

119TH CONGRESS
1ST SESSION

H. RES. 827

Expressing support for the recognition of October 26, 2025, as Intersex Awareness Day, and supporting the goals and ideals of Intersex Awareness Day.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 24, 2025

Ms. BALINT (for herself, Mr. TAKANO, Mr. POCAN, Ms. BONAMICI, Mrs. FOUSHEE, Mr. FROST, Mr. MULLIN, Mr. PETERS, Ms. TLAIB, Ms. NORTON, Mr. TORRES of New York, Mrs. WATSON COLEMAN, Ms. JAYAPAL, Mrs. RAMIREZ, Mr. JOHNSON of Georgia, Mr. CARSON, Ms. GARCIA of Texas, Ms. JACOBS, Mr. EVANS of Pennsylvania, Ms. RANDALL, and Mr. HUFFMAN) submitted the following resolution; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

RESOLUTION

Expressing support for the recognition of October 26, 2025, as Intersex Awareness Day, and supporting the goals and ideals of Intersex Awareness Day.

Whereas Intersex Awareness Day honors the first public demonstration by intersex people in the United States, which took place at the annual conference of the American Academy of Pediatrics on October 26, 1996;

Whereas, since that historic demonstration in 1996, October 26 has become a day during which intersex people and

allies come together to celebrate and uplift the intersex community;

Whereas “intersex” refers to individuals with innate variations in their physical sex characteristics, including external anatomy, reproductive organs, hormonal function, or chromosomal patterns that differ from stereotypes about male or female bodies;

Whereas being intersex is not the same thing as being transgender, but both transgender and intersex people hold shared interests in bodily autonomy, self-determination, and the recognition of their existence and rights;

Whereas policies, orders, and governmental actions that espouse an unscientific definition of biological sex as a rigid binary erase and demean the existence of people with intersex variations;

Whereas intersex is not generally considered to be a “third sex”, but rather represents the wide range of biological variation observed in bodily development, with over 40 different intersex traits having been discovered;

Whereas the most widely cited estimate of the frequency of intersex traits in the population is 1.7 percent, yet the true prevalence is likely higher;

Whereas the rights, health, and well-being of intersex people are undermined by erasure and by patterns of stigmatization and discrimination on the basis of variations in sex characteristics, intersex status, and perceived gender non-conformity;

Whereas babies and young children with intersex variations are often subjected, without their own informed consent or assent, to irreversible genital surgeries, sterilizations, and other interventions to make their bodies conform to

stereotypical expectations of what it means to appear, behave as, or be male or female, most commonly before the age of two;

Whereas it is exceedingly rare that a child’s intersex variation would necessitate surgery on an urgent basis in infancy or early childhood, and decisions about such surgeries could therefore be safely postponed in the vast majority of cases until such time as the child becomes able to provide informed consent or assent, or such time as a medically urgent indication for surgery may otherwise arise;

Whereas there is evidence that performing these irreversible surgeries in infancy and early childhood in the absence of the intersex individual’s consent can result in severe lasting physical and psychological harm, including loss of bodily function, the destruction of reproductive capacity, and the imposition of a sex assignment with which the individual will not identify, leading many intersex advocates to describe these nonconsensual surgeries as Intersex Genital Mutilation (IGM);

Whereas 3 former Surgeons General of the United States have agreed that such early, nonconsensual surgeries on intersex children can cause “severe and irreversible physical harm and emotional distress” and “violate an individual’s right to personal autonomy over their own future”, “clearly infring[ing] on the child’s right to physical integrity, preservation of sexual and gender identity, and procreative freedom”;

Whereas the Department of State has commemorated Intersex Awareness Day by recognizing the harm of these nonconsensual surgeries, stating that “at a young age, intersex persons routinely face forced medical surgeries without free or informed consent. These interventions

jeopardize their physical integrity and ability to live freely”;

Whereas the American Academy of Family Physicians (AAFP) “opposes medically unnecessary genital surgeries performed on intersex children” and states that “Genital surgeries should only be recommended as medically necessary for intersex infants and children for the purpose of resolving significant functional impairment or reducing imminent and substantial risk of developing a health- or life-threatening condition”;

Whereas the World Professional Association for Transgender Health, in its Standards of Care Version 8, recommends that providers treating intersex infants and young children delay “genital surgery, gonadal surgery, or both, so as to optimize the children’s self-determination and ability to participate in the decision based on informed consent”;

Whereas the American Bar Association in a 2023 resolution took a position “Oppos[ing] all . . . policy that attempts to impose medical or surgical intervention on minors with intersex traits (also known as variations in sex characteristics) without the minor’s informed consent or assent, and urg[ing] licensed professionals not to conduct or propose medical or surgical intervention on minors with intersex traits until the minor requests the proposed care, understands the impact of the proposed care as well as alternatives, is provided with affirming psychosocial supports, and gives informed consent or assent, except when immediate life-threatening circumstances require emergency intervention”;

Whereas the Presidential Memorandum of February 4, 2021, on “Advancing the Human Rights of Lesbian, Gay, Bi-

sexual, Transgender, Queer, and Intersex Persons Around the World” makes it “the policy of the United States to pursue an end to violence and discrimination on the basis of sexual orientation, gender identity or expression, or sex characteristics”;

Whereas President Biden convened the first White House Roundtable on intersex issues on October 26, 2021, in celebration of Intersex Awareness Day, declaring that the administration “is committed to advancing justice, opportunity, and safety for intersex Americans”;

Whereas Executive Order 14075 of June 15, 2022, states that it is the policy of the United States Government “to combat unlawful discrimination and eliminate disparities” affecting “lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) Americans”, including discrimination on the basis of sex characteristics;

Whereas, in 2024, the Biden-Harris administration released their final rules on “Nondiscrimination in Health Programs and Activities” and “Nondiscrimination on the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance”, explicitly clarifying that section 1557 of the Affordable Care Act and title IX of the Education Amendments of 1972, respectively, prohibit discrimination on the basis of sex characteristics (including intersex traits);

Whereas, on April 4, 2024, the United Nations Human Rights Council adopted a landmark resolution entitled “Combating discrimination, violence and harmful practices against intersex persons” with 24 countries, including the United States, voting in favor;

Whereas, in January 2025, the Department of Health and Human Services released the first in-depth report on intersex health by a United States Federal agency, recognizing the “well-documented medical harms to intersex people across their lifespan resulting from childhood medical interventions performed when the child was too young to participate in decision-making”, and concluding that this denial of bodily autonomy, in addition to discrimination and lack of access to competent and affirming medical providers, is a key barrier that must be addressed to achieve health equity for the intersex community;

Whereas recent legislative proposals and agency actions attacking health care for transgender youth have simultaneously harmed intersex people, incorrectly labeling necessary gender-affirming medical care as “mutilation” while routinely exempting the actual nonconsensual mutilation of young intersex children from scrutiny;

Whereas medical practices should respect the human rights and bodily autonomy of all people, and government institutions should implement policies that protect and support intersex people;

Whereas the House of Representatives has voted twice to explicitly codify nondiscrimination protections for people with intersex variations in its passage of the Equality Act, and various Federal agencies, including the Department of Justice, have recognized that, consistent with the legal reasoning of *Bostock v. Clayton County*, discrimination on the basis of a person’s sex characteristics is prohibited sex discrimination; and

Whereas intersex people are an important part of the diversity of the Nation to be celebrated and should be afforded

respect, dignity, and the universal human right to bodily autonomy: Now, therefore, be it

1 *Resolved*, That the House of Representatives—

2 (1) supports the goals and ideals of Intersex
3 Awareness Day;

4 (2) encourages the Federal Government, States,
5 localities, nonprofit organizations, schools, and com-
6 munity organizations to observe the day with appro-
7 priate programs and activities, with the goal of in-
8 creasing public knowledge of the intersex community
9 and empowering individuals to celebrate and respect
10 their diversity;

11 (3) encourages health care providers to offer
12 culturally and clinically competent care to the
13 intersex community that respects bodily autonomy
14 and self-determination, and encourages schools to
15 support education regarding the intersex community
16 and connect individuals to resources for young peo-
17 ple with intersex variations and their families; and

18 (4) encourages the Federal Government, States,
19 international funding organizations, and United
20 States bilateral and multilateral aid efforts to
21 prioritize the health and human rights of intersex
22 people.

○