

Intersex Genital Mutilations Human Rights Violations Of Persons With Variations Of Sex Anatomy

justicia intersex



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RIGHTS FOR
HERM
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TOO!**

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**NGO Report
to the 6th and 7th Periodic Report of Argentina
on the Convention against Torture (CAT)**

NGO Report**To the 6th and 7th Periodic Report of Argentina on the Convention Against Torture (CAT)****Compiled by:****Justicia Intersex**

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A. Executive Summary

All typical forms of IGM practices are still practised in Argentina today, facilitated and paid for by the State party. Parents and children are misinformed, kept in the dark, sworn to secrecy, kept isolated and denied appropriate support. Argentina is thus in breach of its **obligations** under the Convention against Torture to **(a)** take effective legislative, administrative, judicial or other measures to **prevent involuntary, non-urgent surgery and other medical treatment on intersex persons** without the effective, informed consent of those concerned, causing severe mental and physical pain and suffering, and **(b) to ensure impartial investigation, access to redress**, and the right to fair and adequate **compensation and rehabilitation for victims**. (Arts. 2, 12, 14 and 16, General Comments 2 and 3).

This Committee has already recognised IGM practices as a breach of the Convention in previous **Concluding Observations** for Germany, Switzerland, Austria, Denmark, Hong Kong and France, and called for **legislation** to **(a)** end the practice, **(b)** ensure redress and compensation, and **(c)** to provide access to free counselling. Amongst others also **CRC**, **CEDAW**, **CRPD**, the UN Special Rapporteur on Torture (**SRT**), the UN High Commissioner for Human Rights (**UNHCHR**), the Inter-American Commission on Human Rights (**IACHR**) and the World Health Organisation (**WHO**) have called for **legislative remedy** and **access to redress and justice** for victims, and for **free counselling**.

Intersex people are born with **Variations of Sex Anatomy**, including atypical genitals, atypical sex hormone producing organs, atypical response to sex hormones, atypical genetic make-up, atypical secondary sex markers. While intersex people may face several problems, the most pressing are the ongoing **Intersex Genital Mutilations**, which present a distinct and unique issue constituting significant human rights violations. **IGM practices** include **non-consensual, medically unnecessary, irreversible, cosmetic genital surgeries, and/or other harmful medical procedures** that would not be considered for “normal” children, without evidence of benefit for the children concerned, but justified by societal and cultural norms and beliefs. **Typical forms** of IGM include “masculinising” and “feminising”, “corrective” genital surgery, sterilising procedures, imposition of hormones, forced genital exams, vaginal dilations, medical display, human experimentation and denial of needed health care.

IGM practices cause known **lifelong severe physical and mental pain and suffering**, including loss or impairment of sexual sensation, painful scarring, painful intercourse, incontinence, urethral strictures, impairment or loss of reproductive capabilities, lifelong dependency on artificial hormones, significantly elevated rates of self-harming behaviour and suicidal tendencies, lifelong mental suffering and trauma, increased sexual anxieties, less sexual activity, dissatisfaction with functional and aesthetic results.

This **Thematic NGO Report** has been compiled by the intersex NGOs **Justicia Intersex** and **StopIGM.org**. It contains **Concluding Recommendations**, and an Appendix with **5 Case Studies**.

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B. Introduction

a) Intersex and Human Rights in Argentina

IGM practices are known to cause severe, lifelong physical and psychological pain and suffering, and have been repeatedly **recognised by multiple UN treaty bodies including CAT** as constituting a harmful practice, violence and torture or ill-treatment. This NGO Report demonstrates that the current **harmful medical practice on intersex persons in Argentina** – advocated, facilitated and paid for by the State party – constitutes a serious breach of Argentina’s obligations under the Convention.

Argentina not only does nothing to prevent IGM practices, but in fact directly finances its continuation in public paediatric hospitals. To this day the Government **fails to take appropriate legislative, administrative and other measures** to protect intersex children, and refuses survivors the **right to justice, redress and compensation**, despite official governmental agencies having expressed their concern about human rights violations against intersex people, including the National Institute Against Discrimination (INADI), the Asesoria General Tutelar and the Ministry of Health of the Buenos Aires Province.

b) About the Rapporteurs

This thematic NGO report has been prepared by the intersex NGOs *Justicia Intersex* and *StopIGM.org*.

- **Justicia Intersex**, founded in 2013, is a national human rights NGO based in Argentina. It is led by intersex persons and works to prevent and denounce human rights violations against intersex people in the country and to promote their access to key human rights, including the rights to bodily integrity, to autonomy, to truth and to adequate reparations. Justicia Intersex has also worked at the regional and international human rights systems to report on intersex issues (including IAHR, OHCHR and the Mandates of the Special Rapporteur on Torture and Health), as well as with the World Health Organization.
- **StopIGM.org / Zwischengeschlecht.org**, founded in 2007, is an international Human Rights NGO based in Switzerland. It is led by intersex persons, their partners, families and friends, and works to represent the interests of intersex people and their relatives, raise awareness, and fight IGM practices and other human rights violations perpetrated on intersex people, according to its motto, “*Human Rights for Hermaphrodites, too!*”¹. According to its charter,² Zwischengeschlecht.org works to support persons concerned seeking redress and justice. StopIGM.org regularly reports to UN treaty bodies.

c) Methodology

This thematic NGO report is a localised and updated **addition to the 2016 thematic CAT NGO Report for France** by partly the same rapporteurs, which also contains the additional **thematic**

1 <http://Zwischengeschlecht.org/>, English pages: <http://StopIGM.org/>

2 <http://zwischengeschlecht.org/post/Statuten>

supplements “*What is Intersex?*” (p. 32–37), “*What are Intersex Genital Mutilations?*” (p. 38–47), “*IGM as a Breach of the Convention against Torture*” (p. 48–57) and “*IGM in Medical Textbooks: History + Current Practice*” (p. 59–69).³ This Report includes **5 anonymised personal testimonies of IGM survivors and a mother of an intersex child in Argentina** collected by Justicia Intersex, based on written submissions and interviews conducted for this NGO report. They show in an exemplary manner how different forms IGM are practiced in Argentina without informed consent by the persons concerned and/or their parents, and cause **severe physical and mental pain and suffering**.

C. IGM Practices in Argentina

1. Background: IGM Practice. Involuntary, unnecessary medical interventions

IGM practices include non-consensual, medically unnecessary, irreversible, cosmetic genital surgeries, and/or other similar medical procedures, including imposition of hormones, performed on children with variations of sex anatomy,⁴ without evidence of benefit for the children concerned, but justified by “*psychosocial indications [...] shaped by the clinician’s own values*”, the latter informed by societal and cultural norms and beliefs, enabling clinicians to withhold crucial information from both patients and parents, and to submit healthy intersex children to risky and harmful invasive procedures that would not be considered for “normal” children, “*simply because their bodies did not fit social norms*”.⁵

Typical forms of IGM include “feminising” or “masculinising”, “corrective” genital surgery, sterilising procedures, imposition of hormones (including prenatal “therapy”), forced genital exams, vaginal dilations, medical display, human experimentation, selective (late term) abortions and denial of needed health care.

IGM practices are known to cause **lifelong severe physical and mental pain and suffering**,⁶ including loss or impairment of sexual sensation, poorer sexual function, painful scarring, painful intercourse, incontinence, problems with passing urine (e.g. due to urethral stenosis after surgery), increased sexual anxieties, problems with desire, less sexual activity, dissatisfaction with functional and aesthetic results, lifelong trauma and mental suffering, elevated rates of self-harming behaviour and suicidal tendencies comparable to those among women who have experienced physical or (child) sexual abuse, impairment or loss of reproductive capabilities,

3 See <http://intersex.shadowreport.org/public/2016-CAT-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

4 See “What is Intersex?”, 2016 CAT France NGO Report, p. 32–37, <http://intersex.shadowreport.org/public/2016-CAT-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

5 See For references, see “What are Intersex Genital Mutilations (IGM)?”, 2016 CAT France NGO Report, p. 38.

6 See “IGM Practices – Non-Consensual, Unnecessary Medical Interventions”, 2016 CAT France NGO Report, p. 38–47

lifelong dependency on daily doses of artificial hormones.

IGM practices have been consistently considered as a harmful medical practice and ill-treatment by this Committee, by IACHR and many more human rights bodies and experts.⁷

2. Intersex is NOT THE SAME as LGBT or SOGI

Unfortunately, there are several **harmful misconceptions about intersex** still prevailing in public, notably if intersex is counterfactually described as being the same as or a subset of LGBT or SOGI, e.g. if intersex and/or intersex status are represented as a sexual orientation (like gay or lesbian), and/or as a gender identity, as a subset of transgender, as the same as transsexuality, or as a form of sexual preference.

The underlying reasons for such misconceptions include **lack of awareness**, third party groups **instrumentalising** intersex as a means to an end for their own agenda, and State parties **trying to deflect** from criticism of involuntary intersex treatments.

Intersex persons and their organisations have spoken out clearly against instrumentalising intersex issues,⁸ maintaining that IGM practices present a **distinct and unique issue** constituting significant human rights violations, which are different from those faced by the LGBT community, and thus need to be **adequately addressed in a separate section as specific intersex issues**.

3. IGM Practices in Argentina

a. Lack of protection for intersex persons

In Argentina, same as in the neighbouring state of Chile (see CRC/C/CHL/CO/4-5, paras 48–49; CRPD/C/CHL/CO/1, paras 41–42) and in many more State parties including Germany (see CAT/C/DEU/CO/5; para 20; CRPD/C/DEU/CO/1, paras 37–38; CEDAW/C/DEU/CO/7-8), Switzerland (see CAT/C/CHE/CO/7, para 20; CRC/C/CHE/CO/2-4, paras 42–43; CEDAW/C/CHE/CO/4-5, paras 38–39), Austria (see CAT/C/AUT/CO/6, paras 44–45), Denmark (CAT/C/DNK/CO/6-7, paras 42–43) and France (see CAT/C/FRA/CO/7, paras 32–33; CRC/C/FRA/CO/5, paras 47–48; CEDAW/C/FRA/CO/7-8, paras 17e-f + 18e-f), there are

7 CAT, CRC, CRPD, SPT, SRT, SRSG VAC, COE, CHPR, IACHR (2016), “End violence and harmful medical practices on intersex children and adults, UN and regional experts urge”, <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20739&LangID=E> For further references, see “Bibliography: Intersex & Human Rights Mechanisms”, 2016 CEDAW France NGO Report, p. 24–38, <http://intersex.shadowreport.org/public/2016-CAT-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

8 For references, see 2016 CAT France NGO Report France, p. 35, fn 40. <http://intersex.shadowreport.org/public/2016-CAT-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

- No legal or other protections in place to ensure the rights of intersex children to physical and mental integrity, autonomy and self-determination, and to prevent non-consensual, medically unnecessary, irreversible surgery and other harmful treatments a.k.a. IGM practices
- No measures in place to ensure data collection and monitoring of IGM practices
- No legal or other measures in place to ensure the accountability of IGM perpetrators
- No legal or other measures in place to ensure access to redress and justice for adult IGM survivors

The current situation can be characterized as follows:

- Argentina has exemplar legislation on children's rights⁹, patient's rights¹⁰, right to identity¹¹ and about the prevention of torture¹² However, **those provisions generally fail to be applied to intersex persons** in the country.
- Some official agencies, such as the Buenos Aires city Office of Public Defender for Children (AGT for the acronym in Spanish)¹³ and the National Institute Against Discrimination (INADI)¹⁴ have expressed their interest in protecting intersex people's human rights, but **most relevant institutions are indifferent or support IGM**.
- Some doctors are slowly reconsidering their approach to certain procedures, but other procedures continue being performed.
- Some doctors recognize the need of reviewing current protocols but at the same time they dismiss survivor's experiences and expertise.
- Intersex people in Argentina face challenges in accessing their birth certificates, and they find extremely difficult to have access to their medical records, to accurate information about procedures performed during infancy and childhood, and impossible access to reparations.

9 Ley de proteccion integral de los derechos de las ninas ninos y adolescenens. Ley 26.061.

<http://servicios.infoleg.gob.ar/infolegInternet/anexos/110000-114999/110778/norma.htm>

10 Ley Derechos del Paciente en su Relacion con los Profesionales e Instituciones de la Salud. Ley 26.529 <http://servicios.infoleg.gob.ar/infolegInternet/anexos/160000-164999/160432/norma.htm>

11 Ley de identidad de genero. Ley 26 743.

<http://servicios.infoleg.gob.ar/infolegInternet/anexos/195000-199999/197860/norma.htm>.

English translation: <https://globaltransaction.files.wordpress.com/2012/05/argentina-gender-identity-law.pdf>

12 Creacion del Sistema Nacional de Prevencion de la Tortura y Otros Tratos o Penas Cruelles, Inhumanos o Degradantes. Ley 26.827.

<http://servicios.infoleg.gob.ar/infolegInternet/anexos/205000-209999/207202/norma.htm>

13 Asesoría General Tutelar. *Aportes para el cumplimiento de los derechos humanos en la temática intersex*. <http://mptutelar.gob.ar/content/dt-n-22-feb-2014-aportes-para-cumplimiento-de-derechos-humanos-en-la-tem-tica-intersex.html>

14 Instituto Nacional contra la Discriminacion. *Intersexualidad*. <http://201.216.243.171/biblioteca/wp-content/uploads/2016/03/intersexualidad.pdf>

- Most intersex children are derived from their provinces to be treated at few hospitals located in Buenos Aires city. Most relevant institutions include **Hospital de Pediatría Garrahan, Hospital de Niños Dr. Ricardo Gutiérrez, Hospital Posadas and Hospital Pedro de Elizalde**. Hospital Garrahan is considered to be the key center of excellence for treating intersex children in Argentina. It also receives patients from other Latin American countries.
- Intersex advocacy in the country has been active since 1996. It has played a key role in supporting survivors and their families, as well as getting support from official institutions on specific cases. Intersex advocates have also participated at meetings with doctors focuses on intersex issues in Hospital Garrahan and Hospital Gutiérrez and conducted trainings at the National Ministry of Health.

b. Most common IGM forms being performed in Argentina

- **IGM 3. Gonadectomies, Sterilizing Procedures and arbitrary imposition of hormones.**

Gonadectomies are a common practice in Argentina. They are usually justified by the risk of gonad malignization, but they are routinely performed **even in those cases where its utility is not clear** “until the issue can be clarified, gonadectomy should be recommended preventively”¹⁵ Treatment “**must include gonadectomy and hormonal replacement and the creation of a functional vagina... in regard to gonadectomy, when it is delayed until adolescence or adulthood puberty occurs spontaneously. If gonadectomy is performed in infancy, puberty must be induced with estrogen replacement**”.¹⁶

“...We program a laparoscopic approach, biopsy and eventual gonadectomy and feminizing genitoplasty simultaneously in those patients assigned female... **Our current approach is early gonadectomy**, on this grounds: **risk of neoplasia (despite of being very low); the psychological benefit for parents, who will now that any tissue not matching the sex of rearing has been removed; and to avoid reoperation**”.¹⁷

- **IGM 2 “Feminising” Genital Surgeries**

During the past years there has been a change in some doctors’ attitudes towards feminizing genital surgeries and, in particular, towards clitoridectomies.

15 Copelli, Sivia “Síndrome de Turner: el riesgo de tumores gonadales en pacientes con secuencias del cromosoma Y”. *Revista Argentina de Endocrinología y Metabolismo*, Vol 49, No 1. Diciembre 2012 http://www.scielo.org.ar/scielo.php?script=sci_arttext&pid=S1851-30342012000400005

16 Solana, María Laura; Paris, Analia “Síndrome de insensibilidad completa a los andrógenos. *Revista de la Sociedad Argentina de Endocrinología Ginecológica y Reproductiva*. Volumen XX, Numero 1, Abril de 2013. <http://www.saegre.org.ar/revista/numeros/2013/n1/Saegre%20N1%20-%202013.pdf>

17 Bailez, M. “Rol de la cirugía en pacientes con anomalías de la diferenciación sexual (DSD). *Medicina Infantil*, Vol XVII, No2, Junio 2010 http://www.medicinainfantil.org.ar/images/stories/volumen/2010/xvii_2_210.pdf

The National Nomenclator for Pediatric Surgery itself, published in December 2016, includes the performance of **“clitoridectomy for intersexual status”**.¹⁸

The Guide released by the Ministry of Health of the Province of Cordoba in 2012 recommends to perform genital surgery on girls with CAH **“after the first year”** of life.¹⁹ The website of the National Ministry of Health introduces CAH stating CAH girls’ genitals as **“abnormal”**.²⁰

From a group of 42 adolescent patients investigated at Hospital Garrahan 81% was operated. Most common surgery performed was vaginoplasty (57%). Only 31% received good information and 48% declared it to be bad.”²¹

“Age for reconstruction is a controversial issue. Our current preference is that of **early reconstruction during the first months of life**, whenever it is possible... We prefer to perform it simultaneously with the plastic intervention on external genitalia during the first months of life, **if there are no technical limitations for the procedure.**”²²

The negative consequences are known:

The Garrahan study concluded that 28,6 % was depressed. Authors found that **“they are adolescents with less autonomy, major personal dissatisfaction, major anxiety and little adequacy between sex assigned at birth and gender identity”**. They also pointed out that **“25% of the population doesn’t manifest sexual desire”** and being most of them individuals with CAH, they consider it **“a fact that makes us wonder if it is related with medical procedures (check ups, surgeries, treatments, etc.)”**.²³

RAEM published a paper referring to case managed at Hospital Gutierrez, where the patient was subjected to a **clitoridectomy at 2 years old and to a vaginoplasty at 7 years old. She didn’t**

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- 18 Asociacion Civil Argentina de Cirugia Pediatrica. *Nomenclador Nacional de Cirugia Pediatrica*. http://www.acacip.org.ar/docs/NOMENCLADOR_CON_VALORES_DICIEMBRE_2016.pdf
- 19 *Guías de atención ambulatorial integral para el seguimiento de recién nacidos de riesgo*. Ministerio de Salud, Gobierno de la Provincia de Córdoba, 2012, https://www.unicef.org/argentina/spanish/Prematuros_web.pdf
- 20 Ministerio de Salud, Presidencia de la Salud. “Hiperplasia Suprarrenal Congenita”. <http://www.msal.gob.ar/index.php/programas-y-planos/493-hiperplasia-suprarrenal-congenita>
- 21 Di Martino, Marti, Ongaro, Liliana. “Aspectos psicoemocionales en el desarrollo de la identidad de gener en pacientes adolescentes con DSD, atendidos en el Hospital Garrahan”. *Medicina Infantil XX*, 2013. http://www.medicinainfantil.org.ar/images/stories/volumen/2013/xx_4_311.pdf
- 22 Bailez, M. “Rol de la cirugía en pacientes con anomalías de la diferenciación sexual (DSD). *Medicina Infantil*, Vol XVII, No2, Junio 2010 http://www.medicinainfantil.org.ar/images/stories/volumen/2010/xvii_2_210.pdf
- 23 Di Martino, Martin, Ongaro, Liliana. “Aspectos psicoemocionales en el desarrollo de la identidad de gener en pacientes adolescentes con DSD, atendidos en el Hospital Garrahan”. *Medicina Infantil XX*, 2013. http://www.medicinainfantil.org.ar/images/stories/volumen/2013/xx_4_311.pdf

return to the hospital until 16 years later, suffering the severe impact of lack of needed hormonal treatment during those years. The paper doesn't relate the iatrogenic impact of early surgeries and the patient's abandonment of needed treatment.²⁴ Another paper, focused on 16 vaginoplasties performed at Hospital Gutierrez between 1998 and 2005, considers that "according to treating physicians and parents, esthetic outcomes were highly satisfactory", but also says that **one of the patients (6.4 years old) suffered internal scarring and had to be operated again while another patient (7.5 years old) suffered urinary incontinence after surgery and needed to be treated with endoscopic injections to treat it. The age of all patients considered in the study was 3 years old or more.**²⁵

"Is no surgery an option? From the surgeon's perspective is hard to "stay quiet" facing a chromosomally female patient with a treatable endocrinological disease with virilized genitalia feasible of changing to "normal looking female genitalia." **The available data suggests that re-operation for redo clitoral reduction, vaginoplasty, and introital stenosis are quite common and the greater the number of operations, the greater the chance of developing scars and jeopardizing sexual outcome with a denervated or dysfunctional clitoris and painful intercourse through a scarred vagina.**"²⁶

- **IGM 1 "Masculinising" Genital Surgeries**

Surgical interventions to "correct" hypospadias are very frequent in Argentina. The National Nomenclator for Pediatric Surgery itself, published in December 2016, includes different "hypospadias" surgeries.²⁷ A doctoral thesis from the National University of Cordoba reports 81 patients submitted to "**correction**" by a single surgeon in 7 years and claims the investigated method would pose "**no additional risks**".²⁸

Hospital Italiano, one of the key private medical institutions in the country, informs on its website that "nowadays, **most urologists recommend repairs to be made before (the child is) 18 months old**" could "**require to be performed in different stages**" (therefore anticipating the

24 Pardes, E; San Martin, P; Zunino A; Fuentes, A; Yampey, J; Kunzi G; Raya, S. "Hiperplasia adrenal congénita virilizante simple por déficit de 21-hidroxilasa. Complicacion inusual en una paciente inadecuadamente tratada". *Revista Argentina de Endocrinología y Metabolismo*, Volumen 45 #Sup, Buenos Aires, 2008.

25 Podesta, M, Mede, R, Castera, M, Herrera, M., Podesta, M (h), Galarza L. "Genitoplastia feminizante en pacientes con defectos de la diferenciación sexual, resultados actuales controversias. *Rev Hosp Niños BAires*, vol 52 numero 238. Noviembre 2010.
<http://revistapediatria.com.ar/wp-content/uploads/2012/03/con351-462-471.Podesta.pdf>

26 Piaggio, L A. "Congenital Adrena Hyperplasia: Review from a Surgeon's Perspective in the Beginning of the Twenty-First Century", en *Front Pediatr*. 2013, 1:50.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3877834/>

27 Asociacion Civil Argentina de Cirugia Pediatrica. *Nomenclador Nacional de Cirugia Pediatrica*.
http://www.acacip.org.ar/docs/NOMENCLADOR_CON_VALORES_DICIEMBRE_2016.pdf

28 Sentagne, Luis Miguel. *Meatobalansplastia asociada a movilización de uretra para corregir hipospadias distales*. http://lildbi.fcm.unc.edu.ar/lildbi/tesis/sentagne_luis_miguel.pdf

possibility of several surgeries).The Hospital claims that **“without treatment, challenges could arise when training the child to urinate in the bathroom”** which is clearly not a matter of medical necessity.²⁹

Doctors from Hospital Garrahan say that **“After a plastic surgery on the urethra, new operations are frequent due to fistulae (in some cases, multiple times). It is important to acknowledge that surgery for penile reconstruction is very difficult and success is scarce”**³⁰**Other doctors recommend publicly “to commence surgical treatment between the 1st and 2nd year of life”**³¹ respectively “to operate before 3 years”, else there would be a risk for “psychological damage”.³²

- **Other Unnecessary and Harmful Medical Procedures Prenatal treatment.**
- The use of fetal dexamethasone started in Argentina more than a decade ago. For example, a paper published in 2008 affirmed that **“the goal of prenatal diagnosis and treatment of CAH is to avoid or mitigate the virilization of the affected female fetus”**.³³
- **Repeated genital exams and photography** are extremely frequent in Argentina. The Government of the Province of Tucuman sponsored the 50 Argentinian Congress of Pediatric Surgery, performing a **“live surgery”** on a child with hypospadias. The video of the surgery is easily available in their website.³⁴ **Case 4** clearly shows the impact of repeated genital exams and photography on an intersex child and the extreme negative consequences for his health and well-being. The study produced by doctors from Hospital Gutierrez on 16 children says **“Postsurgical anatomic outcomes were assessed by the treating medical team every 4 months during the first year, annually after that, and through examination under general anesthesia 1, 3, 5 and 10 years after surgery to evaluate the vaginal caliber”**.³⁵

29 Hospital Italiano de Buenos Aires. “Cirugias de Hipospadias.”

<https://www.hospitalitaliano.org.ar/#!/home/isalud/noticia/6102>

30 Guercio, G; Constanzo, M; Belgorosy A; Rivarola M. “Anomalías de la diferenciación sexual (Disorders of Sex Development, DSD), Nuevos conceptos y manejo clínico”. Servicio de Endocrinología. Hospital de Pediatría Garrahan.

<http://www.endopedonline.com.ar/img/n26/rev26.pdf>

31 Fiorentino, Jorge (jefe Departamento de Urgencias, Hospital Gutierrez) “El paciente correcto, derivado al especialista correcto, en tiempo correcto”, en Paideia: web de medicina ambulatoria para el niño y el adolescente. <http://www.paideianet.com.ar/correcto.htm>

32 Urología Rosario Argentina. “Hipospadias”. <https://urologiarosario.wordpress.com/informacion-para-pacientes/patologias-urologicas/pene/hipospadia/>

33 Warman, M; Rivarola, M; Belgorosky, A. “Hiperplasia Suprarrenal Congenita (HSC) Deficit de la enzima 21-hidroxilasa. *Revista de Endocrinología Ginecológica y Reproductiva*, 2008

34 Tucuman es sede del 50o Congreso Argentino de Cirugía Pediátrica. Ministerio de Salud Pública. Gobierno de Tucuman. Noviembre de 2016. <http://msptucuman.gov.ar/tucuman-es-sede-del-50-congreso-argentino-de-cirugia-pediatica/>

35 Podesta, M, Mede, R, Castera, M, Herrera, M., Podesta, M (h), Galarza L. “Genitoplastia feminizante en pacientes con defectos de la diferenciación sexual, resultados actuales

- **Lack of privacy.** The case of an intersex child was exposed on Argentinian media in 2013, including the face and name of the mother. **The child’s genitals were described to a journalist by an anonymous source from Hospital Garrahan and the description was published in a national newspaper.** The child was portrayed as having “**a penis with an opening wider than normal. Testicles were palpable. Information stating that the child is a girl was wrong**”.³⁶
- **Challenges in access to legal registration.** Intersex infants and children in Argentina are frequently exposed to the **violation of their right to identity and to be recognized as a person before the law** when **doctors refuse to provide their parents with the necessary documentation** to legally register them. **Poor, rural and uneducated families** are more vulnerable, and an intersex child’s lack of proper birth certificate and national identity card will deprive the child and the family from State aid, which **increases their vulnerability** (see **Cases 3 and 5**). The INADI has had to intervene in different occasions to ensure an intersex child’s right to legal registration, including the case of an intersex child that spent two years without being legally registered.^{37 38}

c. Examples of advocacy by state actors

Most medical institutions involved in treating intersex people in Argentina are public hospitals. Therefore, doctors involved in IGM practices are state-employees. Some of them are researchers funded by CONICET, the national research agency in the country.

d. Doctors dismiss or misrepresent survivor’s human rights claims

Argentinian doctors have an ambivalent position on human rights. They recognize the need of reviewing current protocols and procedures: “**there is consensus on the lack of scientifically demonstrated data, and according to what has been posed by groups of patients subjected to these surgeries, and who are clearly dissatisfied with the results, there is consensus on a moratorium**”.³⁹ At the same time they dismiss survivors’ testimonies and misrepresent critical arguments, depicting them as based on resentment or radical perspectives. The web page on DSD at Hospital Gutierrez says that “**some opinions defend sexual diversity for those people at odds with the definitions of man or woman, that is to say, with so-called gender binary. They are against any kind of medical or surgical intervention.**”⁴⁰ However, future consequences are

controversias. *Rev Hosp Niños BAires*, vol 52 numero 238. Noviembre 2010.

<http://revistapediatria.com.ar/wp-content/uploads/2012/03/con351-462-471.Podesta.pdf>

36 Hacher, S “Sera lo que quiera ser”. Suplemento SOY Pagina12, 1 de maro de 2013.

<https://www.pagina12.com.ar/diario/suplementos/soy/1-2831-2013-03-01.html>

37 “Nacimiento intersex: el INADI pide cambiar la normativa”. *Misionescuatro.com*, 5 de setiembre de 2016. <http://misionescuatro.com/provinciales/nacimiento-intersex-inadi-pide-cambiar-la-normativa/>

38 “La nina intersex que vivio dos anos anotada como varon”. *Agencia Presentes*.

<http://agenciapresentes.org/2016/12/05/la-nina-intersex-vivio-dos-anos-anotada-varon/>

39 See <http://espanol.medscape.com/verarticulo/5900751>

40 Bergada, I; Podesta M; Rey R; Silberkasten M. “Trastornos de la Diferenciacion Sexual (Genitales ambiguos – Intersexualidad). Informacion sobre enfermedades. Hospital de Ninos Dr. Ricardo

anticipated for current procedures, acknowledging their negative nature: **“Taking into account that, eventually, the treatment chosen initially may be questioned in the future, it is recommended to implement the surgical treatment that is less aggressive”**.⁴¹

e. Doctors dismiss ethical guidance provided by official institutions and regulations

In 2011, city congresswoman Diana Maffia called doctors from key public pediatric hospitals in the city of Buenos Aires to three meetings to discuss intersex issues and, in particular, **human rights violations against intersex persons in medical settings**⁴². Intersex advocates and other human rights institutions were also invited. Doctors only attended the first meeting, and refused to continue the process considering that the human rights focus was disrespectful to their profession and reputation. One of the representatives from Hospital Gutierrez said that **“when doctors are accused of performing torture is not possible to continue the conversation”**.⁴³

In 2012 Argentina passed a gender identity law (Number 26.743) that explicitly prohibits surgical interventions to be performed on children with the purpose of modifying their sex characteristics without consent from the child and permission from a judge. This law has been applied to transgender children but it is failing to protect intersex infants. On this regard, Dr. Maria Susana Ciruzzi, Hospital Garrahan’s legal advisor, acknowledged that, under Law 26.743, if “according to the best judgment of the health professionals in a particular case, a child’s best interest would be protected by medical prescription of hormonal and surgical treatment, **the parents and the child should be informed about it and, eventually, judicial authorization should be requested for surgical cases.**” However, she has a different opinion on how to deal with these cases: “a more adequate regulation could be found in the design and approval of protocols from scientific societies or institutions, which would allow the resolution of these cases within the specific, **intimate and private** framework of the clinical relationship”⁴⁴

AGT, the child’s protection agency, released in 2014 a public document disaggregating and expressing its concerns on human rights issues affecting intersex children. It affirms: “If postponement does not pose a specific risk to health, then the time demanded by each decision must be respected, even if that means waiting for the person to reach maturity and sufficient age to provide autonomously their free and informed consent (or to deny it) in relation to treatment”.⁴⁵

Gutierrez. <http://guti.gob.ar/pacientes-y-familias/informacion-sobre-enfermedades/3-trastornos-de-la-diferenciacion-sexual-genitales-ambiguos-intersexualidad.html>

41 Del Valle, M; Diaz Zorita, MA; Stepansky, N; et. al. Reflexiones del Comité de Bioética de un hospital pediátrico sobre las implicancias del diagnóstico y tratamiento de los trastornos del desarrollo sexual. *Arch. Argent. Pediatr.* Vol. 113 no3, Buenos Aires. Junio 2015.

http://www.scielo.org.ar/scielo.php?script=sci_arttext&pid=S0325-00752015000300012

42 See <http://dianamaffia.com.ar/?p=9356>

43 Verbatim Records distributed to participants and available on request.

44 Ciruzzi, Maria S. “La intersexualidad en pediatría a la luz del ordenamiento jurídico argentino”. *Suplemento de Salud, Derecho y Bioética*, MJ-DOC-7412-AR | MJD7412. 24/9/15.

45 Aportes para el cumplimiento de derechos humanos en temática intersex. Documento de trabajo

Finally, in its policy paper published in 2015, INADI (National Institute against Discrimination) explicitly recommended “to stop medically unnecessary ‘normalizing’ treatments on intersex persons, including irreversible genital surgeries, without the person’s free and previous consent.”⁴⁶

4. The treatment of intersex persons in Argentina as Torture

a. Infliction of severe pain or suffering

It is well established that IGM practices generally inflicts lifelong, severe pain and suffering, both physical and mental. **Cases 1-2** prove in an exemplary manner that this is also true in Argentina.

b. Intention

It is generally established that surgery on intersex persons is always intentionally performed and not merely the result of negligence, and that it does not detract from the intention if doctors perform surgery for well-meant purposes. **Cases 1, 2 and 3** prove that this is also true in Argentina. The integral use of **cruelty as a mean to obtain formal consent from parents (see Case 3 and 4) or from intersex persons themselves (see cases 1, 2 and 4)** for surgeries and other procedures, such as examinations and dilations, is undoubtedly intentional.

c. Purpose of Discrimination

It is generally established that on the bases of their sex characteristics intersex **children are subjected to different procedures that would be considered inhumane when applied to children who are not intersex**. Even when perpetrators have benign intentions, medical abuses produce and justify a situation of structural discrimination, stigma and violence against intersex people in Argentina.

c. Involvement of a State Official

Most medical institutions involved in treating intersex people in Argentina are public hospitals. Therefore, doctors involved in IGM practices are state-employees. Some of them are researchers funded by CONICET, the national research agency in the country. Despite of the position expressed by Argentinian official institutions such AGT and INADI on the matter, as well as by IACHR and others,⁴⁷ **the State keeps failing in exercise due diligence** to protect intersex people from torture and ill treatment.

d. Lawful Sanction

Non-consensual unnecessary surgery performed on an intersex child or adult does not constitute a sanction in Argentina.

22. Febrero de 2014. http://asesoria.jusbaires.gob.ar/sites/default/files/dtn22_intersex.pdf

46. INADI, *Intersexualidad*. <https://brujulaintersexual.wordpress.com/2016/08/04/documento-sobre-intersexualidad-del-inadi-argentina/>

47. CAT, CRC, CRPD, SPT, SRT, SRSG VAC, COE, CHPR, IACHR (2016), “End violence and harmful medical practices on intersex children and adults, UN and regional experts urge”, <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20739&LangID>

5. Treatment of Intersex People in Argentina as ill treatment

Even if it would be considered that the treatment of intersex people in Argentina does not constitute torture, it certainly constitutes cruel, inhuman and degrading treatment (Article 16). Ill treatment is equally prohibited by the Convention in absolute and non derogable terms. According to the Committee's General Comment , for CIDT also Article 14 applies.

6. Legislative Provisions, Impunity of perpetrators

Art. 2 of the Convention obliges State parties to “take effective legislative, administrative, judicial or other measures to prevent acts of torture in any territory under its jurisdiction.” General Comment 2 states, “The obligation to prevent ill-treatment in practice overlaps with and is largely congruent with the obligation to prevent torture,” and similarly obliges State parties to “to eliminate any legal or other obstacles that impede the eradication of torture and ill-treatment; and to take positive effective measures to ensure that such conduct and any recurrences thereof are effectively prevented.”

Accordingly, with regards to IGM practices, this Committee already explicitly recognised the obligation for State parties to “Take the necessary legislative, administrative and other measures to guarantee respect for the physical integrity and autonomy of intersex persons and to ensure that no one is subjected during infancy or childhood to non-urgent medical or surgical procedures”. 36 However, the Argentinian State party keeps failing in “take effective legislative, administrative, judicial or other measures” to protect intersex children.

7. Obstacles to Redress, Fair and Adequate Compensation

The National System for the Prevention of Torture and other cruel, inhuman and degrading treatment (Law 26.827) is entirely dedicated to the monitoring of prisons and **disregards cases of human rights violations in medical settings**. Furthermore, **no agency working on children, disability, health or human rights is systematically safeguarding these human rights**.

The 2015 *Civil and Commercial Code* of Argentina **reduced the statute of limitation for medical liability from 10 to 3 years** (Article 2561). This happened while all the main human rights treaties (including CRC, CRPD and CAT) were in place in Argentina and, in some cases, given constitutional status. Considering that most human rights violations occur when the victims are minors, **that time restriction is unacceptable and contrary to any human rights standards**.

D. Conclusions

The surgeries and other harmful treatments intersex people endure cause severe physical and mental pain. Doctors perform the surgery for the discriminatory purpose of making a child fit into societal and cultural norms and beliefs, although there is plenty of evidence on the suffering this causes. The State party is responsible for these violations amounting to torture or at least ill-treatment, committed by often publicly funded doctors, clinics, and universities, as well as in private clinics, all relying on money from often mandatory health insurance, and public grants.

Although in the meantime the pervasiveness IGM practices is common knowledge, and different official institutions have expressed their opposition to these harmful practices, nonetheless the

State party fails to prevent these grave violations both in public and in private settings, but allow the human rights violations on intersex children and adolescents to continue unhindered and the perpetrators continue with impunity, often condoning and justifying the practice against criticism by human rights bodies and intersex human rights defenders. Victims of IGM practices are allowed access to redress and justice.

Thus, Argentina is in breach of their obligation to take **effective legislative, administrative, judicial or other measures to prevent acts of torture** (Art. 2 CAT) or other forms of cruel, inhuman or degrading treatment (Art. 16 CAT, GC 2). Even where torture is a punishable offense in state law (Art. 4 CAT), victims IGM practices encounter **severe obstacles** in the pursuit of their right to an impartial investigation (Art. 12, 13 CAT), and to redress, fair and adequate compensation, including the means for as full rehabilitation as possible (Art. 14 CAT). The State party's efforts on **education and information regarding the prohibition against torture in the training of medical personnel** are grossly insufficient with respect to the treatment of intersex people (Art. 10 CAT).

E. Recommendations

The Rapporteurs respectfully suggest the Committee recommends the following measures to the Argentinian Government with respect to the treatment of intersex persons (based on the Committee's previous recommendations to Switzerland, Austria, Denmark and France).

Intersex Persons

The Committee remains concerned that unnecessary surgical and other interventions performed on intersex people without prior informed and effective consent, which reportedly caused physical and psychological suffering, have not as yet given rise to any inquiry, sanction or reparation (arts. 2, 12, 14 and 16).

The Committee recommends that the State party:

- (a) Take the necessary legislative, administrative and other measures to guarantee the respect for the physical integrity and autonomy of intersex persons and to ensure that no one is subjected to unnecessary medical or surgical procedures during infancy or childhood, but that all non-urgent medical interventions are postponed until the child is sufficiently mature to participate in decision-making and give full, free and informed consent.**
- (b) Guarantee impartial counselling services and psychosocial support for all intersex children and their parents, so as to inform them of the consequences of non-urgent, unnecessary surgery and other medical treatment and the possibility of postponing any decision on such treatment or surgery until the persons concerned are able to decide for themselves.**
- (c) Undertake investigation of reports of surgical and other medical treatment of intersex people without effective consent and adopt legal provisions in order to provide redress to the victims of such treatment, including adequate compensation.**
- (d) Guarantee intersex persons' full access to the right to identity and to be recognized as a person before the law through administrative procedures fully compatible with human rights standards.**
- (e) Involve intersex persons in the design, implementation and monitoring of public policies affecting them, and avoid all forms of misrepresentation and instrumentalisation of intersex persons and issues.**

F. Cases

Case 1.

I was born in December 1983 and was diagnosed with Congenital Adrenal Hyperplasia in its salt-losing form. Doctors wanted to fix my ambiguous genitals but didn't take in account the severe dehydration crises I suffered from during my first year of life as a severe life risk factor. My mother, a psychologist, was reluctant to exposing me to surgery, but doctors pressured her assuring that otherwise I would suffer from urinary infections. At 6 months of age I was operated by Dr. Cristobal Papendiek. A reduction of the clitoris was performed, the urethra was relocated and the vulvar labia were constructed using tissue from the scrotum. The operation was not completed at that time because I almost died from bleeding. When I was 1 and a half years old the procedure was completed with another surgery. At 4 years old I had surgery again to "correct" the labia because they have fused again.

I had very painful and recurrent urinary tract infections throughout my childhood even though the surgeries were supposed to prevent them. I also had night terrors almost every night. I went through several painful studies and explorations during this time. Ever since I can recall, the pediatric endocrinologist who attended me, Dr. Pedro Eliseo Estévez, at each control, opened the vulva with his hands to make sure that everything was "okay." It hurt me. When I was 6 my mother was told "pain forges a strong spirit" by a doctor, when I screamed in despair as he tried to do a study on my uterus. Fortunately, my mother shoved his hand away, the cannula went out and thus prevented my bladder from being perforated. When I was about 12 years old the same doctor asked me if I would show my genitals to a medical student. I agreed, because I had already learned to do what other expected from me, especially if they were doctors. I don't remember what they talked about, but I do remember feeling embarrassed and powerless.

If during the years of my childhood the medical concern was centered on weight and height, during the years of my adolescence that concern was focused on the lack of menstruation. I did not menstruate during puberty as would be expected of a woman, and my family environment, especially my mother, were very disappointed. I felt broken, little woman, failed, horrible. I felt like a monster.

Later in life, when I attempted having sex with a man, I realized that it was no possible. The scar tissue does not have the same properties as the healthy tissue. It does not grow like it's supposed to, it's not flexible. At that moment, I had another surgery to be "fixed" but it resulted to be too traumatic and painful. Currently, my self esteem is severely undermined and I find difficult studying or working. I have been unable to establish loving or sexual relationships for a long time. I live in fear and anguish. I'm struggling to overcome this feelings and difficulties with professional help.

Case 2.

In 1985 I had an ultrasound in a pediatric clinic in Cordoba, Argentina. I had been referred to a gynecologist due to lack of menstruation, and he performed the ultrasound in his office. I was 14 years old and I was alone with him. He clearly said "there is nothing there". Without giving me another explanation, he called the clinic's director, and both of them looked to the screen. I was

told then that I had been born without a vagina and a uterus, and that I was sterile. They called my father and recommended him to take me to consult with an endocrinologist and a surgeon.

My father took me to see Dr Mirta Miras, a well-known endocrinologist in Cordoba. She criticized by gender expression, called me a rebel tomboy, and recommended my father to put me on psychotherapy to help me to access my femininity. I was referred to a psychoanalyst at the same clinic, called Mercedes Rimondino, and had to see her weekly. Dr. Miras was absolutely dismissive with me. She said that I felt pain during physical explorations because I was refusing to open my legs as a woman. I remember cuddling and crying on the examination table while she was leaving the room and slamming the door saying that she was sick and tired of me. I never received a diagnosis from her.

My father took me to see a surgeon, Dr. Hugo Vilarrodona. He said that I shouldn't worry, that he was a body-maker, and that he would turn me into a real woman. I told him that I didn't identify as a woman, but as a man. He said that I was too beautiful to be a man, that once having a vagina and good sexual experiences I would start enjoying being a woman. A vaginoplasty was planned.

I consented the surgery under the pressure posed by my father, who threatened to send me to a psychiatric institution otherwise. He was a lawyer and a violent person and I was very afraid of him. I considered to run away from home and to kill myself but finally consented out of fear. In 1988 I was subjected to a vaginoplasty, made with sigmoid (a piece of bowel) as a way of treating not only the body but also my gender identity, in spite of being a surgery strictly recommended for people interested in vaginal sexual intercourse, which wasn't my case.

Seven months after the surgery I had a massive infection. The surgically created vagina produced intestinal fluid. It has closed in the middle, which prevented the fluid to leak down. It concentrated there, got infected and ended up perforating the internal tissue. It caused an acute peritonitis and as the infection entered my blood it migrated to my lungs causing a double pneumonia. During surgery two liters of infected liquid were removed from my abdomen. I woke up with a tube on my nose, an oxygen mask, connected to different instruments, a catheter was on my urethra and a thick red rubber tube was opening the vaginal channel. A nurse said that it made me look as a dog. I spent a week on the intensive care unit. The combination of both surgeries cut my abdominal muscles vertically. After that I was told that the only way of preventing the same infectious episode to happen again was to have "therapeutic" vaginal intercourse or vaginal dilations. I was told that no one survives two episodes, and I was terrified, feeling that a time bomb has been placed inside my body. It was not possible for me to have vaginal intercourse. During some time I tried to perform dilations at home, or with a nurse's help at the clinic. They didn't work, as the entire procedure was too painful. However, Dr. Vilarrodona and his team told me several times that dilations don't hurt, that I was closing my body because of my refusal to assume my life as a woman, or because I was trying to punish my father for giving me a malformed body. I was repeatedly mocked by doctors, who made fun of me when I cried, asking me what kind of man would cry like that. In 1989 and during 3 months was wrongly given intense psychiatric medication. In 1992, extreme anxiety due to dilations was treated with medication, but no attempt to recognize pain or humiliation was made. In 1993, after a dilation performed with

general anesthesia, a nurse hugged me and told me that I had woken up crying and screaming and that she and the other nurse in the room had finally understood that what I was saying was true.

During the following seven years, I had to have periodic dilations under general anesthesia, with bleeding during the next days, just to prevent possible infections. However, I had other infectious processes due to the same cause. They were extremely painful, as the liquid pressured to leak during days. I had very high fever during those episodes. I was hospitalized once during one of those episodes, due to pain and fever. It was not necessary to operate me to solve it. My psychiatrist came to visit me and when she saw the liquid leaking through my legs she was surprised because it was real. She said that she assumed that the pain, the fever and liquid and its horrible smell were just fantasies of me, as my male identity. When I was 22 one of the surgeons asked me out one night, and when he took me home in his car he said that he wanted to have sex with me. I refused, and he laughed and said that he was not attracted to me, but just curious to know if I was telling the truth about my male identity. Even when I told what happened to the chief surgeon, and explicitly asked him to be excluded from future dilations, I discovered that I had been lied to and he kept being part of the team. Finally, when I was 25, the neovaginal channel had been so hurt that it closed due to internal scarring. When I had the chance of asking my surgeon why he performed such a surgery in someone who was not interested in vaginal sex and who identified as a boy he said that he was following international protocols. My father has expressed his regrets many times for having consented what happened to me. He said that we had been misinformed by a respected surgeon, and that he truly believed that having a vagina I would become a happy woman, and not having one I would be mentally perturbed.

When I was 38 years old I had surgery to remove an ovarian cyst. Testicular tissue was discovered on the cyst wall. Surgery was very difficult due to the bowel being misplaced during previous interventions. Gonad removals have been recommended to prevent their malignisation, but bowels misplacement will make it a life-threatening procedure, which is delaying its occurrence. At 45 I am suffering from intense back pain due to lack of support from surgically destroyed abdominal muscles. I live with other consequences as well, in the form of chronic pain on my left side, where the sigmoid was cut, insensitive skin, massive scarring, nightmares, depression, suicidal ideations, and the pervasive and deep feeling of having been repeatedly raped. I still identify as a man.

Case 3.

My son and I were referred to Hospital Gutierrez from Tafi del Valle ten years ago. I had been told that my son was a hermaphrodite and that he will need a surgery to fix him. Once at the Hospital I was separated from my son, and told that he needed some urgent tests, and an immediate surgery, which was an emergency. I refused. I was told that without surgery my son was going to die. I asked several times what the connection was between genital surgery and living or dying, but doctors got really upset and stopped talking with me. They just ignored me. I said that I just wanted my son back and I leave, but they didn't respond. They said that by leaving I was going to be responsible for killing my son, and tried to make me sign a document which I couldn't understand. I was terrified. They brought my son back and at some moment, when they left us alone, I escaped. After that I consulted with a naturalist doctor who assured me that my son

was going to be fine. I lived with fear many years because of my decision, but also because of the possibility of my son being taken away from me and subjected to surgery without my consent. I only got a birth certificate for him when he was 8, I was terrified of him being medically tortured to be able to get one. I had to lie to a doctor to get the medical certificate that allow him to be legally registered. I am still so worried about him being mistreated that when I got in touch with a different medical team for him to get a checkup I went with a lawyer and an intersex advocate, but without my son. I wanted to make sure that his rights were going to be respected before taking him back to a hospital.

Case 4.

Justicia Intersex was contacted by a citizen from another country living in Argentina. He is a male identified, 46XX person with CAH, the married father of three daughters, with kidney damage due to challenges in accessing treatment. He was repeatedly asked by his endocrinologist a public hospital in Buenos Aires to have surgery to remove his internal female organs, and he refused. His male identity was questioned. His wife was called to the hospital and asked if she knew his husband to have female internal organs, and asked if she was a lesbian. When he explained the doctor that he couldn't take time off to have surgery because of the need of working full time to support his wife and daughters, he was told that they were not they real daughters, provided that he is sterile. He stopped visiting the hospital after that, in spite of the serious suffering and risk posed by stopping renal treatment.

Case 5.

Justicia intersex and its legal partner Abosex were contacted by a social worker who was concerned about the situation of a 13 years old boy without any legal registration. Parents had received a medical certificate stating that the child's sex was indeterminate at birth. They didn't receive any other information and after considering the medical certificate stigmatizing they didn't register their child, who was therefore deprived from his birth certificate and national identity card. The family was referred to a national hospital located in Buenos Aires city. The child was taken there by his mother, who asked repeatedly for help to get his son's birth certificate. She was told that hospital staff could only help her only after the boy had genital surgery. She stopped taking him to medical checkups after realizing that the sole mention of going to the hospital triggered her son's incontrollable fear. After talking with advocates from Justicia Intersex and Abosex, the boy and his mother visited a different hospital to do a general checkup on the boy's health. Due to his previous experiences he explicitly requested not to be taken pictures or being naked with several adults in the room. Justicia Intersex and Abosex managed to get the boy legally registered through an administrative procedure.