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December 22, 2022

Dr. Lee Ann E. Conard
Director
Transgender Health Clinic
Cincinnati Children's Hospital
3333 Burnet Ave.
Cincinnati, OH 45229

Dear Dr. Conard:

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. And in some cases, those decisions have resulted in parents losing all rights when it comes to their children.

Child protective services (CPS) has taken children from the homes of loving parents because they do not support irreversible, life-altering surgeries and other medical interventions, such as cross-sex hormones, on their children diagnosed with gender dysphoria. For example, in California, Abigail Martinez lost custody of her 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.² In Illinois, Jeannette Cooper lost a custody battle with her ex-husband over their daughter's decision to receive gender-transition interventions.³ And in 2018, a Cincinnati couple

¹ "Principles," American College of Pediatricians, accessed November 21, 2022, <https://acped.org/about>.

² 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>.

³ 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>.

lost custody of their 17-year-old daughter because they would not consent to cross-sex hormones.⁴

Your website notes, “The Transgender Health Clinic at Cincinnati Children’s provides an accepting atmosphere and services for patients 5-24 years old. Our team of specialists is in a unique position to provide medical and psychosocial support for these children and their families.”⁵ It also states, “Children’s mental and physical health are affected when they feel that their family rejects their transgender identity.”⁶

I would like to learn more about how you work with families. 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 negative interference from medical establishments.

I have concerns about the use of life-altering, irreversible medical interventions on children with healthy bodies. Further, I want to ensure 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 to the following questions and requests within two weeks of receipt of this letter:

1. Has Cincinnati Children’s ever delivered medical interventions for a minor diagnosed with gender dysphoria whose parents have objected to such interventions?
2. Has Cincinnati Children’s 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 for services related to a possible gender dysphoria diagnosis or a desire for “gender-affirming care.” Please also 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 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 “Health Services for Transgender Youth,” Cincinnati Children’s Hospital, accessed November 28, 2022, <https://www.cincinnatichildrens.org/service/a/adolescent-medicine/programs/transgender>

⁶ “What Does it Mean to be Transgender?,” Cincinnati Children’s Hospital, accessed November 28, 2022, <https://www.cincinnatichildrens.org/service/a/adolescent-medicine/programs/transgender/families>

4. Please list how many, if any, reports or inquires hospital staff have made to child protective services regarding a child presenting for, or currently receiving, “gender-affirming care.”
5. Please list how many, if any, reports or inquiries hospital 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 their child.
6. Please describe the hospital’s process for handling a case if 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 process 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 hospital’s process for handling a case if 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 requires 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, or other.) 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 therapists’ 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 (including the gender clinic and surgical center) who have received cross-sex hormones from the hospital, the number who have received puberty blockers from the hospital, and the number who have obtained the surgeries listed above at the hospital. Additionally, please provide the number of children for whom the hospital, including the gender clinic, has provided puberty blockers, the number provided with referrals to obtain cross-sex hormones, and the number given referrals for vaginoplasty, metoidioplasty, phalloplasty, chest reconstruction, breast augmentation, facial feminization, or facial masculinization. Please include at what age the children in each of these categories have been given the referrals.
10. Please provide the number of children assessed for, diagnosed with, or treated for gender dysphoria by the hospital (including those seen in the gender 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 whose parents both granted consent to their child's treatment at your hospital, 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 in which another guardian not listed here granted consent for the treatment.

We appreciate your prompt response to these requests.

Sincerely,



Virginia Foxx
Ranking Member
U.S. House Committee on Education and Labor