

United States House of Representatives

Committee on the Judiciary

Subcommittee on the Constitution and Limited Government

**“The Dangers and Due Process Violations of ‘Gender-Affirming Care’ for
Children”**

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**Testimony of Shannon Minter, Legal Director of the National Center for Lesbian
Rights**

My name is Shannon Minter. I am the Legal Director of the National Center for Lesbian Rights (NCLR), a legal organization that represents LGBTQ people and their families across the country. Since 1977, NCLR has sought to advance the civil and human rights of LGBTQ people through litigation, policy, and public and community education. Throughout its history, NCLR has played a leading role in advocating for the equality, humanity, and dignity of transgender people. During my 30 years with NCLR and over 20 as its legal director, I have represented many transgender young people in cases involving discrimination and harassment in schools, the child welfare system, the healthcare system, and other areas. Recently, I have been involved in federal challenges to state laws that prevent transgender adolescents from receiving essential medical care and participating in school sports. Thank you for the opportunity to submit testimony to the Committee on Judiciary, Subcommittee on the Constitution and Limited Government.

This Committee should ensure that parents of transgender youth have the continued freedom to make responsible healthcare decisions for their children. Any parent whose child is in

need wants to be able to seek expert medical advice—and act on that advice if it will enable their child to thrive. Americans may have differing views on many issues, but there is one point on which we strongly agree: parents, not the government, are best situated to make medical decisions for their children.

There is a lot of misinformation about transgender youth and adolescents. Gender dysphoria is rare,¹ so it's not surprising that many people in this country do not know a transgender person or the parents of a transgender child. For most people and most legislators, this appears to be a new issue. But it is not a new issue for parents of transgender youth or for the medical community.

Evidence-based medical care for transgender adolescents has been available for more than twenty years.² The same medications prescribed for transgender youth have been prescribed for non-transgender youth for a variety of other medical conditions for even longer—more than forty years.³ There is a substantial body of medical research demonstrating that these medications are safe and effective. This includes longitudinal studies showing that transgender adolescents who receive the care they need have the same mental health outcomes as their non-

¹ The DSM-5 estimates that less than 1 % of children and adolescents have gender dysphoria. *Diagnostic and Statistical Manual of Mental Disorders 5*. American Psychiatric Association. 2013. p. 454. ISBN 978-0-89042-555-8.

² Carswell, Jeremi M., Ximena Lopez, and Stephen M. Rosenthal. “The Evolution of Adolescent Gender-Affirming Care: An Historical Perspective.” *Hormone Research in Paediatrics* 95.6 (2022): 649-656; Coleman, Eli, Asa E. Radix, Walter P. Bouman, George R. Brown, Annelou LC De Vries, Madeine B. Deutsch, R. Ettner, et al. "Standards of Care for the Health of Transgender and Gender Diverse People, version 8." *International Journal of Transgender Health* 23, no. sup1 (2022): S1-S259.

³ See *Ecknes-Tucker v. Marshall*, 603 F. Supp. 3d 1131, 1145 (2022) (“[The record shows that medical providers have used transitioning medications for decades to treat medical conditions other than gender dysphoria, such as central precocious puberty, a condition in which a child enters puberty at a young age. Doctors have also long used hormone therapies for patients whose natural hormone levels are below normal.”).

transgender peers.⁴ In contrast, when left untreated, gender dysphoria puts transgender young people at risk of very serious harms, including depression, anxiety, and suicidality.⁵

The medical community has spoken with one voice following decades of research and clinical care. All of our country's major medical associations agree about the approach to care, which emphasizes personalized treatment and is based on medical standards of care developed by the Endocrine Society, the leading professional association of endocrinologists, and the World Professional Association for Transgender Health.⁶ These standards have been endorsed by every

⁴ See, e.g., Olson, Kristina R., Lily Durwood, Madeleine DeMeules, and Katie A. McLaughlin. "Mental health of transgender children who are supported in their identities." *Pediatrics* 137, no. 3 (2016); Achille, Christal, Tenille Taggart, Nicholas R. Eaton, Jennifer Osipoff, Kimberly Tafuri, Andrew Lane, and Thomas A. Wilson. "Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths: preliminary results." *International Journal of Pediatric Endocrinology* 2020, no. 1 (2020): 1-5; Chen, Diane, Johnny Berona, Yee-Ming Chan, Diane Ehrensaft, Robert Garofalo, Marco A. Hidalgo, Stephen M. Rosenthal, Amy C. Tishelman, and Johanna Olson-Kennedy. "Psychosocial functioning in transgender youth after 2 years of hormones." *New England Journal of Medicine* 388, no. 3 (2023): 240-250.

⁵ See, e.g., Turban, Jack L., Dana King, Jeremi M. Carswell, and Alex S. Keuroghlian. "Pubertal suppression for transgender youth and risk of suicidal ideation." *Pediatrics* 145, no. 2 (2020) (finding that transgender people who received puberty blockers as adolescents have a lower risk of suicidal thoughts as adults than those who wanted them but were unable to receive them); Kuper, Laura E., Sunita Stewart, Stephanie Preston, May Lau, and Ximena Lopez. "Body dissatisfaction and mental health outcomes of youth on gender-affirming hormone therapy." *Pediatrics* 145, no. 4 (2020) (finding that transgender adolescents who received hormone therapy had improved mental health measures); Tordoff, Diana M., Jonathon W. Wanta, Arin Collin, Cesalie Stepney, David J. Inwards-Breland, and Kym Ahrens. "Mental health outcomes in transgender and nonbinary youths receiving gender-affirming care." *JAMA Network Open* 5, no. 2 (2022): e220978-e220978 (finding that treatment with puberty blockers or hormones was associated with 60% less moderate to severe depression and 73% less suicidal ideation, compared to youth not treated).

⁶ See Hembree, Wylie C., Peggy T. Cohen-Kettenis, Louis Gooren, Sabine E. Hannema, Walter J. Meyer, M. Hassan Murad, Stephen M. Rosenthal, Joshua D. Safer, Vin Tangpricha, and Guy G. T'Sjoen. "Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guideline." *The Journal of Clinical Endocrinology & Metabolism* 102, no. 11 (2017): 3869-3903, (Endocrine Society Guidelines); Coleman, *supra* n. 2 (WPATH Guidelines).

major medical association in the country, including the American Medical Association, the American Academy of Pediatrics, the American Psychological Association, and many others.⁷

These standards reflect the best available scientific research. They require a rigorous multidisciplinary assessment before diagnosing a child with gender dysphoria and take a conservative approach to treatment. As one federal court noted, “minors and their parents undergo a thorough screening process and give informed consent before any treatment begins.”⁸

This medical standard has been in place for a long time. It is not new. What is new is recent, massive overreach by state lawmakers to ban essential medical care for transgender youth. These recently passed state laws prevent parents from getting their children the medical care they need. They stand in the way of doctors being able to use evidence-based standards to treat their patients.

⁷ See *Ecknes-Tucker*, 603 F. Supp. At 1139 (“The American Medical Association, the American Pediatric Society, the American Psychiatric Association, the Association of American Medical Colleges, and at least eighteen additional major medical associations endorse these guidelines as evidence-based methods for treating gender dysphoria in minors.”). See also American Medical Association. (2021, April 26). Letter to National Governor's Association, available at: <https://search.famaassn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2021-4-26-Bill-McBride-opposing-anti-trans-bills-Final.pdf>; American Academy of Pediatrics, *Policy Statement: Ensuring Comprehensive Care and Support for Transgender and Gender Diverse Children and Adolescents* (2018), available at: <https://pediatrics.aappublications.org/content/142/4/e20182162>; American Psychological Association, *APA Resolution on Gender Identity Change Efforts* (2021), available at: <https://www.apa.org/about/policy/resolution-gender-identitychange-efforts.pdf>; American College of Obstetricians and Gynecologists, *Committee Opinion No. 823: Health Care for Transgender and Gender Diverse Individuals* (2021), available at: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/03/health-care-for-transgender-and-gender-diverse-individuals>; American Academy of Family Physicians. (2020). Care for the Transgender and Nonbinary Patient. Available at: www.aafp.org/about/policies/all/transgender-nonbinary.html.

⁸ See *Ecknes-Tucker*, 603 F. Supp. at 1142.

That is why six federal district courts, after hearing all the evidence, have concluded that these bans violate fundamental constitutional guarantees of due process and equal protection, and that the claims put forward to justify them have no factual basis. Court decisions have been issued by a wide range of judges, including three judges appointed by President Trump, in states including Arkansas, Alabama, Florida, Indiana, Kentucky, and Tennessee. In each case, the state officials promoting these bans have had every opportunity to back up their false claims with actual evidence, and in each case, they have failed. And in each case, courts have found that transgender youth are benefitting from receiving care and that banning it would cause them serious, irreparable harm. As one court found: “If allowed to take effect, [Kentucky’s ban] would eliminate treatments that have already significantly benefited [the minor plaintiffs] and prevent other transgender children from accessing these beneficial treatments in the future.”⁹

These state medical bans pose a grave threat to the health and safety of transgender youth across this country. I urge the members of this committee to reject any federal attempt to replicate this harm. Decisions about children’s medical care should be made by the parents who love them—not elected officials who know nothing about a child’s life or history and who will not have to live with the consequences of watching a young person they love suffer the devastating consequences of going without needed medical care.

As a transgender person myself, I have benefitted from decades of access to healthcare, growing legal equality, and support. Because of that progress, I have been able to marry, have a family, pursue a career, and participate in my local church and community. It is disheartening to see the protections that have allowed me to thrive being needlessly taken away from youth. Bans

⁹ *Doe 1 v. Thornbury*, No. 3:23-CV-230-DJH, 2023 WL 4230481, at *6 (W.D. Ky. June 28, 2023).

on healthcare for transgender youth conflict with medical expertise, undermine parents' abilities to make responsible medical decisions for their children, and have devastating consequences for young people's lives.