

**IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF ALABAMA  
NORTHERN DIVISION**

REV. PAUL A. EKNES-TUCKER et al.,

Plaintiffs,

v.

KAY IVEY, et al.

Defendants.



1. AAP, AL-AAP, the Academic Pediatric Association, AACAP, AAFP, AAN, GLMA, ACOG, ACOP, ACP, AMA, APS, APA, AAMC, AMSPDC, the Endocrine Society, NAPNAP, PES, SAHM, SPR, SPN, SPU, and WPATH, respectively, have no parent corporation.

2. No corporations hold any stock in AAP, AL-AAP, the Academic Pediatric Association, AACAP, AAFP, AAN, GLMA, ACOG, ACOP, ACP, AMA, APS, APA, AAMC, AMSPDC, the Endocrine Society, NAPNAP, PES, SAHM, SPR, SPN, SPU or WPATH.

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**STATEMENT OF INTEREST OF AMICI CURIAE**

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*Amici* are professional medical and mental health organizations seeking to ensure that all children and adolescents, including those with gender dysphoria, receive the optimal medical and mental healthcare they need and deserve. *Amici* represent thousands of healthcare providers who have sp





particular gender.<sup>5</sup> Most people have a gender identity that aligns with their sex assigned at birth.<sup>6</sup> However, transgender people have a gender identity that does not align with their sex assigned at birth.<sup>7</sup> In the United States, it is estimated that approximately 1.4 million individuals are transgender.<sup>8</sup> Of these individuals, approximately 10% are teenagers aged 13 to 17.<sup>9</sup> Individuals often start to understand their gender identity during prepubertal childhood and adolescence.

While being transgender is a normal variation of human identity,<sup>10</sup> many

If untreated or inadequately treated, gender dysphoria can cause depression, anxiety, self-harm, and suicidality.<sup>12</sup> Indeed, over 60% of transgender adolescents and young adults reported having engaged in self-harm during the preceding 12 months, and over 75% reported symptoms of generalized anxiety disorder in the preceding two weeks.<sup>13</sup> Even more troubling, more than 50% of this population reported having seriously considered attempting suicide,<sup>14</sup> and more than one in three transgender adolescents reported having attempted suicide in the preceding 12 months.<sup>15</sup>

## **II. The Widely Accepted**





evaluation by a

21 The MHP also must screen for coexisting mental health concerns,<sup>22</sup> which <sup>23</sup> If gender dysphoria is diagnosed, the Guidelines provide that the MHP should discuss treatment for gender dysphoria and any coexisting concerns, including potential risks.<sup>24</sup>

**2. The Guidelines Recommend Only Non-Physical Interventions for Prepubertal Children Suffering From Gender Dysphoria.**

For prepubertal children suffering from gender dysphoria, the Guidelines provide for mental healthcare and support for the child and their family.<sup>25</sup> The Guidelines do *not* recommend that any physical interventions (such as medications or surgery) be provided to prepubertal children with gender dysphoria.<sup>26</sup>

**3. In Certain Circumstances, the Guidelines Provide for the Use of Medical Interventions to Treat Adolescents Suffering From Gender Dysphoria.**

For patients whose gender dysphoria continues into adolescence after the onset of puberty the Guidelines provide that, in addition to mental healthcare, medical interventions may also be indicated. Before an adolescent may receive any

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<sup>21</sup> *Id.* at 23-24.

<sup>22</sup> *Id.* at 24



growth.<sup>31</sup> Puberty blockers have well-known efficacy and side-effect profiles.<sup>32</sup> In addition, their effects are generally reversible.<sup>33</sup> In fact, puberty blockers

parents or guardians must give their informed consent.<sup>38</sup> Hormone therapy involves using gender-affirming hormones to allow adolescents to develop secondary sex characteristics consistent with their gender identity.<sup>39</sup> Although some of these changes become irreversible after those secondary sex characteristics are fully developed, others are partially reversible if the patient discontinues use of the hormones.<sup>40</sup>

The Guidelines contemplate that the prescription of puberty blockers and/or hormone therapy be coupled with education on the safe use of such medications and close monitoring to mitigate any potential risks.<sup>41</sup> Decisions regarding the appropriate treatment for each patient with gender dysphoria are made in consultation with the patient, their parents or guardians, and the medical and mental healthcare team. A "one-size-fits-all" approach to this kind of treatment<sup>42</sup>

## **B. The Guidelines for Treating Gender Dysphoria Were Developed**

requirements as other guidelines promulgated by *amici* and other medical organizations.

Guidelines were developed following a 26-step, 26-month drafting, comment, and review process.<sup>43</sup> The Endocrine Society imposes strict evidentiary requirements based on the internationally recognized Grading of Recommendations Assessment, Development and Evaluation (GRADE) system.<sup>44</sup> That GRADE assessment is then reviewed, re-reviewed, and reviewed again by multiple, independent groups of professionals.<sup>45</sup> Further, the Endocrine Society continually reviews its own guidelines and recently determined the 2017 transgender care guidelines continue to reflect the best available evidence.

The WPATH standards are the result of a drafting, comment, and review process that took five years.<sup>46</sup> The draft guidelines went through journal peer-review and were publicly available for discussion and debate, including multiple rounds of feedback from experts in the field as well as from transgender individuals.<sup>47</sup> They

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<sup>43</sup> See, e.g., Endocrine Society Guidelines at 3872-73 (high-level overview of methodology).

<sup>44</sup> See Gordon Guyatt et al., *GRADE guidelines: 1. Introduction - GRADE evidence profiles and summary of findings tables*, 64 J. Clinical Epidemiology 383 (2011), <https://www.who.int/alliance-hpsr/resources/publications/HSR-synthesis-Guyatt-2011.pdf>; Gordon H. Guyatt et al., *GRADE: an emerging consensus on rating quality of evidence and strength of recommendations*, 336 BMJ 924 (2008), [https://www.who.int/hiv/topics/treatment/grade\\_guyatt\\_2008.pdf](https://www.who.int/hiv/topics/treatment/grade_guyatt_2008.pdf).

<sup>45</sup> Endocrine Society, *Methodology*, <https://www.endocrine.org/clinical-practice-guidelines/methodology> (last visited May 4, 2022).

<sup>46</sup> See WPATH Guidelines at 109-10.

<sup>47</sup> See *id.*







reported lifetime suicidal ideation.<sup>54</sup> Additionally, a longitudinal study of nearly 50 transgender adolescents found that suicidality was decreased by a statistically-significant degree after receiving gender-affirming hormone treatment.<sup>55</sup>

As another example, a prospective two-year follow-up study of adolescents with gender dysphoria published in 2011 found that treatment with

treatments prohibited by the Healthcare Ban are effective for the treatment of gender dysphoria. For these reasons, and as

not.<sup>61</sup> Qp"vj g'eqvtct { ."õ]nqpi kwf kpcn'uwf kgu'j cxg'kpf kcvgf "vj cv"vj g"go gti gpeg"qt" worsening of gender dysphoria with pubertal onset is associated with a very high risk of mental health complications.<sup>62</sup> In this regard, while some practitioners suggest waiting until puberty begins before considering social transition<sup>63</sup> with prepubertal children, it is not recommended for *adolescents*. Using social transition with gender-dysphoric adolescents can cause immense harm by denying them treatment that could alleviate their distress and forcing them to experience full endogenous puberty, resulting in physical changes that may be reversed if at all only through surgery.

## 2. Claims That the Medical Community Is “Aggressively Pushing” for Medical Interventions Are False.

The medical community are aggressively pushing for interventions on minors.<sup>64</sup> This is false. Adolescents are only provided medical interventions if they meet the rigorous criteria under the Guidelines. While it is true that the number of referrals to gender clinics has increased in recent years, this increase has coincided with a decrease in the

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<sup>61</sup> See, e.g., Stewart L. Adelson, *Practice parameter on gay, lesbian, or bisexual sexual orientation, gender non-conformity, and gender discordance in children and adolescents*, 51 J. Am. Acad. of Child & Adolescent Psychiatry 957, 964 (2020), <https://pubmed.ncbi.nlm.nih.gov/22917211>

stigma against transgender people, an increase in public awareness of the existence of gender dysphoria and the availability of gender-affirming care, and improvements in insurance coverage, all of which likely led more people with gender identity issues to seek help. In any event, not all patients who seek care at gender clinics receive medical interventions. In fact, a 2018 study showed that the percentage of patients who presented to a gender clinic for evaluation and received medical interventions has actually *decreased* over time.<sup>65</sup>

### **III. The Healthcare Ban**

suicide attempts and significant improvement in quality of life.<sup>66</sup> In light of this evidence supporting the connection between lack of access to gender-affirming care and lifetime suicide risk, banning such care can put patients' lives at risk.

### **CONCLUSION**

For the foregoing reasons, Plaintiffs' motion for a temporary restraining order and preliminary injunction should be granted.

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<sup>66</sup> See M. Hassan Murad et al., *Hormonal Therapy and Sex Reassignment: A Systematic Review and Meta-Analysis of Quality of Life and Psychosocial Outcomes*, 72(2) *Clinical Endocrinology* 214 (Feb. 2010), <https://onlinelibrary.wiley.com/doi/10.1111/j.1365-2265.2009.03625.x>; see also Turban et al., *Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation*, *supra* note 50.



## **CERTIFICATE OF SERVICE**

I hereby certify that on May 4, 2022, I electronically filed the foregoing with  
the Clerk of the Court