June 3, 2016

Governor Paul R. LePage
Office of the Governor
#1 State House Station
Augusta, ME 04333-0001


Dear Governor LePage,

On behalf of the Pediatric Endocrine Society Special Interest Group (SIG) on Transgender Health, we write to you to express our expert opinion on the U.S. Department of Education guidance on the rights of transgender students.

The Pediatric Endocrine Society is the leading professional society for our specialty in the United States and North America. Within the Pediatric Endocrine Society, the SIG on Transgender Health is dedicated to providing evidence-based medical care to this population.

Chromosomes or genitalia do not determine one’s gender identity. Gender identity refers to the innermost sense of being male, female or somewhere on the gender spectrum. Transgender individuals have a gender identity that is different from the gender implied by the sex assigned at birth. Compelling scientific studies indicate that gender identity develops during childhood/adolescence and is likely “hard-wired”, like sexual orientation, and therefore is not a personal choice.

Transgender youth represent an often misunderstood and vulnerable population. Recent studies have demonstrated that these individuals are at significantly increased risk for depression and suicide, and that acknowledging these individuals in the gender they know themselves to be significantly reduces these negative mental health outcomes. School support in acknowledging a young person’s true gender identity is crucial for their long-term well-being. Anyone who has had the opportunity to work with such youth knows that they merely want to be who they know themselves to be, and to feel safe at school.
When transgender children and adolescents present to others according to their gender identity and then are forced to use the bathroom that matches their genitalia, they are often harassed both physically and verbally, and in some cases are questioned or pulled out of the restroom. While some schools have provided accommodations to use a staff (gender neutral) restroom, this leads to segregation and other psychological and medical problems including being questioned by peers and school staff not aware of their transgender status, sanctions for being late because the allowable restroom is often not close to the classrooms, avoidance of using the restroom resulting in refusing to drink fluids and withholding urination all day potentially leading to urinary tract infections, as well as school avoidance. Restroom use is a basic human right and every student should have the same access, transgender or not. We urge you to meet with transgender children and adolescents and their parents, to understand the day to day struggles they face.

In our experience, no adverse consequences have occurred when schools have allowed transgender students to use the restroom that is consistent with their gender identity. Almost universally, transgender students do not want to bring attention or expose themselves physically; on the contrary, they want to be accepted like any other youth. There are no reported cases in which allowing a transgender child to use the bathroom that matches their gender identity has led to inappropriate self-exposure or sexual advances. Self-exposure, voyeurism and sexual assault already constitute criminal offenses and policies supporting the rights of transgender individuals do not change that.

Not allowing transgender youth to use the bathroom that matches their gender identity would subject these vulnerable youth to unnecessary trauma and risk. Transgender youth need the support of family, school, and community to thrive, as do all young people. Please do not create unnecessary hardship for these vulnerable youth, and please support the guidance of the U.S. Department of Education on the rights of transgender students.

Sincerely,

The Pediatric Endocrine Society Special interest Group on Transgender Health

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