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March 21, 2023

Dr. Kurt Newman
President and Chief Executive Officer
Children's National Hospital
111 Michigan Avenue, NW
Washington, DC 20010

Dear Dr. Newman:

The family is the most basic unit of society and as such, “parents have the inalienable right and responsibility to educate and rear their children.”¹ Unfortunately, there are people who want to override parents’ decisions. Their efforts result in the erosion of parents’ rights to make medical decisions for their children. In some cases, those decisions have resulted in parents’ losing all rights when it comes to their children. Accordingly, I write to seek information and answers to several questions related to the Children’s National Hospital (“Hospital”) Youth Pride Clinic (“Clinic”), promoted as “one of the few clinics in the nation providing comprehensive primary and mental healthcare to LGBTQ youth and young adults between the ages of 12 to 22.”²

The website for the Clinic states that your primary and specialty care teams provide, among other things, “[h]ormone replacement therapy.”³ There is no mention of any parental consent requirement for such therapy or for other medical services provided to youth who have not reached the age of majority. Section 46-101 of the D.C. Code establishes the “age of majority . . . [as] 18 years of age.”⁴ The lack of any public reference on the Clinic’s web page to parental consent is concerning since the Clinic treats youth between the ages of 12-17. While the Clinic may obtain consent on a case-by-case basis, the lack of any reference to parental consent is troubling.

Further, parents’ rights have been eroded by the courts or state agencies. Child protective services (“CPS”) has taken children from the homes of loving parents because such parents do not support irreversible, life-altering surgeries and other medical interventions, such as cross-sex

¹ “Principles,” AMERICAN COLLEGE OF PEDIATRICIANS, <https://acped.org/about> (last visited Mar. 13, 2023).

² See <https://childrensnational.org/departments/adolescent-and-young-adult-medicine/youth-pride-clinic>.

³ *Id.*

⁴ D.C. CODE §46-101 (“Notwithstanding any rule of common or other law to the contrary in effect on July 22, 1976, the age of majority in the District of Columbia shall be 18 years of age, except that this chapter shall not affect any common-law or statutory right to child support.”).

hormones, on their children diagnosed with gender dysphoria. For example, in California, Abigail Martinez lost custody of her 15-year-old daughter, and a court permitted only one hour of visitation each week because Ms. Martinez did not want her daughter to receive gender-transition interventions.⁵ In Illinois, Jeannette Cooper lost a custody battle with her ex-husband over their 12-year-old daughter's decision to receive gender-transition interventions.⁶ And in 2018, a Cincinnati couple lost custody of their 17-year-old daughter because they would not consent to cross-sex hormones.⁷

Specifically, I am concerned about the use of life-altering, irreversible medical interventions on children with healthy bodies. Parents are a key part of any medical decisions for their children: parents have the right and responsibility to make medical decisions for their children, and they should be free to do so without undue pressure or interference from medical establishments.

To help me understand how you engage with parents and their children in these matters, please respond in writing to the following questions and requests:

1. Has the Hospital or Clinic ever delivered medical interventions for a minor diagnosed with gender dysphoria over the objection of one or both parents?
2. Has the Hospital or Clinic ever provided a vaginoplasty, metoidioplasty, phalloplasty, chest reconstruction, breast augmentation, facial feminization, or facial masculinization to a child over the objection of one or both parents?
3. Please provide a summary of the policies and protocol(s) used to consult with parents when parents of minors, or minors themselves, contact the Hospital or Clinic for services related to a possible gender dysphoria diagnosis or a desire for gender-affirming care. Please include a copy of the consent form(s) used for such services (including for puberty blockers, estrogen or feminizing medications, testosterone or masculinizing medications, progesterone or other progestogens, and surgeries), the timing or juncture at which consent is obtained, including whether consent is obtained anew before escalating to a new treatment phase (for example, if clinicians recommend the introduction of cross-sex hormones to a child currently receiving GnRHA treatments), and please note whether each form is for the child, parent, or both.
4. Please list how many, if any, reports or inquiries the Hospital and Clinic staff have made to CPS regarding a child presenting for, or currently receiving, gender-affirming care.

⁵ Tori Richards, "Mother of trans teenager: Los Angeles County killed my daughter," *Washington Examiner*, March 22, 2022, <https://www.washingtonexaminer.com/news/mother-of-transgender-teenager-los-angeles-county-killed-my-daughter>.

⁶ Alec Schemmel, "Mother who questioned 12-year-old daughter's gender transition loses custody battle," *The National Desk*, August 1, 2022, <https://fox17.com/news/nation-world/mother-who-questioned-12-year-old-daughters-gender-transition-loses-custody-battle>.

⁷ Kevin Grasha, "Judge throws out lawsuit by parents of transgender teen held at Children's Hospital," *Cincinnati Enquirer*, November 21, 2018, <https://www.cincinnati.com/story/news/2018/11/21/federal-judge-throws-out-lawsuit-parents-transgender-teen/2077892002/>.

5. Please list how many, if any, reports or inquiries Hospital and Clinic staff have made to CPS in response to a parent (or parents) who will not consent to medical interventions that would hormonally or surgically transition his or her child.
6. Please describe the processes the Hospital and Clinic follow for handling a case where parents do not agree with a doctor's recommended plan of care for their child diagnosed with gender dysphoria. Please also describe the Hospital's and Clinic's processes for handling a case in which two parents share custody of their child, but only one parent agrees with a doctor's recommended plan of care for his or her child diagnosed with gender dysphoria.
7. Please describe the processes the Hospital and Clinic follow for handling a case where a parent refuses (or both parents refuse) to consent to medical or surgical interventions for purposes of gender transition desired by the child and/or recommended by the child's care providers.
8. Please describe the minimum number of mental health assessments and/or mental health therapy sessions the Hospital and Clinic require a child to receive prior to undergoing medical or surgical interventions for purposes of gender transition. Also, please specify what types of clinicians are assessing and treating the patients (for example, licensed psychiatrists, psychologists, clinical social workers, behavioral health technicians, etc.). Are all the children and adolescents diagnosed with gender dysphoria diagnosed by either a licensed psychiatrist or psychologist, or are there other types of clinicians making the diagnoses? Please also specify whether such therapy sessions involve parents and, if so, what type of involvement with parents is required. For example, are parents required to consent to therapy sessions, to attend therapy sessions, to participate in family therapy sessions with the child, or to agree with or consent to a therapist's referral of the child for medical or surgical interventions before such interventions are performed?
9. Please provide the number of children you have seen at your Hospital or Clinic who have received cross-sex hormones from the Hospital or Clinic, the number who have received puberty blockers from the Hospital or Clinic, and the number who have obtained the surgeries listed above at the Hospital or Clinic. Additionally, please provide the number of children for whom the Hospital or Clinic has provided referrals to obtain cross-sex hormones, and referrals for vaginoplasty, metoidioplasty, phalloplasty, chest reconstruction, breast augmentation, facial feminization, or facial masculinization. Please include at what age each child in each of these categories has been given the referrals.
10. Please provide the number of children assessed for, diagnosed with, or treated for gender dysphoria by the Hospital or Clinic, and those seen by other departments and assessed for, diagnosed with, or treated for gender dysphoria or referred for gender-affirming treatments who are under the ward of the state or under the guardianship of someone other than their parent(s). Please provide the number of children you have seen at your Hospital or Clinic whose parents both granted consent to their child's treatment at your Hospital or Clinic, the number of children you have seen where one parent granted consent to his or her child's treatment over the objection of the other parent, the number

of children you have seen in which consent was obtained due to court intervention, and the number of children you have seen for whom another guardian not listed here granted consent for the treatment.

I appreciate your response to these questions and requests (instructions enclosed) no later than two weeks after the date of this letter.

Sincerely,



Virginia Foxx
Chairwoman
U.S. House Committee on Education and the Workforce

Enclosure