Open Letter of Concern to 53rd ESPE 2014
by Persons Concerned, Partners, Families, Friends and Allies

53rd Annual Meeting of the European Society for Paediatric Endocrinology
c/o The Convention Centre Dublin
Spencer Dock
North Wall Quay
Dublin 1

Irish Endocrine Society
Dr. Steven Hunter, Secretary/Treasurer
Regional Centre for Endocrinology and Diabetes
Royal Victoria Hospital
Grosvenor Road
Belfast BT12 6BA

University College Dublin
Professor Andrew J Deeks, President
Belfield
Dublin 4

Trinity College Dublin
Dr Patrick Prendergast, Provost
College Green
Dublin 2

Our Lady's Children's Hospital
The Most Reverend Diarmuid Martin DD - Archbishop of Dublin
Cooley Rd
Crumlin
Dublin 12

The National Children's Hospital
AMNCH
Tallaght
Dublin 24

The Children's University Hospital
Sean Sheehan, Chairperson
Temple Street
Dublin 1

St. Vincent's University Hospital
Prof. Noel Whelan, Chairman
Elm Park, Merrion Rd
Dublin 4

Cork University Hospital CUH
Mr. Tony McNamara, Chair of EMB
Wilton
Cork

University Hospital Limerick, UL Hospitals
Dooradoyle
Co. Limerick

The Royal Belfast Hospital for Sick Children
180-184 Falls Rd
Belfast BT12 6BE
Dublin, September 19, 2014

Dear Speakers, Chairpersons, and Participants of the 53rd Annual Meeting of the European Society for Paediatric Endocrinology
Dear Board, Scientific Committee and Members of ESPE and IES
Dear Directors of Paediatric DSD Clinics in Ireland
Dear Directors of Universities and Colleges training DSD Doctors in Ireland

As survivors of non-consensual childhood genital surgeries, as persons concerned grateful for having escaped such surgeries, as partners, family members and friends of persons concerned, and as allies, we note with deep concern that ESPE, IES, Irish Universities and Children’s Clinics continue to advocate, justify, arrange and perform non-consensual, medically unnecessary, irreversible, cosmetic genital surgeries on children with variations of sex anatomy, as well as sterilising procedures and imposition of hormones.

We’d like to respectfully remind you that such non-consensual procedures

• constitute fundamental human rights violations (see below),
• constitute violations of civil, criminal, constitutional and international law,¹
• constitute violations of ethics principles and regulations,²
• have been criticised by survivors as harmful and mutilating for more than 20 years.³

For national and international human rights bodies criticising non-consensual unnecessary procedures on intersex children, see the following updated list included for your convenience.⁴ Please note, that since ESPE’s last annual meeting, one more national body and seven more international bodies started explicitly criticising non-consensual, irreversible treatments of intersex children:

• WHO, UNICEF, OHCHR, UN Women, UNAIDS, UNDP and UNFPA Interagency Statement “Eliminating forced, coercive and otherwise involuntary sterilization”, May 2014
• Commissioner for Human Rights of the Council of Europe, Human Rights Comment “A boy or a girl or a person – intersex people lack recognition in Europe”, 09.05.2014
• UN Committee on the Rights of Persons with Disabilities, CRPD/C/DEU/Q/1, paras 12–13, 17.04.2014

¹ In 2008, a German surgeon was sentenced to pay € 100,000 damages. 2014 another case is pending in Germany, with both the surgeon and the University Clinic as defendants. In another pending case in the United States, in addition to the surgeon and the University Clinic also an involved paediatric endocrinologist a defendant both in a state and federal lawsuit, 2014 motions to dismiss non-surgical personnel from the case were denied both by state and federal judges.
We therefore would like to reiterate our pleas to ESPE and its affiliates, including
Irish Universities and Children’s Clinics,

- to kindly reconsider non-consensual cosmetic treatments of children and ado-
  lescents with intersex variations (including hypospadias and CAH) unfortunately still
  advocated at the 53rd Annual Meeting in Dublin
- to kindly reconsider the stigmatising nomenclature ‘Disorders of Sex Devel-
  opment’
- to do so in consultation with intersex organisations
- to acknowledge the harm and suffering inadvertently caused by non-consen-
  sual treatments of children and adolescents with intersex variations (includ-
  ing hypospadias and CAH)
- to initiate a process of coming to terms with the past as a necessary first step
  towards reconciliation.

We feel it would reflect well on ESPE’s proud tradition as pioneers to take a leading role in
such a process, and we respectfully suggest it would be in the best interest of all parties if
such a process could be initiated before legislators may become involved eventually.

Thank you for your consideration.

Kind regards

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