



**Pediatric Gender-Affirming Care**

Testimony presented by:

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I'd like to start off by thanking Chairman Schemel, Minority Chair Frankel, and members of this this committee and subcommittee for the opportunity to testify at today's hearing on this important issue.

It is a pleasure to speak with you today in my capacity as a pediatrician and an adolescent medicine specialist. I am a physician and researcher who has been responsible for the care of nearly 2,000 transgender and gender-diverse children, adolescents and young adults.

My goals for today are to provide information to the committee about:

- (1) development of gender identity in children and adolescents
- (2) describe the gender-affirming care that is provided at multidisciplinary clinics like ours at CHOP and the evidence and support for this care by major professional associations, and finally
- (3) the personal experiences of my patients and their caregivers, how this care has benefited them and why it is essential

I want to review some basic concepts to ensure that we are all on the same page. First, we often refer to the concept of sex or sex assigned at birth. If you think about it what is the first thing that people say when a child is born? "It's a boy", "It's a girl" And how do they decide that? It is based on the identification of a child's genitals. Gender expression refers to how we signal our gender to the world, what clothes or hair style we wear or what toys we play with, masculine or feminine. For most children they will grow up to have a gender identity, the internal sense of being male or female, boy or girl, that

is the same as their birth assigned sex, on their birth certificate. And we refer to that as cis-gender.

This sense of being a boy or girl begins to develop as early as ages 1 or 2 when kids first become conscious of physical differences between sexes. At age 3 most children can label themselves as a boy or girl. At age 4 most children will have a stable gender identity and recognize it as constant.

However, for a significant number of people they will not identify their gender the same as the sex assigned at birth and we refer to this as transgender. There are also many other terms for gender identity that fall across a spectrum including those individuals who identify as non-binary, who feel that they are not a boy or girl or that they are both.

It is also important that we distinguish these concepts for sexual orientation and behavior. How we see ourselves as male or female, boy or girl, is different from who we are attracted to.

So, while the majority of children and adolescents identify as cisgender as much as 1% or more of the US population may identify as transgender totaling millions of Americans.

Initial reports of the number of people who are transgender were much lower than today, but there is evidence in societies across the world that people have always identified as trans. The reasoning for lower reports in the past are that there was great stigma towards this identity and supportive psychological services and affirming medical care were simply not available. Today, now that there is better understanding

and acceptance of having a transgender identity and supports are available, many who may have suffered in silence are now openly able to live as their true selves. In recent surveys of adolescents, up to 2% or more identify as transgender or non-binary.

For young people whose gender expression or identity is different from their sex assigned at birth issues may arise around early school age when most children's gender identity is solidifying or it may not be apparent until later. For many of these children they will experience significant distress about not having the physical characteristics of the gender they identify as. This is a concept that we call gender dysphoria. As you can imagine, if one's body parts begin to change and secondary sex characteristics develop during puberty this can be extremely distressing for trans youth who do not identify with those body parts.

The research shows us that transgender youth who are not supported in their identities have poor health outcomes for both their physical and mental health. They have extremely high rates of anxiety and depression and more than 40% of trans individuals report having attempted suicide in their lifetimes. Trans individuals are also at higher risk for Eating Disorders, HIV and other chronic diseases.

It is important to understand that these poor outcomes are not due to one's gender identity, but rather due to the shame and stigma they face due to their identity. Trans individuals often are not accepted by their family, friends community, and schools and experience extremely high rates of bullying, violence, and other forms of victimization and harassment.

On the flip side we see that when young people who identify as trans are supported by their loved ones, communities, and institutions and have access to gender-affirming medical and mental health care their physical and mental health outcomes are greatly improved. This clear evidence of benefit has led to all of the major medical and mental health professional associations including the AAP, Endocrine Society, WPATH, and AMA, which together represent the majority of physicians, to recommend gender-affirming medical care for children and adolescents.

This evidence and clinical guidelines and recommendations from organization like AAP and Endocrine Society drive the care provided at the clinics now found at most major pediatric medical centers. Myself and Dr. Linda Hawkins founded the CHOP Gender and Sexuality Development almost seven years ago with the goal of providing medical care and psychosocial support to transgender and gender-diverse children and adolescents. Our multidisciplinary team including mental health gender experts, adolescent medicine specialists, endocrinologists, social work and educational support has now provided care for over 1600 youth and families ranging in age from 4-24. Interaction with the clinic begins with a brief telephone call with our intake and education specialist who can help to triage any immediate needs or concerns. The young person and their caregivers will then have a series of meetings together with a gender mental health care specialist to understand the child's gender expression and identity. What happens next depends very much on the child's age, development, and the child and family needs and any decisions are made together by the multidisciplinary care team, parents, and child.

When it comes to treatment for gender dysphoria there are multiple stages or categories. There are treatments that are considered fully reversible, those that are considered partially reversible, and those that are irreversible. Fully reversible treatments include non-medical interventions such as allowing a child to wear their clothes and hair they want, use preferred name and pronouns, play with the toys they like and is referred to social transition. These non-medical interventions in addition to therapy and creating more supportive environments are the **ONLY** recommended treatments for younger, school-aged pre-pubertal children. These fully reversible interventions have been shown to have great benefit. For example, in a large study published in the journal *Pediatrics* of pre-pubertal children with gender dysphoria, they were followed over time and compared to youth who were not allowed to transition, and their cisgender peers. Those who were allowed to socially transition had much lower levels of anxiety and depression similar to their cisgender peers. Another recent study showed that trans youth who were called by their preferred names at school were significantly less likely to consider suicide because this validates their identity.

The major medical intervention that is considered fully reversible is puberty blocking medication. These medications are only given when a child has already started puberty, which can be distressing to youth with gender dysphoria, and has displayed insistence, consistency and persistence in their gender identity. Again, these decisions are made together by the care team, youth and parents. This is a very safe medication that had been used for many decades previously for children who are starting puberty too early or what is referred to as precocious puberty. We now also have a great deal of experience

with using it to put a pause button on puberty for youth with gender dysphoria. This helps to give time for parents, youth, and providers to consider less reversible options and allows the youth not to have to deal with going through the puberty that is wrong for them and therefore decreases their distress. For example, for youth born assigned female sex who identify as male, if they start puberty blockers just as puberty is beginning this will stop any breast development, relieve potential chest dysphoria and avoid the need for surgery later. We have multiple studies now showing the safety and psychosocial benefits of these medications for gender dysphoria including similar psychosocial outcomes in young adulthood to cisgender youth and rates of suicidality 3x lower than in youth who did not have access to puberty blocking medications.

Decisions may be made in early to mid-adolescence to consider hormone therapy, estrogen or testosterone which are the major partially reversible options for treatment. This allows for a child to essentially then go through the puberty that aligns with their gender identity together with their peers. It is important to note that changes occur over a period of several years, similar to the natural puberty process. Again, there is strong evidence that these hormones are safe and provide psychosocial benefit to youth experiencing gender dysphoria.

For many trans and non-binary individuals their chest and genitals may be a significant cause of distress and they may choose to have a variety of gender-affirming medical procedures to achieve alignment of their body with their gender identity. It is also important to note that many trans individuals do not want or are not able to have gender-affirming surgeries for a variety of reasons. In general these surgeries are

offered over the age of 18. The most common surgical procedure among adolescents is masculinizing chest surgery which is often referred to as top surgery. For those trans masculine youth who are born assigned female but have already developed breast tissue they frequently experience severe distress related to their chest, almost universally wearing painful chest binders to flatten the appearance of the chest and/or withdrawing socially. Top surgery which involves removing breast tissue to create a more masculine chest appearance has been shown to have tremendous social and psychological benefit for transmasculine adolescents and young adults. Typically, any genital reassignment surgery, if desired and appropriate, happens after age 18 and these procedures have shown similar benefit.

As you can imagine it is often a challenge for youth and families to navigate this treatment path and they often feel alone in the process or their identity and don't know who to turn to. One of the most important things we did shortly after starting our clinic was to form a support group for patients and families. We now have over 150 people attending the support groups each month, many traveling from far away and includes groups for younger kids (who call themselves the mighty's), tweens, teens, siblings, parents and recently we have added grandparents! So many of my patients and their families have found this incredibly important to work with and learn from each other as they face so many unique challenges in a society that often does not support or understand them. Some of the youth tell me it is one day of the month they look forward to the most.

Now I want to share with you some words from my own patients and from parents of transgender youth about how essential gender affirming care is to them.

First a study completed by my research team and led by my colleague Dr. Jamie Mehringer that was recently accepted for publication in Pediatrics highlights the suffering that occurs for transmasculine youth who experience chest dysphoria and then the tremendous benefits from masculinizing chest surgery or top surgery. The young people who participated in this study signed releases and approved these audio-recordings to be used for educational purposes.

(Play audio of following quotes)

Before top surgery/impact of chest dysphoria:	
07-a	It was really hard every day waking up and having to go to school... For me at least it was impossible to feel like a man especially in an environment like school – with a very large chest. And I didn't wanna be seen... I would miss a lotta school sometimes because I just couldn't get myself together
07-c	Little things would definitely tip me off to the edge where I would feel too overwhelmed—I couldn't manage very simple tasks like just doing schoolwork
15-a	I've been suicidal quite a few times over just looking at myself in the mirror and seeing it. That's not something that I should have been born with.
04-a	Even if it's not the prettiest surgery, I will be comfortable... I don't have to limit my activities or limit the most ridiculous things because of my breasts. More freedom. I'll get to live. I'm not living now...I feel like I'm just getting by
After top surgery:	
02-d	It's been a relief... Now that the problem is basically solved... I can basically focus the energy that I was focusing on that and redirect it somewhere way more productive... I can now do actual exercise for the first time in my life
07-b	I think I really didn't realize how much it was affecting my life until I was able to start going out and doing things again without that constant worry and fear. I just felt more confident as a person. I was able to talk to people... A lot of things that I wasn't able to do because that was holding me back
18-c	It was liberating, because I just could finally live a normal life like the rest of kids my age... I'm a lot easier to talk to people because I'm not as uptight, or I don't come off as rigid as I was. So, it's made me a lot more relatable to people because I could actually – I don't have to worry about my chest dysphoria

When laws were proposed in other states to criminalize gender-affirming care our clinic was flooded with calls from patients and their parents concerned for their children's safety and well-being if they would no longer be able to receive this care. My colleague at Children's Hospital Pittsburgh Dr. Kacie Kidd, myself and others decided to do a survey of parents of transgender children receiving gender-affirming care across the country. We were flooded with over 300 responses from parents in just 24 hours from 43 states in the US. The most salient theme, which appeared in 85.0% of responses, described parent and caregiver fears that these laws would lead to worsening mental health and suicide for their TGDY. The resulting manuscript was recently accepted for publication in the Journal of Adolescent Health. Here's what your constituents parents of transgender children in Pennsylvania who participated in the study had to say:

**What do laws like this mean to you as the parent or caregiver of a gender diverse child?**

**How do you think laws like this would have impacted or could impact your child?**

- My child was suicidal and depressed. After starting hormones at 16, the suicidal ideologies were gone and his depression had eased tremendously. ... The gender affirming care saved his life and he was accepted at Ivy league and high achieving universities. He is now on the Dean's, high honors list at the university that he chose. Had he not had this care he most likely would not have lived to age 19, let alone achieve what he has done. (Mother of a Transgender Son)
- This law would add to the already rising childhood/ teenage suicide rate. Transgender children need to know that their lives matter. They want hope for a better tomorrow. Do not marginalize them. Do not minimize the pain they feel or the ridicule they endure. (Mother of a Transgender Daughter)
- Laws like this would take away life-saving medicines from kids like mine and ones across the country. Trans kids are already so vulnerable and often times subjected to violence, to take away something that could make them feel closer to their true selves is just cruel. (Mother of a Transgender Daughter)

- My child is only 5 but every year she gets closer to puberty, we worry about what would happen if we weren't able to get blockers and her body started to change and present in a more masculine way. No one deserves to have their body betray them like that. No one should be allowed to tell me what it right for my child's body other than our doctor. I know that without blockers, my child would forever be subjected to a life of torment, less acceptance, and self-loathing. She would no longer be considered "passing" which would put her in danger every single day of the rest of her life. (Mother of a Transgender Daughter)
- When my son started T @17 yrs. and top surgery @18 yrs., he had full access to what he needed to relieve his dysphoria. If the care wasn't available, he would have been crushed - his anxiety would have spiraled - and would have had to wait 2 years if he was affected by those proposed laws. We probably would have considered moving to a state which would have medical access. (Mother of a Transgender Son)
- They would make our lives hell, especially my son. He's an honor student now that he started his transition. He's happier than ever. Well adjusted, thoughtful, many friends and great in school. Before the start of transitioning, he was horrible. Acted out in the worst ways. Cut himself. Lied. Etc. Now he's a well adjust, respectful child. The difference is astounding! Take his trans care away, he will probably be suicidal. And knowing him, he'd succeed. Removing his trans care would be the same as signing his death warrant. And that's not overstating. (Mother of a Transgender Son)
- They will. I'm terrified of these laws. He will end up dead. Probably through suicide. Or I will end up in jail buying his testosterone illegally. (Mother of a Transgender Son)
- My son would be forced to go through female puberty, causing unwanted, and some not completely irreversible, changes to happen to his body against his wishes and consent. He would have to then go through much more extensive and expensive and medically complicated treatments and surgeries, knowing that there was a better way, that inert blockers and testosterone would have made things safer, cheaper, and easier. His risk of depression and suicidality would increase exponentially. I fear for my son's mental health if these laws were passed in my state. I fear for his life. (Mother of a Transgender Son)
- Legislators should not be defining appropriate medical care - that should be left to the medical professionals in conjunction with parents. If I had not been able to provide appropriate care for my son during his teenage years, we would have travelled to find it or I may have been paying funeral costs instead. (Mother of a Transgender Son)
- My AFAB son was in total crisis when he started testosterone. I worried for a year, while he was in therapy and had a supportive family and medical team, that

he would attempt to hurt himself. He was so depressed and anxious. The testosterone, and ensuing top surgery, were medically necessary interventions that helped my child immensely. Without these treatments, which were recommended by a team of mental health professionals that specialize in adolescent gender issues, a pediatric endocrinologist and one of the foremost plastic surgeons in our region, my child may not be alive today. Access to this care, currently, is a privilege for those who have the healthcare coverage to provide it and, in many cases, the intellectual and emotional resources and time to fight a healthcare system that does not, in most cases, just accept that trans kids have legitimate medical needs that should be treated so that they can live. All any parent wants is for their child to grow up, be healthy and happy, and realize their full potential. Being able to get the care my child needs means he gets to do those things; he will always be a member of a marginalized group, so he will likely have to deal with discrimination his whole life, in addition to the dysphoria that is part of being trans, but his access to medical care is the difference between him being able to simply live his life and him being in hell. Laws that would restrict or eliminate his access to care are tantamount to a life of misery, or even no life at all. Denying care to a vulnerable population means actively endorsing that their lives are unimportant. I assure you, as a parent, that nothing could be farther from the truth. Look at statistics on suicide attempts and completions for trans kids vs. LGB kids and you will see that they are exponentially more at risk than LGB youth. Ask yourself why it is ok for kids with other chronic health concerns to get treatment, but not for these kids. If you or someone you know has a child with a chronic medical condition, ask yourself how you would feel if you knew that lawmakers were considering making their care illegal. My son is bright, kind, and has a lot to offer this world. I love him, and caring for him is something that his family and his doctors, not legislators, should be in charge of. You don't know my son, but if you did, you wouldn't want to write him off. Please do not advance the idea...it would cause needless suffering, and benefits no one. (Mother of a Transgender Son)

Unfortunately, at the beginning of the COVID pandemic we, our patients, and their parents worried about whether they would be able to continue to receive this vital care. Hospitals quickly clamped down on in-person visits in the outpatient setting in order to conserve resources and reduce exposure. Across the country appointments to start or continue puberty blockers were canceled. And again we received many calls from parents concerned about their children's access to care. However, one of the silver linings of the pandemic has been the proliferation of telemedicine. Thankfully, at CHOP we were able to immediately spring into action and within a week were seeing all

patients via telemedicine. One of the amazing benefits of this care has been that we have increased access for children living in areas or circumstances where this life saving care is not available and still delivering the highest quality.

My take home message to you today as a pediatrician and a mother, is that gender-affirming care is safe, effective, medically necessary and recommended by all major medical professional organizations. We need to find ways, like telemedicine, to provide more of this care and not less. Access to this care is a matter of life and death. I assure you our childrens' lives and well-being depend on it.

Again, I thank you for your time and attention. I'm happy to take any questions at this time.