USPATH

www.wpath.org/uspath
uspath@wpath.org

phone: 1+(847) 752-5328
fax: 1+(224) 633-2166

August 26, 2019

The Honorable Jerome M. Adams, MD
United States Surgeon General
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Humphrey Building, Suite 701H
Washington, DC 20201

Via Email: sginvitations@hhs.gov

Dear Dr. Adams,

We are writing to you as national leaders from around the United States with significant experience as clinicians and advocates for the care of transgender and gender diverse (TGD) children and youth. As members of the Board of Directors of the United States Professional Association for Transgender Health (USPATH), a chapter of the World Professional Association for Transgender Health (WPATH), we feel compelled to keep you apprised of the recent state of both clinical care and research in the growing field of transgender youth care.

We are aware of the presence of fringe groups desperately trying to reverse the progress that has been made in helping youth with gender dysphoria live healthy, successful and authentic lives by misinterpreting research results and findings. The last decade has seen a significant growth in the numbers of youth presenting to both general pediatricians and gender specialists for care related to gender dysphoria. The number of specialty gender clinics across the U.S. has grown from 4 to over 40. The expansion of services has been responsive to an increasing demand, as younger generations become able to disclose their authentic gender on average, at younger ages. This growth is likely attributed to a confluence of events including a broader transgender narrative appearing across media, access to community via the Internet, and a broader understanding and acceptance of sexual minoritized individuals.

Clinical care becomes increasingly more sophisticated as our knowledge improves and the science of gender identity is illuminated. It has long been established that psychiatric intervention is likely not successful, and is instead likely harmful, in the approach to treating youth with gender dysphoria.[1-4] The consensus among professionals practicing and creating internationally accepted guidelines for the care of transgender youth is a gender-affirmative model. Such an approach focuses on individually

www.wpath.org/uspath
uspath@wpath.org

phone: 1+(847) 752-5328
fax: 1+(224) 633-2166

tailored interventions based on the physical and cognitive development of each youth engaged in services. Many medical interventions are available for youth who identify as TGD. The decision to initiate gender-affirmative treatment is personal and involves careful consideration of risks, benefits, and other factors unique to each patient and family. Established current protocols suggest that clinical care for TGD youth is ideally conducted on an ongoing basis in the setting of a collaborative, multidisciplinary approach, which, in addition to the patient and family, may include the pediatric provider, a mental health provider (preferably with expertise in caring for youth who identify as TGD), social and legal supports, and a pediatric endocrinologist or adolescent-medicine gender specialist, if available.[5] This individualized approach to care facilitates the development of healthier and better-adjusted, more resilient youth and young adults.

The state of the research regarding the care of trans and gender diverse (TGD) youth has improved, particularly over the last five years. Studies examining many important aspects of care including the mental health of youth supported in their gender, the impact of using correct pronouns and names, and the safety and mental health of youth receiving puberty blockers and gender affirming hormones when appropriate have provided important findings to support ongoing interventions for TGD youth.[6-11] There remain unanswered questions in regard to best hormone regimens, optimal timing, maximizing height, and other variables. Ongoing rigorous scientific inquiry must continue to be funded and supported to inform this dynamic field of medicine. Additionally, significant health disparities remain, despite improved access and higher quality care.[12]

A recent report published in June 2019 from the Royal College of General Practitioners (RCGP) in the UK acknowledged the limitations of individual, untrained general practitioners in the care of TGD youth, and urged improved and increased access to education for providing such services. The report from the RCPG has been misinterpreted as a call to discontinue care for TGD individuals because of scant data. In fact, it is quite the opposite. It is a call to improve knowledge, access and research for a very vulnerable population. Specifically, the RCGP report states "*The gaps in education, guidance and training for GPs around treating gender dysphoria for both adults and children, and managing broader trans health issues, also needs to be urgently addressed."* The position paper went on to highlight the importance of ongoing research to help inform providers about best practices. Specifically, the report states: "There is a significant lack of robust, comprehensive evidence around the outcomes, side effects and unintended consequences of such treatments for

USPATH

www.wpath.org/uspath
uspath@wpath.org

phone: 1+(847) 752-5328
fax: 1+(224) 633-2166

people with gender dysphoria, particularly children and young people, which prevents GPs from helping patients and their families in making an informed decision."

Simultaneous to the increase in requests for services in the UK is a dramatic increase in the wait times for individuals seeking care. Only one facility provides care and intervention referrals for youth, and that facility has an 18 month wait list for initial evaluation. We believe that the Royal College is clearly indicating that research should be continued in this area rather than curtailed.

Care for TGD youth aimed at diminishing gender dysphoria has been ongoing in the US for over 25 years. Our collective clinical expertise far exceeds that of the UK, and most other developed countries. We are leaders in this area of specialized medicine, and openly share our expertise and experience abroad through WPATH and other avenues. We hope that our perspective and collective voice will rise above the din of the inexperienced and uninformed fringe groups.

Sincerely,

USPATH Board of Directors

1. Administration SAaMHS. *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth.* Rockville, MD: Substance Abuse and Mental Health Services Administration;2015.
2. Haldeman DC. The practice and ethics of sexual orientation conversion therapy. *Journal of consulting and clinical psychology.* 1994;62(2):221-227.
3. Byne W. Regulations Restrict Practice of Conversion Therapy. *LGBT Health.* 2016;3(2):97-99.
4. Adelson SL, American Academy of C, Adolescent Psychiatry Committee on Quality I. Practice parameter on gay, lesbian, or bisexual sexual orientation, gender nonconformity, and gender discordance in children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry.* 2012;51(9):957-974.
5. Rafferty J, Committee On Psychosocial Aspects Of C, Family H, et al. Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. *Pediatrics.* 2018;142(4).
6. Olson KR, Durwood L, DeMeules M, McLaughlin KA. Mental Health of Transgender Children Who Are Supported in Their Identities. *Pediatrics.* 2016;137(3):1-8.

www.wpath.org/uspath
uspath@wpath.org

phone: 1+(847) 752-5328
fax: 1+(224) 633-2166

7. Spack NP, Edwards-Leeper L, Feldman HA, et al. Children and Adolescents With Gender Identity Disorder Referred to a Pediatric Medical Center. *Pediatrics.* 2012.
8. de Vries AL, McGuire JK, Steensma TD, Wagenaar EC, Doreleijers TA, Cohen-Kettenis PT. Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics.* 2014;134(4):696-704.
9. Simons L, Schrager SM, Clark LF, Belzer M, Olson J. Parental Support and Mental Health Among Transgender Adolescents. *J Adolescent Health.* 2013;53(6):791-793.
10. Olson-Kennedy J, Okonta V, Clark LF, Belzer M. Physiologic Response to Gender-Affirming Hormones Among Transgender Youth. *J Adolescent Health.*
11. Khatchadourian K, Amed S, Metzger DL. Clinical management of youth with gender dysphoria in Vancouver. *J Pediatr.* 2014;164(4):906-911.
12. Gridley SJ, Crouch JM, Evans Y, et al. Youth and Caregiver Perspectives on Barriers to Gender-Affirming Health Care for Transgender Youth. *J Adolesc Health.* 2016;59(3):254-261.