Whereas, Differences of sex development (DSD), also known as intersex, are defined as congenital development of ambiguous genitalia (e.g., 46,XX virilizing congenital adrenal hyperplasia), congenital disjunction of sex anatomy (e.g., Complete Androgen Insensitivity Syndrome), incomplete development of sex anatomy (e.g., gonadal agenesis), sex chromosome anomalies (e.g., Turner Syndrome), and disorders of gonadal development (e.g., ovotestes); and

Whereas, Sex (the biological state of being male or female), gender (a person’s self-representation as male or female), and sexual orientation (direction(s) of erotic interest -- heterosexual, bisexual, homosexual) are three separate categories existing on a spectrum; and

Whereas, For many decades research has supported the idea that our experience of our bodies and gender identity is inherent in us and not something that can be assigned; and

Whereas, DSD is currently presented as a pathological condition requiring medical attention rather than biological variance outside of the hegemonic sex binary; and

Whereas, There is little research on the incidence of DSD, but estimates range from 1 in 5000 ambiguous genitalia to 1 in 1,500 for atypical genitalia; and

Whereas, The frequency of DSD from 1955 to 2000 was estimated to be as high as 2 percent of live births worldwide, and the frequency of individuals receiving corrective genital surgery was estimated to be 0.1-0.2 percent of all live births; and

Whereas, No straightforward recommendations exist in the U.S. for sex assignment in Neonates with DSD; however, there is a growing consensus that any surgical intervention in neonates and infants leading to irreversible changes should be done with the utmost caution; and

Whereas, The majority of reconstructive surgeries for DSD in the U.S. are typically performed during the first year; however, this timing is controversial and there is limited data on the long term psychological outcomes for patients; and

Whereas, A survey of young adults found that 93 percent of women would not have wanted their parents to agree to a genitoplasty surgery for an enlarged clitoris unless the condition were life threatening and almost all men would not have wanted sex reassignment for a micropenis if it might have impacted their sexual pleasure; and
Whereas, Medical professionals (including three former U.S. Surgeons General: Doctor Joycelyn Elders, Doctor David Satcher, and Doctor Richard Carmona) as well as national organizations such as United Nations, Amnesty International and Human Rights Watch have recommended against and are devoted to ending unnecessary surgeries on infants with DSD\textsuperscript{11,19,20,21}; and

Whereas, The human rights organization Amnesty International documented numerous examples of human rights violations during instances of "invasive and irreversible 'normalizing' surgeries" for children with DSD\textsuperscript{21}; and

Whereas, The 2015 European Union Report on the current legal state of affairs regarding intersex rights of member states found that at least 18 member states legally require patient (rather than parental) consent for surgical intervention in DSD\textsuperscript{22}; and

Whereas, Medically unnecessary DSD surgery is defined as, "all surgical procedures that seek to alter the gonads, genitals, or internal sex organs of children with atypical sex characteristics too young to participate in the decision, when those procedures both carry a meaningful risk of harm and can be safely deferred"\textsuperscript{18}; and

Whereas, The court case \textit{MC v. Aaronson}, concerning the potential violation of constitutional rights of a person who underwent intersex genital mutilation without consent at age one while a ward of the state, was later dismissed by the Court of Appeals for the Fourth Circuit since there was "no fair warning to those involved in the decision regarding M.C.’s surgery that they were violating his clearly established constitutional rights;"\textsuperscript{23} and

Whereas, There are minimal studies examining the long-term impact of these surgeries, but those studies found that persons with DSD that did not have surgical intervention as infants primarily experienced psychological stress from feelings of isolation from other individuals, communities, and support groups, rather than from the absence of early surgical intervention\textsuperscript{11,24}; and

Whereas, Attempting to alter a person’s sexual identity or sexual orientation through any type of therapy may cause psychological harm\textsuperscript{25}; and

Whereas, Chronic juvenile stress has been associated with the development of neuropsychiatric illness in adulthood; much like the stress caused by having one’s biological sex assigned for them at birth\textsuperscript{26}; and

Whereas, Permanent alterations to genitalia before a patient can consent may result in the child being assigned a gender incongruent with their gender identity and lead to adverse outcomes including loss of sensitivity, orgasmic function, and fertility\textsuperscript{2,12,27}; therefore be it

RESOLVED, That our American Medical Association oppose the assignment of gender binary sex to infants with differences in sex development through surgical intervention outside of the necessity of physical functioning for an infant and believes children should have meaningful input into any gender assignment surgery. (New HOD Policy)

Fiscal Note: Not yet determined

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