ENDOCRINE SOCIETY
Hormone Science to Health

December 3, 2021

Dr. Daniel Podolsky,
President of UT Southwestern Medical Center

Dr. John Warner
Executive Vice President for Health System Affairs,
UT Southwestern Medical Center

Dr. Steve Skapek,
Chair of Pediatrics Department,
UT Southwestern Medical Center

Dear Drs. Podolsky, Warner, and Skapek,

On behalf of the Endocrine Society, I am writing to share our concern about UT Southwestern's recent decision to deny gender-affirming treatment for new patients at the Children's Medical Center in Dallas and to disband the GENder Education and Care Interdisciplinary Support (GENECIS) program. We are deeply concerned that these decisions will block access to medical care for transgender youth. We urge you to reinstate the GENECIS program and allow new patients to receive coordinated gender-affirming care at UT Southwestern. Without access to the GENECIS program, new patients will likely have to seek care in other states and wait longer for medical appointments; some will not be able to obtain the care they need.

The Endocrine Society is the world's oldest and largest organization of scientists devoted to hormone research and physicians who care for people with hormone–related conditions. Our 18,000 members include experts in transgender medicine and research. The Society developed a Clinical Practice Guideline and additional resources, recognized globally as best practices, in the treatment of gender-dysphoric/gender-incongruent persons. The Society strongly opposes policies that do not conform to medical evidence. We are particularly concerned about clinical practices and health care systems that prevent transgender and gender-diverse adolescents from accessing gender-affirming medical care.

Scientific evidence indicates that there is a durable biological underpinning to our gender identity, and external forces have little impact on that identity. When younger patients experience feelings that their gender identity does not match their sex as recorded at birth, experts in the field do not immediately begin medical therapy. Instead, best practices include supporting the child in living in their affirmed gender

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identity and providing mental health support to the patient and their family.

Only after transgender and gender-diverse minors start puberty is prescribing treatment to delay puberty the recommended strategy, and only if desired and if diagnostic and treatment criteria are met. Only reversible treatments to delay puberty are recommended for younger adolescents after they have entered puberty, as outlined in our Clinical Practice Guideline. This treatment gives adolescents more time to explore their options and helps transgender adolescents avoid distressing and even traumatic experiences in life and may help some avoid undergoing surgical procedures later in life. Furthermore, delaying puberty is recognized as safe and effective therapy, not only for transgender adolescents but also for cis-gendered children with precocious puberty.

Gender-affirming care benefits the health and psychological functioning of transgender and gender-diverse youth. Forcing a transgender adolescent to experience puberty consistent with the sex recorded at birth puts these adolescents under significant psychiatric stress. We are concerned that eliminating access to medical care for new patients may harm transgender and gender-diverse individuals who already face a disproportionately high rate of suicide.

There is widespread consensus within the medical community about the importance of this approach to care. Other major international medical and scientific organizations such as WPATH, the European Society of Endocrinology, the European Society for Pediatric Endocrinology, the Pediatric Endocrine Society, the American Medical Association, the American Psychological Association, and the American Academy of Pediatrics are in alignment with the Endocrine Society on the importance of gender-affirming care.

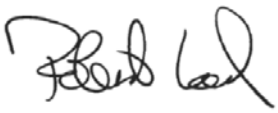
We are also concerned that this recent change in UT-Southwestern policy is not consistent with your own non-discrimination policy that states “assessment of the patient's condition and preliminary emergency care will be rendered without regard to the patient’s age, race, ethnicity, religion, culture/creed, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression.” We hope that the University will continue to uphold its commitment to non-discrimination.

The GENECIS program is recognized as a model in coordinated pediatric endocrinology, psychiatry, psychology, pediatric gynecology and adolescent medicine. Your recent decision to restrict access and disband the program appears to accept anti-transgender activists’ criticism and demands that are not based in science. The

Endocrine Society urges you to reconsider this change in policy. Medical evidence, not politics, should inform treatment decisions.

If you have any questions, or if we can be a resource to you regarding best practices in gender-affirming care, please do not hesitate to reach out to me at rlash@endocrine.org.

Sincerely,



Robert Lash, MD
Chief Medical Officer
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