

Talking Points for California's 2021 Bill

Focus on shared values:

- Every young person deserves a fair and equal chance to participate in major decisions about their own reproductive and sexual health.
- This bill honors our state's commitments to equality and autonomy by giving youth born with variations in sex traits a say in healthcare decisions they've long been denied.

Focus on precedent in other areas:

- We've made great progress toward upholding these rights regarding non-consensual sterilization for minority groups and for LGBTQ+ people.
- It's past time we do the same for the 1-2% of people born with variations in their genitalia and sex characteristics.
- At least 5 states have seen bills introduced on this issue in the past 5 years, led by the work of interACT: Advocates for Intersex Youth, representing intersex communities and their allies in the medical field and beyond.
- California's 2021 bill builds on the passage of SCR-110, State Senator Scott Wiener's resolution which was cosponsored by interACT and Equality California. The resolution affirms California's recognition of the importance of equality for people born with sex variations.

Focus on physical anatomy and naming surgeries to explain why they are not necessary in infancy:

- *Gender identity has been a tricky sticking point in past legislative discussions. Everyone deserves a say in these major surgeries, even if the surgeries would seem to "align" with their presumed adult gender identity.*
- Before arguments about gender identity, focus on, "no matter what someone's gender identity, we all deserve a fair chance to participate in these irreversible decisions."
- These are major surgeries with lifelong considerations: cutting a clitoris, creating a vagina for penetrative sex, removing hormone-making organs, or moving a working urinary opening. None of these are required in infancy.
- The bill provides guidance on the rare cases in which surgery may be urgently required.
- Non-essential medical decisions that can come with high risks should not be based in stereotypes and bias.

Acknowledge the ideological differences and the pain:

- Some children born with unique sex traits may grow up to want to change their bodies, while others may never want or need to engage in medical interventions.
- But when these surgeries are performed on infants and toddlers, what happens to those who grow up and wish they'd never had them?

- Adults who are forced to live with the results of unwanted infant genital surgeries often suffer from compromised sexual function, further medical issues, and psychological trauma.
- How can we know which baby will be which?
- As the United Nations, the World Health Organization, and Human Rights Watch all affirm: the only way to know what an individual will want is to safely delay these non-emergency surgeries.

Acknowledge intentions and give room to “learn together”:

- Many doctors and parents who want to do what’s best for children don’t know about how affected adults and human rights organizations have spoken up about the risks and harms of these childhood procedures.
- We’ve learned a lot over the past several years about the wishes of adults who live with the results of decisions that were made for them in childhood.
- We are asking for a necessary change in medical practice, born from the activism of affected adults over the past 30 years.
- Medical practice is changing. In 2020, building on years of legal advocacy led by interACT, two premiere children’s hospitals in [Chicago](#) and [Boston](#) stopped some types of surgeries on young children.
- Many medical associations, including the GLMA: Health Professionals Advancing LGBTQ Equality and the American Academy of Family Physicians, have spoken out in favor of delaying early surgeries.

On the issue of “exemptions” to the rule by medical diagnosis:

- Genital differences have many different causes. No matter the cause, everyone deserves an equal chance to participate in irreversible decisions about their own body.
- *If asked about Congenital Adrenal Hyperplasia:* For example, the health issues related to stress hormones that accompany some forms of CAH are real and important. There are serious, life-threatening needs there. And, this is a separate issue, compared to choosing major genital surgeries such as vaginoplasty. Individuals deserve to participate in these decisions.
- *If asked about circumcision:* This bill is about delaying specific procedures on the 1-2% of children born with variations in their sex characteristics. Circumcision is not one of the listed procedures that the bill applies to.

If asked about the bill’s age cutoff of age six:

- The medical community prefers clear guidelines, which often come in the form of age recommendations. We worked with them on this request.
- This guideline gives families time to understand their child, to weigh risks and benefits, and it leaves room for physicians to look to existing standards of care for minors and decision making, as we see in the standard of care for transgender youth.

✓ Focus on	⊘ not
safely delay, give individuals a fair chance to participate in decisions about their bodies/future sexual function/healthcare	ban
non-essential surgeries, (major) genital surgeries, and NAME what they are: <ul style="list-style-type: none"> ● reducing a clitoris ● creating a vagina for penetrative sex ● removing hormone-making organs ● moving a working urinary opening for a child to “pee standing up” 	cosmetic surgeries (<i>consider that consenting transgender or older intersex people may want to access similar procedures</i>) elective surgeries (<i>language used by insurance denials, for above concerns</i>)
people, Californians	children (<i>keeps the issue abstract and ignores lack of followup care adults need</i>)
“No matter what gender a person grows up to be, everyone deserves a say”	5-15% grow up to have a gender identity that doesn’t match the surgeries they had (<i>even if a person is a binary woman, they still deserve choices - numbers and getting into gender breakdowns seemed to lose decision makers</i>)
major surgeries that affect a person’s future sexual function (and puberty, and/or reproductive function)	sex-assignment surgeries, gender-normalizing surgeries (<i>inflammatory, seems to immediately confuse the issue</i>)
equality and autonomy (<i>this specific population deserves choices that aren’t denied to anyone else</i>)	protection (<i>keeps issue passive and frozen in childhood, could imply criticism of judgment of parents who did choose surgeries</i>)

Imagery Considerations

- Remember that focusing on infants may make the issue more abstract and distant.
 - When possible, use images representing adults and active decision making.
 - Remember the real, lifelong effects of genital surgeries that adults live with.
 - Images of people interacting with each other foster empathy.

- Sex trait variations affect people of all backgrounds.
 - Black, Indigenous, and other people of color also face medical racism as a barrier to bodily autonomy.

- Access to health insurance and choice in healthcare is a compounding issue in the United States.
 - For example, parents who do not face the barriers of medical racism and/or limited healthcare choices are disproportionately afforded more room to question treatment recommendations, seek second opinions, and be heard by their providers.
- Experiences with sex variations vary widely based on race, culture, and language.
- Be conscious of falling into imagery that only focuses on white infants and children.
- [Intersex flags](#) work, though not all people with variations in their sex traits may identify this way. Focusing on people as relatable human beings is always best!
 - Do not use rainbow flags or transgender flags, or general images that suggest LGBTQ+ themes more broadly. While some intersex people are also LGBTQ+, and the groups share many issues in common, general imagery blurs focus on the issues facing this *specific* population deserving its own healthcare choices.
- Use images provided by [interACT: Advocates for Intersex Youth](#) of staff and community members involved in the bill process.