

Statement from a University of Texas Southwestern Medical Center spokesperson:

UT Southwestern physicians provide a wide variety of clinical services for both adult and pediatric populations including those who identify as members of the LGBTQ+ community. Care for transgender adult patients, including hormone therapy and some surgical procedures, is provided principally through clinics and hospitals operated by UT Southwestern.

UT Southwestern physicians provide pediatric care at Children's Health facilities through our affiliation agreement. This includes care for transgender pediatric patients and specifically for those families seeking care for potential gender dysphoria.

While the latter had been nominally provided over several years under the aegis of an entity designated GENECSIS at Children's Health, effective November 18, 2021, the constellation of services comprising pediatric endocrinology, psychiatry, and adolescent and young adult care started being managed through each specialty department. Since that time, this care is coordinated through these departmentally based pediatric clinics much as our longstanding practice for our adult patients.

Clinic phone and email services to contact the clinics were consistently available during this transition, which communicated to patients and clinic personnel. The phone number formerly dedicated to GENECSIS is still active, and now is answered by the Children's Health endocrinology clinic. Patients and their families communicate with their care teams through My Chart.

GENECIS was never a stand-alone clinic and was not "closed" as has been misreported in the media. The decision to remove the *GENECIS program* branding was made to provide a more private experience for patients and families. For existing patients, there has been no change in the care provided. New patients continue to be accepted for evaluation and treatment and they too receive gender affirming care which were previously provided under the "brand" GENESIS including what is commonly recognized as the cornerstone of that care – appropriate psychological and counseling care – with one exception.

Those new patients and their families seeking puberty blockers and hormone replacement therapy after diagnosis of gender dysphoria are now referred to an outside practice for this treatment. Current patients who had already been begun on these treatments continue to receive them as before.

Hormone therapy continues to be provided to pediatric patients for diagnosis including precocious puberty as approved by the FDA.

The hormone therapy typically used for suppression of puberty for the diagnosis of gender dysphoria is not currently approved by the FDA for this purpose and is not offered to new pediatric patients for this diagnosis.

The decision to cease offering puberty blockers and hormone therapy to new pediatric patients was based on a variety of factors, including growing concern in the medical community about

our limited understanding of the long-term effects – both psychological and physical – on children who receive this treatment. We considered that there have not been controlled trials that have clearly delineated the effectiveness and safety of these treatments. According to the scientific journal *Transgender Health*, as of 2021: No medications carry an FDA indication for use in youth with gender dysphoria. Media attention and political and scientific controversy, as well as UT Southwestern's status as a state agency, were considered in the months leading up to these joint decisions.

Clinic operational decisions are not routinely run by an ethics board and this is in no way different than changes in operations or services of other clinical areas.

UT Southwestern and Children's Health do not provide gender affirming surgery for pediatric patients.

A required course (Endocrinology, Energy Homeostasis and Reproductive Health) in each medical student's first 18 months includes lectures on Gender Identity and Healthcare Topics for LGBTQ+ Patients.

An elective clinical rotation was paused in December 2021 by faculty without review or approval by senior institutional leaders. In fact, fewer than 2% of our students have chosen to take this elective in the last several years. As a result the leadership responsible for the student curriculum wanted to ensure that all of our students are exposed to the needs of LGBTQ+ patients. Therefore additional lectures on related topics are being incorporated into the required course so that all medical students have access and opportunity to learn about adolescent and young adult transgender care rather than only the small percentage that elected the 2-week elective course.

As an institution of higher education authorized and organized under Texas law, UT Southwestern is a state agency and does not take positions on political issues, and complies with all applicable federal and state laws and regulations. UT Southwestern and Children's Health remain committed to providing care for and a welcoming environment for everyone, regardless of their race, gender, sexual orientation, socioeconomic status, or condition, and to ensuring our patients receive the care they need. The safety and privacy of our patients is our top priority.

UT Southwestern leadership has not been contacted by Governor Abbott regarding these clinical services. Inquiries regarding actions by the Governor's Office should be directed to the Governor's Office.