

INTERACT STATEMENT ON HB 2

March 25, 2016

InterACT, the nation's only organization dedicated to promoting the legal and human rights of children born with intersex traits, strongly condemns HB 2 and the action of its supporters in the North Carolina state government. The bill, a vitriolic and misguided response to the city of Charlotte's attempts to protect LGBT North Carolinians through a city-wide antidiscrimination ordinance, will have a disastrous impact. InterACT extends its support to the transgender and gender-variant populations specifically targeted by HB 2 and warns that it will also cause tremendous harm to a significant yet under-recognized group: people with intersex traits.

Every year, many babies are born who may not be easily classified as "male" or "female" at time of delivery.¹ In fact, an estimated one in 2,000 babies is born with variations of sexual or reproductive anatomy that may cause sex to be ambiguous at birth—also referred to as intersex traits.² Nearly always, intersex traits are benign variations that pose no medical problems.³ They result from one of several medical conditions in which the chromosomes, gonads, internal reproductive system and/or genitalia develop in an atypical pattern, and may be diagnosed at birth, in childhood, or even much later.⁴ As a result, doctors often assign a provisional sex on an infant's birth certificate, but that classification may change as the child matures, with the support and guidance of the person's medical team. For a helpful description of what it means to have an intersex trait, please refer to this video: <https://www.youtube.com/watch?v=cAUDKEI4QKI>.

To require use of facilities in accordance with a person's birth certificate would run counter not only to medical science but also to the well being of all individuals, intersex or otherwise. The medical reality is that not all people have a biological sex matching their birth certificate, regardless of whether they are transgender. To require a person to use a facility matching their birth certificate would be an unwarranted invasion of privacy and entirely unfeasible for many people living with intersex traits.

Discrimination should not come at the hands of the state. For the aforementioned reasons, interACT calls for an end to all efforts to force transgender and gender-variant individuals into segregated facilities without their consent as a result of a sex classification on a government-issued document. These efforts waste government resources and negatively impact all of our communities.

¹ Lee, P., et al, *Consensus Statement on Management of Intersex Disorders*, PEDIATRICS 2006;118:e488-e500, available at <http://pediatrics.aappublications.org/cgi/reprint/118/2/e488>.

² C. Phornphutkul et al., *Gender Self-Reassignment in an XY Adolescent Female Born With Ambiguous Genitalia*, 106 PEDIATRICS 135 (2000) (estimating 1 in 2000 births); *but see* ANNE FAUSTO-STERLING, *SEXING THE BODY: GENDER POLITICS AND THE CONSTRUCTION OF SEXUALITY* (2000) (estimating 1.7 percent of births); Julie Greenberg, *Defining Male and Female: Intersexuality and the Collision Between Law and Biology*, 41 ARIZONA L. REV. 265 (1999) (reporting that John Money, the researcher behind the infamous "John/Joan" case involving David Reimer, estimates 4 percent of the population may be intersex).

³ K. Karkazis et al., *Shared Decision-Making and Children with DSD*, 23 JOURNAL OF PEDIATRIC ENDOCRINOLOGY AND METABOLISM 789 (2010).

⁴ Phornphutkul et al., *supra* note 2.