

Dear PES members,

Please find attached a statement that we are sharing with PES membership and issuing to the Texas legislators who are involved in this case. Similar statements are being issued by the Texas chapter of the AAP and by the Endocrine Society.

This concerns a 7-year-old transgender girl in Texas whose mother (a pediatrician) is supportive of her gender identity but whose father is not. The parents are involved in a custody battle that has drawn significant media attention. The father has reached out to conservative groups and lawmakers who are spreading misinformation about care of gender variant youth and are threatening to introduce legislation prohibiting the use of puberty blockers in transgender patients. Our statement affirms the PES supported Endocrine Society guidelines as well as the AAP guidelines regarding management of transgender youth.



**October 28, 2019**

**Pediatric Endocrine Society Statement Against Public Discourse that Risks the Well-being of Transgender and Gender Diverse Youth and their Families**

Through this statement, we express our concern for the health risks and safety of transgender and gender diverse youth and their families, when public discourse delegitimizes their right to express their gender and to receive gender-affirming care. This is not only harmful to the mental and physical health of these youth, but opposes current standard of care recommendations.

The American Academy of Pediatrics (AAP), the largest academic organization for pediatricians in the US, has released a Policy Statement supporting the approach to gender-affirming care: “Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents”, consistent with the “Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline”, co-sponsored by the Pediatric Endocrine Society, the US academic organization of pediatric

endocrinologists , and also consistent with the Standards of Care from the World Professional Association for Transgender Health.

Support of gender-affirming care derives from scientific evidence showing that such care improves the well-being and mental health of transgender youth and may include:

1. Supporting a child or adolescent to explore their gender identity freely, and in some circumstances allow for a social transition (change of name, pronouns, attire). Gender identity can be different from the gender that is presumed based on the sex assigned at birth and interventions intended to change one's gender identity are not only ineffective, but also harmful.
2. Puberty suppression once puberty has started. This is a reversible treatment that decreases the distress of having the "wrong" puberty. This treatment alone does not cause infertility.
3. Hormone therapy in later adolescence. The adolescent, with maturity to understand the consequences of this treatment, can initiate hormone therapy that induces the physical changes of puberty that are consistent with their gender identity. This treatment has permanent effects and may affect future fertility.
4. Gender-affirming genital surgery is not recommended before the age of legal majority.

As pediatricians and pediatric endocrinologists, we strongly oppose public discourse that misrepresents and contradicts evidence-based standard of care recommendations and risks the well-being of transgender youth and their families.