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**FOR IMMEDIATE RELEASE**

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## **New Iowa Law May be First in US to Restrict Unnecessary Operations on Intersex Children, But Denies Necessary Care to Trans and Intersex Adults**

Iowa Governor Kim Reynolds signed into law state budget [HF 766](#), which includes an amendment banning the use of state funds such as Medicaid to pay for medically necessary procedures for transgender Iowans. The late-night Republican-backed language is a hateful attempt to discriminate against transgender residents of the state. It also denies procedures related to “hermaphroditism,” an outdated, offensive term for intersex traits that is still used in some medical contexts.

While transgender people do not align with the gender that was assumed for them at birth, intersex people are born with unique or unexpected expressions of bodily sex characteristics, such as chromosomes, hormones, and genitalia. For example, an intersex person might have XY chromosomes, a vulva, and internal testes, or XX chromosomes, ovaries, and a large clitoris. Intersex people are 1.7% of the population, and can have any gender and sexual orientation. Most transgender people are not intersex, while some intersex people are also transgender. Both communities face overlapping issues related to a recent conservative push to define sex and gender in narrow, anatomical terms.

Intersex adults have long fought for policy change to delay harmful, elective medical interventions, such as clitoral reductions and orchiectomies, that are performed before a baby can even speak to stand in order to “normalize” healthy intersex bodies. 2020 will prove a decisive year for legislative efforts regarding intersex rights, once [California’s SB 201](#) returns to continue the national conversation. For over 30 years, the intersex community has delivered a unified message to the small subset of the medical community that continues to support non-consensual interventions in infancy: “let *us* decide.”

“Hermaphrodite” is an outdated and pejorative word for intersex people that is still commonly used in medical records and texts. It is unclear how the inclusion of the slur alone could affect Medicaid coverage for procedures that forcibly normalize intersex infants’ bodies. The most common operations in this category are performed to reduce a clitoris or relocate a functional

urethra so a child can pee standing up. Most intersex traits are simply natural human differences that pose no medical risk.

Pending its interpretation, HF 766 may inadvertently be the first law to successfully restrict some harmful nonconsensual surgeries on intersex youth. But the intersex community does not want to achieve this victory at the expense of its transgender peers.

To combat anti-science, restrictive approaches to medicalizing sex differences, interACT collaborates with top LGBT and human rights organizations, among them [Lambda Legal](#), [Human Rights Watch](#), [National Center for Transgender Equality](#), [Equality California](#), [the ACLU](#), and [the UN](#).

“In the United States there is still a deep misunderstanding of bodies that do not meet sex and gender norms. Both intersex and transgender communities get caught in the crossfire of ignorant policy. We hold strong with the trans community in challenging this law,” said **Kimberly Zieselman**, Executive Director of interACT.

“Transgender youth must be able to access medically necessary, gender-affirming care, just as intersex youth must be protected from irreversible interventions they cannot choose themselves. The key is always consent,” said **Dr. Scott Nass**, a family physician and president-elect of GLMA: Health Professionals Advancing LGBT Equality.