

A number of mental health professionals who have successfully treated Gender Dysphoria in youth stress that the “affirmation” of children's gender confusion by allowing them to behave and be treated as the opposite sex reinforces this mental disorder and renders the success of therapy less likely.²

Surely the board has the best of intentions in considering this policy. However, based on the experience of the Endocrine Society and the aforementioned mental health professionals, adopting this policy could actually be harmful to the very students it seeks to serve. Changing the existing policy to normalize their gender identity confusion and officially accommodate it by adopting this policy would constitute a very strong affirmation of their disorder. The College believes this course of action would decrease the likelihood of these troubled adolescents seeking the professional help they need. Furthermore, it is also possible that those who do seek therapy will be less likely to successfully deal with their disorder.

Schools have no authority to engage in therapy for psychological challenges such as Gender Dysphoria. Adopting this policy, however, would amount to a therapeutic intervention which will likely be detrimental to the very students it seeks to accommodate.

2. In considering this proposed policy change, it is also essential to understand that the best estimates are that a mere 0.3% of Americans identify as transgender.³ Yet this proposed policy change will violate the fundamental right to privacy of 100% of the students involved in athletic programs (since even students identifying as transgender will also be sacrificing their physical privacy).

It does not appear to the College that the board has adequately considered the potential harm this policy will have on all students and on the larger high school athletic program. Given public reaction to date, there seems little doubt that mandating that students share locker rooms and bathrooms with individuals of the opposite sex will generate even more negative feelings and may result in many students forgoing athletic participation altogether.

3. As physicians we must also express our concern about the potential for injury if gender-confused students are allowed to choose to participate on opposite-sex teams. There is low scientific evidence which supports the healthfulness of hormone treatments currently administered to many of these youth.

Science simply cannot demonstrate that gender discordant youth either on or off these hormones are not at greater risk for physical injury particularly when participating on opposite-sex teams for contact sports.

The College encourages the board to more carefully consider all the implications of this proposed policy and then vote it down. Every school should be a safe environment which respects the bodily privacy of all students. The status quo ensures this; the proposed policy does not.

Sincerely,



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² Zucker, K., Bradley, S (1995). *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents* (p.283). New York, NY: The Guilford Press.

³ Gates, G. (2011). How many people are lesbian, gay, bisexual, and transgender? Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>