know that this is not true. In fact, people who have been forcibly subjected to these procedures report intense shame and psychological trauma. Additionally, a significant percentage of intersex children will develop a gender identity that is different from the sex assignment that has been enforced through surgery. Everyone deserves to be able to say who they are and how they want the most intimate parts of their bodies to look and function. Choosing (non-emergency) surgery *for* a child with variations in their sex characteristics needlessly takes away options. Instead, the person who will experience the consequences of that choice should drive decision-making when they can understand their options and the impacts on their body and life – and opine on whether they desire the proposed intervention, or any interventions at all.

### **Empowering Families**

While intentions may be good, rushing to “fix” a child’s body when in reality nothing is broken does much more harm than good. Families of intersex children often lack access to full information and are asked to make irreversible decisions that, unbeknownst to them, can cause their children lifelong pain and trauma. By agreeing to surgery like a clitoral reduction or gonadectomy on a healthy infant, as one mother of intersex daughters wrote, “you have potentially done something catastrophic that cannot be reversed.” No family should have to endure the devastating consequences of an unnecessary, high-risk procedure performed without their child’s consent. Families should be supported in safeguarding their child’s well-being and ability to make future decisions that are right for them, when they have the understanding to do so.