



## Trans and Intersex: Healthcare

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### Gender-affirming care for transgender adolescents, teens, and adults

Like anyone, trans and intersex people need preventive care to stay healthy, and acute care when they become sick or injured. Transgender teens and adults – including many who are both trans and intersex – who seek and need gender-affirming medical care should have access to that care. **Gender affirming care**, sometimes referred to as transition-related care, is medically necessary, age-appropriate, life-saving healthcare for all transgender people of all ages. It includes a wide range of services, including mental health care, medical care, and social services.

Transgender people's health care is both widely stigmatized and misunderstood. Major medical groups like the American Medical Association, the American Psychological Association, and the American Academy of Pediatrics oppose any discrimination against trans patients, including restrictions on the care or coverage a transgender person can receive. Not all transgender people will transition medically, often due to personal choice, lack of access to medical care, lack of support, or other reasons. However, a transgender person is still transgender regardless of whether they undergo medical transition. Different transgender people may need different types of transition-related healthcare. Transitioning can help many transgender people lead healthy, fulfilling lives.

Transgender and intersex (and intersex people who are also transgender) people may choose medical treatments and procedures such as puberty blockers, hormonal therapy, electrolysis, surgeries, etc. that feel right for them when they can make those decisions for themselves. Criticism of surgeries and other medical procedures on intersex children should be clear that these are nonconsensual surgeries, generally at ages where informed consent is impossible, and focus on the need for informed consent.

Informed consent is the most important factor when determining if someone can consent to healthcare that involves changes to their bodies. The informed consent process involves in-depth discussions on benefits, side effects, potential risks, and other details regarding the care that an individual is seeking. These conversations and processes allow patients to make informed decisions. A teenager might be old enough to consent to gender-affirming care, while still impressionable or uninformed enough to be impacted by a healthcare provider pushing unnecessary intersex interventions on them.

## **Intersex genital mutilation (IGM)**

Intersex babies and children are, to this day, often subjected to nonconsensual and medically unnecessary surgeries to alter their genitals, typically under the age of 2. This is referred to in the community as “intersex genital mutilation” (IGM). IGM is performed by surgeons to “normalize” a child’s genitals to make them appear more typically male or female. These procedures can be sterilizing, run the risk of not aligning with a person’s eventual gender identity, and often have significant and lifelong harmful medical complications.

Intersex genital mutilation is recognized as torture by the United Nations. Multiple federal agencies in the US have similarly recognized these harms, including in the State Department’s [2022 Gender-Based Violence Strategy](#), which called for an end to “the mutilation of genitalia of intersex infants and adolescents” as a matter of global human rights.

## **Intersex Impacts**

All bans on gender-affirming strip autonomy from both transgender and intersex communities by disregarding the primary factors of medical need and ability to consent. For intersex people, the vast majority of these bills also try to enshrine intersex genital mutilation in law for the first time.

## **Healthcare bans with “intersex exceptions” attempt to enshrine intersex genital mutilation (IGM) in law**

- Most bans on gender-affirming care contain so-called “intersex exceptions,” which seek to legitimize and promote nonconsensual, unnecessary genital and sterilizing surgeries on intersex infants and children.
  - These provisions seek to enshrine in state law—for the first time ever—the idea that IGM on infants and young children is appropriate without limitation.
  - These early surgeries on intersex children are supported, even as similar or lesser interventions for trans teens are banned without exception.
- Despite these intersex “exceptions,” gender affirming care bans can also block intersex youths’ access to care they seek and need.
  - Intersex youth already have extraordinary difficulty finding welcoming and competent providers. Whether they are cis or trans, intersex youth often rely on the same providers as endosex (non-intersex) trans youth.
  - When these providers halt services, move away, lay off staff, or are overwhelmed with legal threats or intimidation, intersex youth can also lose access to care—and some are [losing access to this care](#) as a result.

## **Bills without “intersex exceptions” also block intersex individuals from healthcare**

- These bills may block intersex adolescents and adults from accessing hormones or other vital medical care if the care is perceived as related to gender-affirmation.

- Intersex individuals who are also transgender are especially impacted—such as if they need supplementary hormones and request hormones that don’t align with their assigned sex at birth.
- These bills do not ban intersex genital mutilation, in practice. It continues regardless of their implementation. The bills simply do not attempt to enshrine it in law in the same way that bills with “intersex exceptions” do.

## **Intersex language and issues are weaponized against gender affirming care**

Language about “genital mutilation” and opposition to surgeries has been coopted from the intersex rights movement and used to criticize consensual, medically necessary healthcare for transgender individuals. It is used in bills opposing gender-affirming care to intentionally conflate and cause confusion between the two issues.

- **“Do no harm” (The Hippocratic Oath)**
  - Relevant when applied to the responsibility of doctors to stop performing intersex genital mutilation. ✓
  - Not relevant when applied to consensual gender-affirming care for transgender individuals. ✗
- **“Genital mutilation”**
  - Relevant when discussing nonconsensual, medically unnecessary surgeries on intersex children (such as in the phrase “intersex genital mutilation.”) ✓
  - Not relevant when discussing medical decisions made with informed consent by an individual, such as a transgender person, or an intersex person who made that decision for themselves. ✗
- **“Gender-affirming care”**
  - Relevant when referring to a transgender person receiving consensual and needed healthcare. ✓
  - Not relevant when referring to an intersex person, unless they gave informed consent to medical treatment that affirms their gender. ✗
- **References to “Dr. John Money”**
  - Dr. John Money pioneered the practice of performing medically unnecessary surgeries on intersex infants without their consent. He is cited in bills that conflate his practice of intersex genital mutilation with gender-affirming care.
  - Relevant when criticizing intersex genital mutilation. ✓
  - Not relevant when incorrectly conflating the practice of gender-affirming care with intersex genital mutilation. ✗
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## **Transgender Impacts**

In general, gender-affirming/healthcare bans that impact transgender people include:

- Restricting youth from accessing life-saving medical treatment.

- This can have harmful effects for youth who are currently undergoing medical treatment.
- In some states, restricting adults from access to gender-affirming care.
- Restricting telehealth services for access to gender-affirming care.
- Creating unnecessary paperwork, including more evaluations and impossible regulations to increase barriers to gender-affirming care, [similar to anti-abortion TRAP laws](#).
- Criminalizing parents' support who permit youth to get gender-affirming care and/or medical professionals for providing gender-affirming care.
  - Sometimes, fines are also imposed.
- Threatening professional license, liability insurance, and board membership of practicing medical professionals.
- Restricting what public or private insurance can and can't cover, increasing barriers to access to gender-affirming care.

### Key messaging

- Everyone has the right to bodily autonomy, to make informed decisions about their own bodies and futures.
- Often, transgender people have to fight to access healthcare that they need and are actively seeking, while intersex people are subjected to surgeries before they can choose for themselves, or are coerced into without informed consent.
- Bills banning gender affirming care are not about protecting children—the “intersex exceptions” show that they are about coercion, control and erasure of nonconforming bodies.

### Avoid

- Referring to intersex genital mutilation, or any surgery that takes place without the individual's informed consent, as “gender-affirming care.”
- Stating that genital surgeries do not happen on youth/children.
- Implying or stating that intersex people aren't affected by these bills due to the “intersex exception.”
- Stating broadly (without looking at the specific policy) that these laws ban care needed and sought by intersex youth.
- Appeals to medical authority, e.g. “Doctors know what is best for their patients” when surgeons routinely perform harmful surgeries on intersex youth. Instead, center the rights of transgender and intersex youth over their bodies.
- Appeals to parental authority, e.g. “Parent's know what is best for their children.” Decisions that are non-medically necessary should be made by the individual and not decided by parents.

### Critical Data:

- [State-level anti-trans bill tracker](#) (Trans Formations Project)
- [2023 Legislative Attacks with “Intersex Exceptions”](#) (NCTE)