

July 1, 2022

To Whom It May Concern:

interACT: Advocates for Intersex Youth writes to express support for the consideration of **Article 16** of the Draft Law, “Reforms in Medically Assisted Reproduction,” by the Parliament of Greece. Article 16 regarding “**Change of Sex Characteristics of Intersex Persons**” would enact significant reforms in the medical treatment of intersex children in the interest of promoting their human rights and bodily autonomy. interACT is pleased to offer the following background information to aid the Members of Parliament in understanding the importance of taking legislative action to protect the well-being of children with intersex variations.

interACT is a non-profit organization based in the United States of America. interACT works to advance the rights of children with variations in their physical sex characteristics, also known as intersex traits, through legal and policy changes, direct medical advocacy, education and awareness-raising, and intersex youth leadership development. Founded in 2006, it is the oldest and largest organization in the USA dedicated exclusively to intersex advocacy, and its top priority is to safeguard the bodily autonomy of intersex individuals by preventing medically unnecessary surgeries on intersex infants and children who are unable to choose or refuse these procedures for themselves. While much of interACT’s work is focused within the USA, our advocacy is rooted in the fact that intersex bodily autonomy is an international human right, and children with variations in their sex characteristics remain at risk for harmful interventions to change their bodies without their consent in countries around the world. Therefore, interACT has an interest in promoting the adoption and enforcement of intersex-protective laws such as the proposed Article 16, “Change of Sex Characteristics of Intersex Persons,” in Greece.

Laws that explicitly preserve the rights of intersex people to make decisions about their own bodies are currently rare around the world. The first such law was passed by Malta in 2015, known as the Gender Identity, Gender Expression and Sex Characteristics Act. Others have followed, but progress has not been swift enough to meet the needs of the millions of intersex children who are born around the world every year. Children whose sex characteristics are observed to differ from typical expectations for “male” or “female” bodies may be subjected to surgeries including clitoral reductions, vaginoplasties, invasive penile surgeries that extend or reroute the urethra, and gonadectomies (the removal of testes or ovaries), often performed before the child turns two years old. A 2017 report co-authored by interACT and Human Rights Watch detailed the physical and psychological harms that can follow these unnecessary and non-consensual surgeries, including chronic pain, urinary incontinence, loss of sexual function, permanent sterilization, post-traumatic stress disorder, and the risk that the sex assignment enforced through surgery will not match the individual’s gender identity.¹ Additionally, the use of anesthesia in early childhood

¹ Human Rights Watch and interACT, “*I Want to be Like Nature Made Me*”: *Medically Unnecessary Surgeries on Intersex Children in the US* (2017), available at <https://www.hrw.org/report/2017/07/25/i-want-be-nature-made-me/medically-unnecessary-surgeries-intersex-children-us>

poses serious risks, including potential damage to brain development,² which should caution against subjecting young children to any surgery requiring anesthesia unless an operation is urgently necessary to save their life or prevent irreversible physical harm.

Many intersex people will never want or need surgery to change their sex characteristics, but for those who do eventually need or desire surgery, it is nearly always physically and psychologically safer to wait to operate until the individual is old enough to consider the decision for themselves. The situations in which surgery is truly necessary in infancy are extremely rare, such as when a child is born without an opening for urine to exit the body. In other cases, surgery may become necessary at a certain stage of development, for example if a child without a vaginal opening will soon begin menstruating (with the caveat that an individual under these circumstances may choose to suppress menstruation through hormonal treatment rather than opting for surgery³). Most of the surgeries that are performed do not fall into these categories, but are rather intended to conform the child's body to match the stereotypes associated with the gender designation that their parents and doctors have chosen for them. When this occurs, crucial choices are taken away from the child based on assumptions about how they will want their body to look or function, without any way of knowing whether those assumptions will later be proven wrong.

In those rare cases when surgery is urgently required to protect the child's physical health, surgery should be performed, and the provisions of Article 16 allow for this. Otherwise, because surgeries on intersex children impact personal considerations such as sexual and reproductive health, because they cannot be reversed, and because they undermine the child's right to self-determination by enforcing changes that may contravene the individual's wishes and priorities for their own body, any potential surgery to alter the sex characteristics of a child with intersex traits should not be performed unless and until the individual actively desires a particular surgery and can understand its risks and implications. It is clear that the Ministry of Health, in collaboration with Intersex Greece, crafted the proposal in Article 16 to reflect these principles and to grant intersex youth the opportunity to grow up with open futures and undiminished rights and dignity. interACT shares and supports these goals, and we urge Parliament to act now to demonstrate its commitment to a future where intersex people can thrive.

Sincerely,



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Senior Staff Attorney
on behalf of interACT: Advocates for Intersex Youth

² FDA Drug Safety Communication: FDA approves label changes for use of general anesthetic and sedation drugs in young children, (April 27, 2017), available at <https://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-approves-label-changes-use-general-anesthetic-and-sedation-drugs>; Francisco J Schneuer et al, "The impact of general anesthesia on child development and school performance: a population-based study," *Pediatric Anesthesia* (2018): 1-9.

³ Paula Adams Hillard, "Menstrual Suppression: Current Perspectives," *International Journal of Women's Health* (2014) 6: 631-637.