

Committee: World Health Organization (WHO)

Issue: Providing medical support to intersex individuals

Student Officer: Baran Mohammadi

Position: President

PERSONAL INTRODUCTION

Dear all,

My name is Baran Mohammadi, I am 16 years old, and I am a Year 12 student at Byron College – The British International School. I am eternally grateful for the opportunity to serve as the President of the WHO in the 5th ACGMUN conference. The WHO is, in my opinion, one of the most important committees, as proven in these past two years, which is why I applied for it. After all, it was the WHO which declared a pandemic in 2020, provided us with information on how to stay safe, and eventually aided with the accessibility of vaccines, as well as educating the public on the different vaccines. I am also very passionate about medicine, biology, and health, and wish to pursue that in my future career.

I started MUN when I was 11, and now I can wholeheartedly express how much of a life-changing experience it was and continues to be for me and many others. Throughout the duration of my MUN experience, I have vastly improved my communication, research, and critical thinking skills, and most importantly, I have met some lifelong friends. I will try my best to ensure that this experience will be as accommodating and educational to you as it has been for me, and I am extremely looking forward to either (hopefully) meeting all of you, or to see your faces through a screen!

If you have any questions, feel free to contact me via email. My email address is: baran.m174005@gmail.com

Best Regards,

Baran.

TOPIC INTRODUCTION

Intersex individuals, identified as people born with several sex characteristics such as unusual chromosome patterns and genitals that do not match the binary male and female sex organs, have gained much more recognition in the past decade.

According to scientist Anne Fausto-Sterling, there is a 1.7% chance of a child to be born intersex¹. Another study shows that 1.4 million babies born every year are classified as intersex². This information is crucial as it leads the general population to realize that intersex individuals are an important and rather large minority in today's society, and we must focus on their integration.

Gender assignment surgery plays a massive role in the lives on intersex individuals, but there are some ethical concerns surrounding this idea. Many intersex individuals are operated on at birth so that they can be classified as a binary gender, however when they grow up, they do not identify with their gender assigned at birth. Additionally, infanticide is unfortunately very prevalent when it comes to intersex new-borns, as different people have different beliefs, other than scientific evidence, of the causes and consequences of intersexuality.

Different types of intersex bodies may also experience different health complications. For example, intersex individuals are more prone to breast cancer than binary individuals. They may also experience either a lack or an excess of hormones, which results in a plethora of complications such as deficiencies of many important proteins and vitamins in the body. However, there are some intersex bodies which are perfectly healthy, yet they are bombarded with unnecessary treatments which may even cause adverse effects. These aspects must also be considered when medicalizing intersex individuals.

In order to provide medical support efficiently to intersex people, two fundamental morals must be established: the eradication of discrimination against intersex people in the medical sector, and universal access to healthcare for such individuals. The Sustainable Development Goal (SDG) 7, which refers to good health and well-being, and SDG 5, referring to gender equality, have been approved by all Member States, and as these goals include ameliorating the medical assistance intersex individuals receive, it is vital that the Member States collaborate with the World Health Organisation in order to meet these goals.

¹ Fausto-Sterling, Anne. *Sexing the Body*. Basic Books, 2000.

² Witchel, Selma Feldman. "Disorders of Sex Development." *Best Practice & Research. Clinical Obstetrics & Gynaecology*, U.S. National Library of Medicine, Apr. 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5866176/>.

DEFINITION OF KEY TERMS

Gender reassignment surgery

Gender reassignment surgery is the final stage in transitioning, and it involves modifying the genitalia to the one of the preferred binary sexes. Until the recent years, almost all intersex new-borns underwent gender assignment surgery.

Gender transitioning

Gender transitioning is the process of changing one's gender presentation or sex characteristics to accord with one's internal sense of gender identity – the idea of what it means to be a man or a woman, or to be non-binary or genderqueer³.

Gonochorism

Gonochorism is the condition of individual organisms within a species existing as one of two possible sexes, specifically male or female⁴. It is basically the binary.

Infanticide

The killing of an infant⁵. Unfortunately, many intersex new-borns are killed at birth, mostly for cultural reasons.

Intersex

Intersex is an umbrella term that describes differences in sex characteristics that do not fit the typically binary idea of male or female. Sex characteristics include genitals, hormones, and chromosome patterns⁶.

Prejudice

An unfair and unreasonable opinion or feeling, especially when formed without enough thought or knowledge⁷.

³ Brown, Mildred L., and Chloe Ann Rounsley. *True Selves: Understanding Transsexualism-- for Families, Friends, Coworkers, and Helping Professionals*. Jossey-Bass, 2003.

⁴ Springer, Cham. "Encyclopedia of Animal Cognition and Behavior." *Gonochorism*, 20 Mar. 2021, <https://doi.org/10.1007/978-3-319-47829-6>.

⁵ "Infanticide Definition & Meaning." *Merriam-Webster*, Merriam-Webster, <https://www.merriam-webster.com/dictionary/infanticide>.

⁶ "Intersex: Definition, Terminology, and Identities." *Medical News Today*, MediLexicon International, <https://www.medicalnewstoday.com/articles/intersex#definition>.

⁷ "Prejudice." *Cambridge Dictionary*, <https://dictionary.cambridge.org/dictionary/english/prejudice>.

Pseudohermaphroditism

A condition in which the individual has a single chromosomal and/or gonadal sex (ovaries and testes) but combines features of both sexes in the external genitalia, causing doubt as to the true sex⁸.

True hermaphroditism

True hermaphroditism is a rare cause of intersexuality in which both ovarian and testicular tissue is present in the same individual⁹.

Universal Healthcare

Refers to systems in which all residents of a particular geographical area or country have health insurance¹⁰.

Sex vs Gender

Sex is defined as the two major biological forms in which humans and most other living organisms can embody (male and female) based on their reproductive functions and anatomy. Gender is defined as social and behavioural characteristics which pertain different sexual identities such as masculinity or femininity. The difference is that sex is based on biological characteristics, whereas gender is a social construct. Thus, the difference between nonbinary individuals and intersex individuals is that the former may have an assigned biological sex, but their gender identity does not conform to the binary standards of male and female, whereas the latter have an undefined biological sex which does not conform to male and female anatomy. It is possible for a person to be intersex and nonbinary.

⁸ "Pseudohermaphroditism." *Encyclopædia Britannica*, Encyclopædia Britannica, Inc., <https://www.britannica.com/science/pseudohermaphroditism>.

⁹ "True Hermaphroditism: Clinical Features, Genetic Variants and Gonadal Histology." *Journal of Pediatric Endocrinology & Metabolism: JPEM*, U.S. National Library of Medicine, <https://pubmed.ncbi.nlm.nih.gov/11327376/>.

¹⁰ Team, The Investopedia. "Universal Healthcare Coverage." *Investopedia*, Investopedia, 6 Aug. 2021, <https://www.investopedia.com/terms/u/universal-coverage.asp>.



Figure 1¹¹: The intersex pride flag

BACKGROUND INFORMATION

What is intersex and how is it caused?

Intersex is not classified as only one medical condition. It is a broad term used to classify around 150 medical conditions of undefined biological sexes. These 150 conditions are divided into four categories based on chromosomal and gonadal differentiation: female pseudohermaphroditism, male pseudohermaphroditism, true hermaphroditism, and complex/undefined intersex. Even though some causes have been identified, there are still many causes which remain undetermined, even with modern diagnostics.

Female Pseudohermaphroditism

Also referred to as XX intersex, female pseudohermaphroditism is when an individual has female chromosomes (XX) and female internal genitalia (ovaries, uterus, fallopian tube), but has male gonads/external genitalia (testes and penis). There are a number of causes for this occurrence, and they are mostly external causes that result in mutations, seeing as the chromosomes are binary. The most common cause of XX intersex is congenital adrenal hyperplasia, which is a group of disorders affecting the adrenal gland. Humans have two adrenal glands, one of which is located on the top of each kidney. These glands are responsible for the production of certain essential hormones which people with these disorders cannot synthesize due to the lack of a specific enzyme. Simultaneously, androgens,

¹¹ Carpenter, Morgan. "An Intersex Flag." *Intersex Human Rights Australia*, 5 July 2013, <https://ihra.org.au/22773/an-intersex-flag/>.

which are a group of sex hormones responsible for reproductive development in males, are produced excessively. This causes the development of male genitalia in females. Other causes of female pseudohermaphroditism are the intake of testosterone, an androgen, by the mother during pregnancy, increased androgen production due to ovarian tumours or polycystic ovarian syndrome (PCOS), or a deficiency of aromatase, an enzyme which converts male sex hormones into female sex hormones.

Male pseudohermaphroditism

Also referred to as XY intersex, male pseudohermaphroditism is when an individual has male chromosomes (XY), but the gonads (testes) are either normal, deformed, or non-existent. Similarly, the external genitalia are either deformed, ambiguous, or female (vagina). This type of intersex is mostly dependent on the function of the male hormones in the body. Thus, there are many possible causes, as many factors contribute to androgen production. One such cause is a problem with the testes, which are responsible for producing male hormones. If they do not function properly, they will not be able to produce a sufficient number of hormones, leading to the series of aforementioned occurrences. The most common cause of testes malfunction in XY intersex is the Swyer syndrome, which is a disorder diminishing the function of the male gonads. People with this syndrome have a high risk of cancer. Additional causes include congenital adrenal hyperplasia affecting testosterone production, androgen insensitivity syndrome (AIS), which is when a male is resistant to androgens and even if they have normal gonads, their body cannot respond to male hormones (this is the most common cause of XY intersex), and 5-alpha-reductase deficiency. 5-alpha-reductase is an enzyme which catalyses the conversion of testosterone to dihydrotestosterone, an androgen which is 5 times more potent than testosterone and very significant in reproductive development, hence its deficiency causes XY intersex.

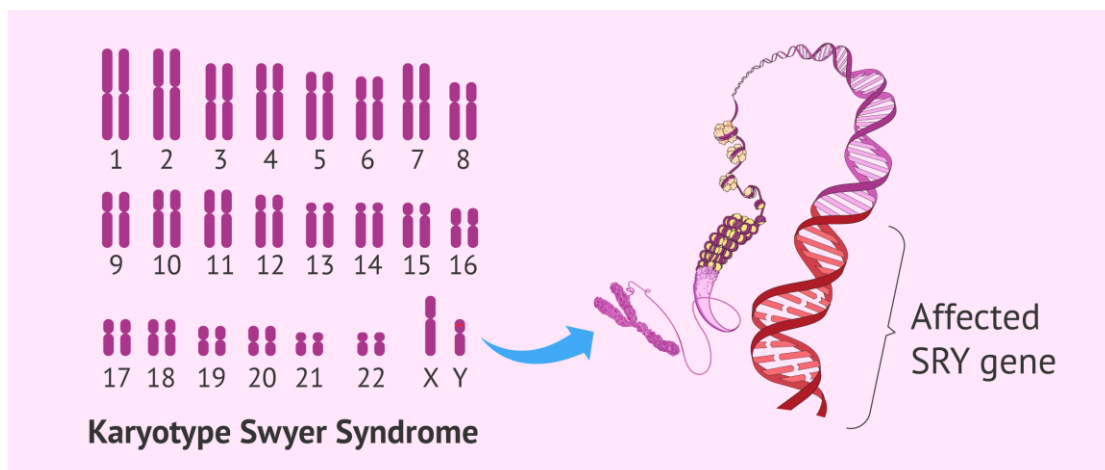


Figure 2¹²: This image shows the karyotype (image of the 23 chromosome pairs) of an individual with Swyer syndrome.

True hermaphroditism

Also referred to as true gonadal intersex, true hermaphroditism is when an intersex individual has both ovarian and testicular tissue. As a result, either an ovotestis is present, or one ovary and one testis is present. The chromosomal pattern does not really define this category, as individuals with true gonadal intersex can have XX, XY, or both. Furthermore, the external genitalia can appear as ambiguous, female, or male. The cause of true hermaphroditism in humans is yet to be determined by scientists, but information from some animal studies suggests that it may be linked to exposure to common agricultural pesticides.

Complex/undefined intersex

This category depends on the chromosomal configuration of individuals which can result in sex development disorders. Such configurations could be 45, XO, where the individual only has one X chromosome and in general has one less chromosome, or 47, XXX / 47, XXY, which both have an extra chromosome, either X or Y. Although this type of intersex does not cause inconsistencies between the gonads and external genitalia, irregularities may arise in overall sexual development due to irregular sex chromosome levels. The cause of these chromosomal configurations are most likely mutations.

History of intersexuality in society

Societies have been aware of intersexuality since the 1st century BC, when historian and writer Didorus Siculus documented what may be known as the first known case of ambiguous genitalia to surgically be “repaired” in the history of medicine. This is also when he coined the term “hermaphrodite”, after basing a mythological story on this experience; Hermaphroditus, who was “born with a physical body which is a combination of that of a man and a woman”, was said to be the child of the Greek gods Aphrodite and Hermes.

There are many intersex deities in the Hindu religion, with the first one, Ardhanarishvara, originating from the 1st century AD in India. There are thus many Indian societies which recognize more than the two binary sexes due to their rich

¹² Gómez, Marta Barranquero, and Marta Zermiani. “Karyotype in Swyer Syndrome.” *InviTRA*, 20 Jan. 2020, <https://www.invitra.com/en/swyer-syndrome/swyer-syndrome-2/>.

cultural history with intersexuality. For example, Hijra communities, which are societies of religious intersex and transgender people who are believed to be deities or descendants of them, were able to implement full legal recognition for a third sex, especially in Southern India. Lord Krishna, a major deity in Hinduism, is said to take on many forms, some of which are different sexes, further portraying the deep connection Hinduism has with intersexuality. These societies, where more than two binary sexes existed, were viewed as “primitive” to Western anthropologists.



Figure 3¹³: Ardhanarishvara.

The Victorian era is when medical experts truly began progressing in research into the causes and effects of intersexuality. This is when three of the four categories of intersex were established: true hermaphroditism, male pseudohermaphroditism, and female pseudohermaphroditism. Although these terms are not used as medical terms anymore, they still led researchers and doctors to the right path, and as new technological developments emerged, researchers made ground-breaking discoveries which advanced society’s knowledge on intersexuality even further.

Unfortunately, with the growing recognition of intersexuality, discrimination and prejudice also followed. Many communities, particularly Western ones, committed infanticide against babies born with ambiguous genitalia, claiming that this was “a sign of the devil” and a “result of witchcraft”. Additionally, genital mutilation and forced sterilisation of intersex individuals gained prominence, as knowledge on this area was very limited, and people believed this to be a reasonable solution. However, even though we as a society have obtained vast amounts of information

¹³ “Ardhanarishvara.” *Encyclopædia Britannica*, Encyclopædia Britannica, Inc., <https://www.britannica.com/topic/Ardhanarishvara>.

on intersexuality, these practices are immorally being conducted in the present day, mostly due to cultural reasons.

Issues intersex individuals face in the present day

Even though humankind has progressed tremendously in developing our knowledge on intersexuality, the protection of intersex rights has been greatly neglected by governments and communities. One of the greatest issues affecting the intersex community is genital mutilation. A report by the Office of the High Commissioner of Human Rights states that in More Economically Developed Countries (MEDCs), 1 in 500 new-borns are at risk to be subjected towards genital mutilation which includes “non-consensual, medically unnecessary, irreversible, cosmetic genital surgeries, and/or other harmful medical treatments that would not be considered for “normal” children, practiced without evidence of benefit for the children concerned, but justified by societal and cultural prejudice, stereotypes, norms and beliefs, and often directly financed by the states”¹⁴. In most countries, gender reassignment surgery for transgender persons is not permitted until the person is a legal adult, and many believe that this should be the case for intersex individuals as well.

Another issue which arises from unjust intersex genital mutilation is the sterilization of these individuals. In many European countries, including France and Finland, intersex people must undergo sterilization in order to gain legal recognition. These types of legislations in which intersex and transgender individuals are forced to undergo such abusive procedures are unfortunately existent in more than 30 European countries. Usually, these procedures are done without parental consent, as they are addressed as “urgent matters”, even though this is not the case. However, in cases where parents give their consent to sterilisation and gender reassignment surgery, the decision is usually made with a combination of fear mongering from doctors and of societal and cultural norms (i.e., they are concerned about how their children, as well as themselves, will be viewed and treated because of being intersex).. This has an effect on people’s decisions as they lack knowledge on the subject and blindly believe doctors. This, of course, is no good justification for performing such procedures on a child, as they may unknowingly cause future physical and emotional damage to their child.

In Less Economically Developed Countries (LEDCs), infanticide of intersex new-borns is dismayingly abundant for a number of reasons, none of which are justifiable. Firstly, the general public, including even medical specialists, are not educated

¹⁴ “What are Intersex Genital Mutilations (IGM)?”, 2016 CEDAW NGO Report France, p. 45–51, <http://intersex.shadowreport.org/public/2016-CEDAW-FranceNGO-Zwischengeschlecht-Intersex-IGM.pdf>

enough on intersex conditions, and this feeling of helplessness urges not only doctors but also parents to commit the heinous act of infanticide. Moreover, harmful social and cultural stigmas about intersexuality is a driving force in infanticide, abandonment, and bullying. Such stigmas include language used against intersex people to infer that they are not normal and some cultural notions that intersex individuals are forms of demonic creatures, which is extremely dehumanizing to say the least.

The medical needs of intersex individuals

Intersex individuals must first be diagnosed with a certain condition before any medical decision is made, something that a majority of doctors do not consider in new-borns especially. Keeping in mind that many intersex conditions may come with a variety of health complications as well, such as Swyer syndrome where there is a high risk of cancer, these must be accounted for if any treatment is prescribed. However, in the case of a healthy individual who happens to be intersex, there are many different options. They can choose to stay as they are and deny medical intervention, which is their right. They can also choose to undergo procedures to alter their bodies to achieve the appearance of the gender they identify with.

One of these procedures is called hormone therapy. Hormone therapy is the use of hormones in medical treatment, and it can be beneficial especially for intersex people with congenital adrenal hyperplasia, as this disorder does also stop the production of essential hormones such as cortisol, which regulates many processes such as blood pressure and sleep cycle, and aldosterone, which regulates salt and water levels in the body. Hormone therapy balances the levels of these hormones, as well as reducing the production of androgens, which can be harmful at high levels. Additionally, intersex individuals with Swyer syndrome can only go through puberty if they undergo hormone therapy. In general, hormone therapy for those wishing to transition involves the intake of sex hormones, either male or female, to aid in the development of physical and internal features of one of the binary sexes. Nevertheless, hormone therapy can cause adverse effects in intersex individuals. Many of these hormones have the possibility to be rejected by the intersex body, causing various autoimmune diseases, so this is also a factor that must be taken into consideration and examined before commencing hormone therapy.

The most widely known procedure for intersex individuals in gender reassignment surgery. Commonly known as bottom surgery, this procedure is not reversible, and it works by modifying the genitalia, internal and external, into resembling and bearing the functions of one of the two binary sexes. This can be done in a plethora of ways: either by transplant, using existing parts of the body for reformation, or by inserting artificial structures (usually done with the gonads). This procedure may be a life saver for an intersex individual who strongly identifies with one of the binary sexes,

or a nightmare for intersex individuals, specifically children who have still not discovered their gender identity, who are usually forced into undergoing this surgery by the healthcare system. The procedure can be very lengthy, painful, and dangerous. The risks of gender reassignment surgery include excessive bleeding, infections, chance of rejection leading to autoimmune diseases, hematomas, poor healing of incisions, sterilization, injury of urinary tract, urethra malfunction, stenosis, nerve injury, and the risks that come with anaesthesia.

Most laws state that individuals who wish to undergo these procedures, specifically gender reassignment surgery, must be diagnosed with gender dysphoria. Gender dysphoria is the distress an individual experiences when possessing a strong desire to become another gender, and when it is classified as clinically significant. Intersex people are more prone to experiencing gender dysphoria, and thus, them and their families receive psychosocial support, which is professional help by doctors and psychologists to address the psychological and social needs of their patients. Many intersex individuals receive psychosocial support to overcome trauma and self-esteem issues, as many people do not feel comfortable in their bodies due to them not fitting the binary standard, and they may have encountered excessive judgement about their conditions throughout their lifetime. Mental health is just as important as physical health in medicine, so psychosocial support is there to ensure the reassurance of intersex individuals, and to aid in their integration into society.

Ethical concerns regarding medical intervention

The greatest concern regarding medical intervention in intersex individuals is that it is usually done on children. It is protocol in almost all countries to medically operate on a new-born with ambiguous genitalia, modifying it into one of the binary sexes. Nonetheless, this causes many problems, most important of which is the fact that this is a non-reversible surgery. This means that whatever sex the children are assigned after this surgery cannot be medically changed after the surgery is done. However, as gender identity is not developed at that stage yet, there is no knowing of what gender the child will identify with once older, and if the gender is not that of the binary sex assigned at birth, the individual will face many mental health issues when older, and it can lead to depression and suicide. Additional issues are how the risks of surgery are way higher in new-borns especially, and how hormonal therapy may interfere with the natural growth and development of the child.

The case of Christiane Volling

Born on 17 April 1959, Christiane Volling is the first intersex individual to have successfully sued her surgeon 100,000 euros in damages for non-consensual surgical intervention. Christiane Volling was born with XX chromosomes and female gonads and internal genitalia, however, as she had

congenital adrenal hyperplasia, her external genitalia appeared as male. Thus, she was assigned male at birth. At the age of 14, doctors discovered her ovaries and fallopian tube in an appendectomy. She was told that she had a case of true hermaphroditism and possessed both ovarian and testicular tissue. On 12 August 1977, Christiane Volling had a surgery to remove her ovaries and fallopian tube. She continued to live on as a male, until discovering her true identity as a female and transitioning after a few years.

However, Christiane was kept in the dark about many aspects of her condition and even about the surgery. Earlier in 1977, the doctors had performed a chromosomal analysis on her, and found out that she possessed XX chromosomes, meaning she was genetically female, however she was not informed of this discovery. Furthermore, the doctors told her that they removed both ovarian and testicular tissue, however no testicular tissue was present. In fact, the physician's entry mentioned that she possessed a perfectly healthy uterus and normal sized ovaries, and even a blindly ending vagina. This means that she had a case of female pseudohermaphroditism. She was not aware of this until 2006, when she accessed her medical records and unveiled the truth about her medical diagnosis.

The case was eventually brought to the regional court of Cologne, Germany. Christiane's case revolved around how if she was informed of her diagnosis, with appropriate medical intervention, she would have been able to live life as a biological woman and would not have been infertile. Moreover, she discussed the effects of her surgery, not only on her physical health, which she constantly had urinary tract infections and urinary dysfunction, but also her mental health. The surgeon's case revolved around other medical specialists being fully responsible for the diagnosis and the fact that he only withheld information as he was concerned for Christiane's mental health at the time and didn't want it to deteriorate. He also argued that Christiane's body was subject to masculinization and did not resemble a female body, and he only wanted to fulfil the wishes of his patient.

The court came to a conclusion on 6 February 2008. They determined that this surgery was not an urgent one, as Volling had no major and acute health risks. Furthermore, they pointed out that the surgeon had failed to provide a valid reason for withholding medical information. Christiane was both genetically and physically female according to the records, and the surgery itself was labelled as something it wasn't. As the surgery was irreversible and its origins could no longer be traced back, the doctor's actions were deemed as invalid. Hence, the court ruled that "the Defendant illegally, in a deliberate and culpable manner, injured the Plaintiff's health by removing his female

sex organs without full consent about the nature, content and extent of the surgery”¹⁵, and Christiane Volling won the case and was awarded 100,000 euros in damages.

MAJOR COUNTRIES AND ORGANIZATIONS INVOLVED

Malta

Since 2015, Malta has had one of the most progressive rights for intersex individuals, passing the world’s first legislation which protects intersex children and infants from non-consensual medical interventions such as reassignment surgery. Malta is also the global base for the International Intersex Forum, who are responsible for projecting the voices of intersex individuals. At their third forum, the Malta Declaration, which is a statement calling for international rights for intersex people, was signed and ratified.

Australia

Australia was the first country to conduct a parliamentary inquiry on coerced medical intervention for intersex individuals, in 2016. Australia was also the first country to legally secure a birth certificate for an intersex individual with their sex classified as “intermediate”. In 2017, Australia, along with New Zealand, criminalized intersex medical intervention on children, which was a major leap for the country’s progression. Additionally, Intersex Peer Support Australia is the oldest intersex civil rights organisation in the world, as it was founded in 1985. Needless to say, Australia is also one of the leading countries for intersex rights.

United States of America (USA)

Even though intersex individuals do share some rights with the rest of the American population, when it comes to healthcare, they are still not protected from non-consensual medical intervention as children. Unfortunately, physical integrity and bodily autonomy is not recognized for intersex persons in the US. It is widely known that the USA has a privatized healthcare system. Although intersex individuals are legally protected from discrimination in the healthcare sector, the system makes it very difficult to monitor forms of discrimination and violence in this sector. However, in 2016, the first passport with the sex classified as “X” was issued in the US, and many civil society organizations in the nation are working towards improving intersex rights.

¹⁵ Deutsche Welle. “Gender Warrior Wins Case against Surgeon.” *DW.COM*, 6 Feb. 2008, <https://www.dw.com/en/gender-warrior-wins-case-against-surgeon/a-3111505>.

United Kingdom (UK)

The UK also does not recognize physical integrity and bodily autonomy for intersex people, and they do not classify third genders/sexes in official documents, unlike the USA. Additionally, intersex children are not protected from non-consensual medical interventions. The situation has worsened for intersex individuals since the UK exited the European Union, as the Council of Europe had recently been recognizing the importance of human rights for intersex people. Nevertheless, the National Health Service (NHS) does spread awareness on intersex conditions, and there has been a rise in intersex civil society organizations in the UK throughout the past decade, leading the international intersex community to believe that there is some hope for intersex individuals in the UK.

International Lesbian, Gay, Bisexual, Trans, and Intersex Association (ILGA)

ILGA is an organisation which actively fights for LGBTQIA+ rights across the globe. It also organizes the annual International Intersex Forum in Malta, which is the only international gathering of intersex activists and civil society organizations. This forum is what has amplified the voices of intersex individuals and raised concerns about medical interventions to national governments. The third forum especially sparked a change in many countries' legislation, with Malta, the country where this forum is based drafting the Malta declaration.

The Council of Europe

The Council of Europe published a landmark report on the rights of intersex individuals in 2015. This report calls upon member states to implement a series of actions to incorporate intersex people in society as well as respect their rights, but one notable clause from this report calls for member states to end the unnecessary "normalizing" medical treatment for intersex individuals such as genital surgery and sterilisation. In addition, it recommends the provision of psychosocial counselling for intersex individuals and their families. Many more constructive suggestions are given in this report, and it is a basis for all European countries to begin supporting their intersex population.

TIMELINE OF EVENTS

Date	Description of event
1944	The first sex change operation on an intersex person was performed on a child at the University of Zurich Children's Hospital. This act was then condemned and considered genital mutilation due to the damages caused.
26th October, 1986	This marks the first public demonstration by intersex people outside the venue where the American Academy of Paediatrics was holding a conference. This day is now known as Intersex Awareness Day.
11th January, 2003	The first ever passport with sex labelled as "X" was issued in Australia for an intersex individual named Alex Macfarlane.
6th February, 2008	Christiane Volling wins a case where she was suing for non-consensual medical intervention as an intersex person.
5th September, 2011	The first International Intersex Forum, organised by the ILGA, was held in Malta. This would then turn into an annual event.
2nd December, 2013	The Malta Declaration on intersex rights was signed by 30 representatives. It was a large leap for the recognition of intersex bodily autonomy.
12th May, 2015	The Council of Europe report on the rights of intersex individuals was published. This report emphasized on medical support for intersex individuals.
5th July, 2017	The Human Rights Watch publishes their report on medically unnecessary surgeries on intersex individuals. A US children's hospital then announced that they will no longer be operating on intersex children, and many others followed.

November 2017	A series of campaigns were launched by UN organizations as well as NGOs on raising awareness on intersexuality.
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RELEVANT UN RESOLUTIONS, TREATIES AND EVENTS

- Resolution A/HRC/40/L.10/Rev.1¹⁶: This resolution is about the elimination of discrimination against intersex individuals in sports. Intersex individuals identifying as women and participating in sports have to medically reduce their blood testosterone levels by undergoing harmful medical procedures and hormone therapy to do so, hence this resolution aims to eradicate these necessary procedures to protect the health of these individuals.
- The United Nations Office of the High Commissioner of Human Rights (OHCHR) efforts: The OHCHR has made several efforts to shed light on the medicalization of intersex individuals and anti-discrimination recommendations such as attending an Intersex Expert meeting in 2015 and drafting a joint statement¹⁷ with other UN regional offices on intersex human rights.

PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

ILGA

ILGA has contributed greatly to raising awareness and bringing about action on the rights of intersex individuals, always publishing articles describing what intersex conditions are, and updating their information with all the latest news about developments in intersex rights. However, the most notable action of ILGA is the organization of the annual International Intersex Forum in which its third conference inaugurated the Malta declaration. This declaration emphasizes on the medical support needed for intersex individuals, calling for the end of immoral practices such as sterilization and genital mutilation, and asking for the provision of an ethical and healthy environment in the healthcare sector for intersex individuals, which was a huge steppingstone for the progression of rights of intersex individuals in the healthcare sector. For example, after the Third International Intersex Forum hosted in Malta, the nation of Malta greatly altered their legislations on intersex individuals by recognising their physical integrity and bodily autonomy, as well as criminalizing genital mutilation on intersex children.

¹⁶ See the resolution [here](#).

¹⁷ See OHCHR efforts [here](#).

The Council of Europe

The report published by the Council of Europe was the European Union's first acknowledgment of the issue of medicalization on intersex individuals, which indicates progress being made in this aspect. This report defines intersexuality and establishes the physical integrity and bodily autonomy of intersex individuals, as well as further highlighting the types of medical support intersex individuals have the right to receive and the eradication of unnecessary medical intervention such as "normalizing" surgery and a plethora of different types of hormone therapy, also mentioning the fact that there may be adverse effects to these extensive medical measures. Although means of integrating intersex individuals into society have been discussed, they still have not been fully implemented in European Union countries.

POSSIBLE SOLUTIONS

Addressing the need of medical intervention

First and foremost, restrictions on performing gender reassignment surgery on infants and children must be implemented to prevent the aforementioned issues. Before any medical decision is made, an evaluation with means such as ultrasound, external examination, karyotype analysis, and blood tests must be conducted, and a conclusive diagnosis must be reached before proceeding with any type of intervention. Moreover, it is recommended that hormone therapy be commenced gradually to detect any signs of rejection, and that it should only be commenced to balance out an imbalance of hormones which can prove harmful and fatal. It is also suggested that gender reassignment surgery not be performed before the age of 18, and if it is, it should only be in the case of grave conditions.

Universal Healthcare

Furthermore, access to healthcare must be improved for intersex individuals, as they should not face any form of discrimination in the healthcare sector. Implementing universal healthcare coverage frameworks, such as the ones in place in Sweden, where healthcare coverage is completely free, could enable intersex individuals to receive the medical support they need. The UN and MEDCs should collaborate with LEDCs to provide specialized doctors i.e., endocrinologists, psychiatrists, and genital surgeons, and in turn specialized equipment to accommodate for intersex individuals. Additionally, psychosocial support groups, which may be completely voluntary yet monitored by psychologists to ensure the comfort of the people participating, may alleviate the mental states of intersex individuals.

Criminalization of immoral practices

Lastly, societal inclusion of intersex individuals plays a crucial role in their mental health, and hence various measures must be taken by Member States to affirm this. Primarily, all Member States should be urged to recognize the physical integrity and bodily autonomy of intersex individuals and must not only eliminate, but criminalize the withholding of medical information, genital mutilation, forced sterilization, and infanticide of this minority. In addition, education on intersex conditions must be widespread throughout the community to eliminate existing stigmas and further integrate intersex individuals as part of the society.

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