



May 19th, 2022

To: Chair Susan Manchester, Vice Chair Al Cutrona, Ranking Member Sedrick Denson
and Members of the House Families, Aging, and Human Services Committee

My name is Marie B. and I am a parent member of Cardinal Support Network. Thank you for allowing me to share our negative experiences with gender clinics. Most of us are afraid to come forward due to fear of being harassed by the media and by activists. We are a volunteer Ohio network of families of gender confused children and young adults who are suffering. We love our kids. We support The Safe Act because it aligns with science and evidence-based care. Ohio needs to protect minors from the experimental practices of the gender clinics. We hope that this bill will encourage hospitals to help parents untie the knots of gender identity confusion and get to the bottom of why our children believe they are transgender.

1. There is absolutely no scientific evidence that you can be born in the wrong body and the burden of proof sits on the shoulders of every gender clinic director the hospitals that employ them, not the parents.
2. The bill would protect minors from unnecessary interventions that have become popular and mainstream, as we witness a growing media induced social contagion of teenage girls with low self-esteem desiring bilateral mastectomies marketed as top surgery by clinics and Ohio public hospitals.
3. The majority of these children resolve their issues and accept their bodies after natural puberty is complete and do not pursue transition as adults. Many of them would grow up to be gay, lesbian or bisexual adults.
4. These interventions on minors have NOT met the lowest GRADE of evidence common in every other area of medicine for minors. Finland, Sweden, France and other countries have stopped transitioning children.
5. Detransitioners, those that regret these decisions are telling their stories and we are concerned for our own children's futures. We need to listen and learn from detransitioners and protect them.
6. There is a drastic imbalance between the benefits and harms of these procedures. The recommendations of gender clinics lack any long-term study and rely on adult biased surveys when treating children.
7. We do know that the majority of youth who are given supportive non-medical resources resolve their issues with gender identity, even Cincinnati Children's stated this on their website for years.
8. There is no way to know who will benefit from transition and who will be harmed. Parents who want watchful waiting are looked down upon by clinics as unaccepting and even transphobic.
9. The bill would stop the grooming of our children into believing anyone can be born in the wrong body. We have human sexed bodies, defined in every cell of our body as male or female. Removing reproductive organs does not change this reality. Neutering a male child does not make him female. We believe we are victims of medical malpractice. Of the 580 parents who have completed our survey:
 - A. 80% of their children are female, mostly between the ages of 12-21 (average = 14)
 - B. 67% had one or more friends come out at the same time (average = 3)
 - C. 55% had a formal mental health diagnosis prior to "coming out" as transgender (most common diagnoses were anxiety, (74%), depression (65%), ADHD (30%) and ASD (16%)
 - D. 70% reported their child had experienced a major stressful event prior to onset of GD (e.g. death or divorce of parents, suicide of friend or sibling, sexual or physical trauma, or received serious medical diagnosis)
 - E. Parents overwhelmingly reported that social transition had a negative effect on their child's socialization, emotional wellbeing and family relationships.

10. These clinic directors have stated without evidence, that unless parents go along with these unnecessary interventions, our kids will kill themselves. Many parents go along against their better judgment and are coerced into social and medical interventions. It's not their fault.

11. Parents are concerned about medical malpractice with regards to misdiagnosis and surgical errors resulting in the creation of lifelong medical patients. Our children have normal endocrine systems that are being destroyed by wrong sex hormones.

12. Allowing children as young as 4 to self-diagnose as transgender and accepting delusion as true by any adult is just one element of malpractice. Hospitals can be held liable for injuries caused by doctors. In order to be accredited, every hospital has to have rules in place that protect the safety of patients. Evidence based care has been replaced by activist-based care and these clinics partner with activist groups (HRC, GLSEN, PFLAG, Living With Change and Planned Parenthood). These groups promote misinformation and profit from the gender industry. There are 7 gender wings in these Children's hospitals.

Because my allotted time is limited to adequately report on the statements from every hospital, I focused on the two largest hospitals because of the high number of patients they see. I have included pictures and summaries of public statements for your review. Thank you for your time today.

Nationwide's Director's Statements, 2021 Pride Podcast , Dr. Liebowitz, Thrive Director

WPATH Adolescent Chapter Lead of the 8th Addition standards of Care

"We have to go on what the young person bases their experience on... and that (it) is actually a good thing for everyone, which eliminates gender boxes and which eliminates just 2 gender boxes and it allows young people to be authentic no matter how they express themselves. It's important to affirm without questioning it is a phase. It's okay to validate without.

Curricula should include gender identity and sexual orientation. I know there is curricula that schools can turn to such as GLSEN, HRC are developmentally appropriate and it benefits all youth and all families.

[Referring to natural puberty calling it "irreversible puberty". Nationwide Director states: "As a child gets older for young adolescents as their body starts to go through irreversible puberty if you think about it by definition for a transgender person going through the puberty that is not associated with their gender identity can be pretty devastating."](#)

And (natural puberty) that leads to really irreversible, devastating outcomes for the rest of their lives that can be very challenging to undo should a transgender person go through their first puberty, and go through a second puberty, parents often tell me how difficult one puberty is let alone 2, therefore, we ascribe to using puberty blockers which is a medicine that halts puberty. It is largely reversible.

We are suppressing puberty to buy time for that young person to be older and become more mature and better able to be in a place to make decisions about more irreversible treatments which include the gender affirming hormone treatments such as testosterone or estrogen.

What gender affirming hormones would do for a more mature adolescent is they would produce the affects that would create a puberty of the gender associated with their desired assigned sex at birth. So, for example, in a transgender boy, it would deepen their voice, it would create a perhaps facial hair in the future, it would perhaps change their muscle mass in a way that is more consistent with the secondary characteristics of boys or men.

And for a transgender girl, estrogen would create a development of breasts, it would create a softening of their skin, redistribute fat in a way that is more typical of women

The decisions on surgery are largely based on emotional maturity of the young person, how long that they have been experiencing their own gender dysphoria, how impaired their life is as a result of not obtaining surgery

(Surgery) is more likely to be recommended for a person who is still a minor would be a top surgery or a chest reconstruction, masculinization surgery, for a transgender boy simply because for a boy who has been living as a boy (57:43), and on testosterone for years at this point and their entire life identity is being perceived as the gender they identify in." The WPATH guidelines and are currently revising since the evidence and research have been evolving since the last guidelines were issued in 2011.

Because they are receiving gender affirming medical care, them to be expected to use a bathroom that a cisgender kid needs to accept it and include cisgender students as well.

The more we talk the more we normalize and the more we can act and support all kids.

It is important for a pediatrician to meet with them alone and ask them in an open-ended way that does not presume that the faith-based organization is harmful but what religion and spiritually means to them and how the institution they are going to makes them feel as far as comfort around gender roles, gender identity and sexual orientation.

We are seeing higher rates of suicide in this group, it's not inherent in this group. There is research on anxiety, depression and being transgender that is contingent on family support.

Family acceptance and support is helpful in reducing negative outcomes in transgender youth.

We should be screening for sexual orientation, gender identity and gender expression alongside mental health challenges in everyone and not make assumptions. This should be introduced as young as a child is able to speak a language by not enforcing that a child has to be a certain way.

We start with less irreversible going up to more going up to irreversible depending on emotional maturity and age. We follow WPATH Standards

Dr. Liebowitz stated seeing 1,000 patients in 2020 alone.

Cincinnati Children's Transgender Clinic Summary

Since 2013, Cincinnati's Trans Clinic has been aggressively transitioning over 2,000 children referencing an adult transgender survey as proof that if you do not actively transition your child, that child will be homeless or commit suicide later in life. Cincinnati Children's transgender clinic, court custody against parents, the director stated that 100% of the patients were candidates for medical interventions for gender affirmation.

It is funded by a transgender lobby, Living with Change (LWC). The founders are publicly transitioning their own biological son presenting a conflict of interest, donating \$2 million from sales of sex toys (Pure Romance), sells breast binders to young girls and legal name changes for minors as "gender affirmation".

Dr. Conard stated "it's not my job to worry about these kids' adult lives and the long-term effects, I am just trying to get them through puberty alive" Parents in CSN have reported that the gender clinic staff typically ask: "Would you rather have a dead son or an alive daughter?" when they question these drugs, such as testosterone for females, a Class A controlled substance with many risks and not approved by the FDA for this purpose.

Admits testosterone is given to biological females and for puberty suppression: Leuprolide acetate is an injection given monthly or quarterly. Histrelin is an implant that lasts 12 to 18 months. The choice, Conard said, depends on how, or if, insurance will pay for the treatment. In puberty suppression, the child does not develop functioning sperm or eggs. If the child wants to have biological children, then the child must progress through a normal puberty to get mature sperm or eggs for preservation and then go on the suppressing hormones. When an older transgender adolescent has already gone through puberty, the clinic offers the possibility of sperm or egg preservation before starting the gender transition with hormones. "But that's hard for a 15- or 16-year-old to think about," Conard said.



Lee Ann Conard, RPh, DO, MPH is the Director of the Cincinnati Children's Hospital Medical Center (CCHMC) Transgender Clinic. She graduated from Ohio Northern University with a degree in pharmacy and later went on to attain her degree in osteopathic medicine from the Kansas City University of Medicine and Biosciences. Dr. Conard completed her pediatric residency at Nationwide Children's Hospital in Columbus and a fellowship in Adolescent Medicine at Riley Hospital for Children at Indiana University. In addition, she has a Master of Public Health from UNC at Chapel Hill. Dr. Conard has been treating transgender adolescents since 2005 as an attending physician at Children's Hospital of Pittsburgh. She has held her current position at CCHMC since 2012. Her passion and compassion for these patients and their families led her to establish and direct the CCHMC Transgender Clinic. The clinic, part of the Division of Adolescent Medicine, currently serves over 1,000 patients from all over the Midwest.

Cincinnati Childr...
Nov 5, 2021 · @
Hello all, I'm new here! My child, P, and I went to the clinic yesterday for the first time. We were offered the option of puberty blockers and P wants to do that, but dad is worried. He wants more info and wants P to see counseling first before making the decision. I have done a lot of reading and feel pretty safe with the puberty blockers, but I think he is feeling overwhelmed and nervous. The social worker was out sick yesterday when we were there for the appt.
We have a therapist our other child sees and that P has met and liked. This therapist seems well-versed in gender non-conforming identities (our other child is non-binary and has felt very affirmed), but dad is worried she isn't specialized in that area enough.
Do you think we should try to see a social worker at the clinic? And would this be a situation where an appointment would be very far in the future? P is 13 and I don't want the window to close for puberty



Kaeden Kass, MSW, LSW is a licensed social worker at the Cincinnati Children's Hospital Medical Center (CCHMC) Transgender Clinic, where he works alongside a diverse clinical team to support the physical, mental and emotional health of transgender youth and their families. Prior to his position at CCHMC, Kass spent many years as a sexuality educator and HIV care coordinator at Planned Parenthood and Equitas Health, with a particular focus in queer and trans populations. As a transgender male, Kass is passionate about advancing social justice and health equity among marginalized populations, both on the micro and macro levels.

11:01 83%

Be the first to like this

My son was 17 when he had surgery with Dr. Robinson. He was scheduled within a month of initial visit. Our KY Anthem BCBS covered the cost of the surgery (minus deductible)

5w Like Reply 1

They schedule pretty quickly, maybe 2 months out. Tobler doesn't have an age requirement with the right letters, but your insurance company may not offer coverage until 18.

5w Like Reply 1

Thank you. I think we may have to pay out of pocket so that's not my biggest concern.

5w Like Reply

New Activity
12 hrs ·
Yearly reminder that Stephen Robinson is a trash incompetent money monger using trans men as guinea pigs and not to give him any money

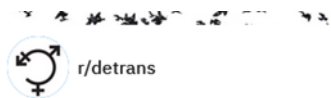


Home 5 Notifications 6

you:
Like · Reply · 11m
Sarah Painer World
Planned Parenthood at the Mount Auburn location actually started offering HRT last week! All of their other locations have a roll out to start offering HRT this month! You can also check out Equitas health
Like · Reply · 10m
Tristan N. Vaught
Sarah Painer World Thanks! I was about to come here and plug Planned Parenthood and Equitas Health. Just did training for the group at PP on inclusive practice.
Like · Reply · 9m
Sarah Painer World
Tristan N. Vaught

That's not something to be proud of, @ChildrensLA.

Children's Hospital LA liked your reply
That's technically incorrect, the gender clinic at the Childrens Hospital Los Angeles offers PBs at a minimum age of 8. They also offer mastectomies as young as 13.



The Detrans Reddit page has 29.5 Members, transition as minors.

Welcome all detransitioners/desisters and self-questioners. Please self-identify your detrans status with user flair, or your content will be removed (medical or legal professionals, please message mods for an exception). Post anything about gender detransition. Ask questions, share memes, inspire, vent, wonder, etc. Abide by our rules (listed in the right rail below on If you are in urgent need of an area of detrans support please visit and join our discord server: <https://discord.gg/VE5SNCJKnx>

29.4k Members 125 Online

reacnyrium3 · 6 days ago · **detrans female**

Your story, and that of my own and others if why I fight so hard against the toxic positivity of this movement by the lgbt. We need mental healthcare, not hormone shots. I wish you all the best

detrans female

This is a great perspective to have! I really appreciate it. You're right that it's proof we thought we were doing what was best for us. When I started transitioning, pretty much no one talked about regret or detransition, and a lot of people even insisted it didn't happen at all. Instead I only heard stories of people who went decades suppressing their dysphoria just to eventually transition anyway and wishing they had done it sooner, so I understandably thought it would last forever. Thank you so much <3

2 Reply Share Report Save Follow

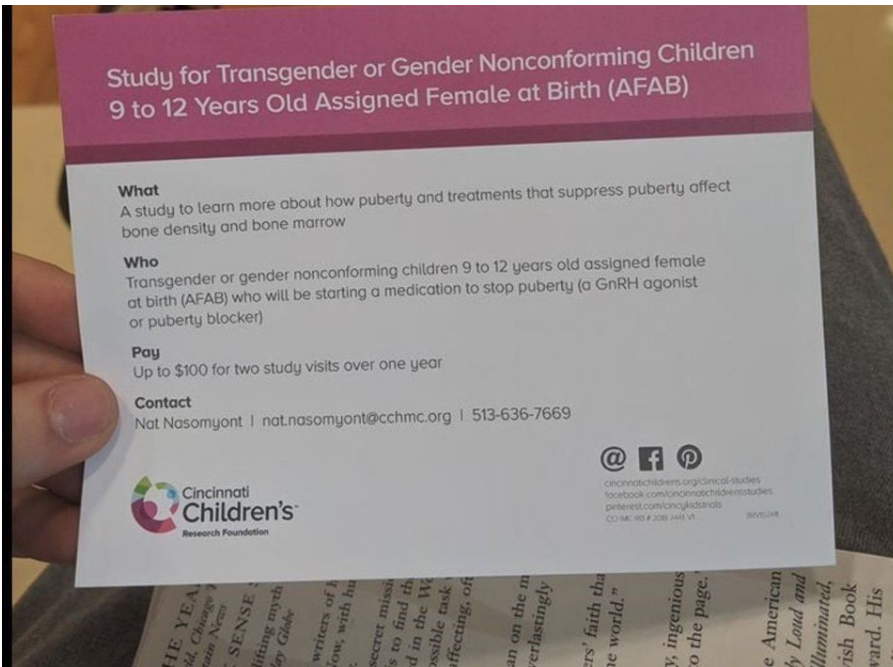
I am so sorry for how you are feeling right now. I know that things like your voice are difficult to accept (I still struggle with accepting mine at times..) and even though you may not be able to sing at the pitch you'd like it shouldn't stop you from singing in general. I'm not good about following through with it usually but there is also voice training for at least speaking voice... I understand how you feel about not getting to experience being a young woman I definitely feel the same on that as I came out as trans at 13, started T at 14 and had a mastectomy at 16 and a legal name change.. lived that way until around age 21 when I realized the mistake of it all. It is hard and it's hard not to want to relive those times without the alterations we had made to our bodies and life to fit what we wanted at the time. All we can do is try to support each other here and keep moving forward. Buy and wear the things that make you feel pretty, if you're worried about your hair right now then maybe some wigs would be an option for you or some extensions or something.. I would speak with someone who does hair who might be able to help on that. May even be some products that would help with the hairline.

I wish the best for you. You are not alone.

References to above testimony available upon request:

- www.CardinalSupportNetwork.com
- <https://williamsinstitute.law.ucla.edu/publications/suicidality-transgender-adults/>
- www.Pediacastcme.org
- <https://www.eurekalert.org/news-releases/474759>
- <https://4thwavenow.com/2018/02/17/cincinnati-trans-teen-custody-decision-more-than-meets-the-eye/>
- <https://littmanresearch.com/publications>
- <https://segm.org/studies>
- https://segm.org/trans_youth_suicide_study
- https://segm.org/detransition_case_study_questions_affirmative_care_model
- <https://guideonragingstars.tumblr.com/post/149877706175/female-detransition-and-reidentification-survey>
- <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-021-03056-x>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC428525/>
- <https://thepostmillennial.com/watch-doctor-suggests-children-who-regret-gender-affirming-surgery-transgender-implants/>
- <https://strigoi.substack.com/p/response-to-response-to-lost-boys?>

Cincinnati Children’s Hospital Recruits more little girls for irreversible medical treatments, ignoring important bone density study.



Cincinnati Children’s Court Statements

characteristics. (It must be noted that the parents, while objecting to the administration of hormone therapy, have continued to financially support the ongoing therapy sessions for the child at the Children's clinic.) The entire field of gender identity and non-conforming gender treatment is evolving rapidly and there is a surprising lack of definitive clinical study available to determine the success of different treatment modalities. One aspect, however, is constant in the testimony presented in court of all of the medical personnel, and in the sparse recognized professional journals available, and that is that the potential candidate for gender transition therapy must be consistent in the presentation of his or her gender identity. It is a concern for the Court that the statistic presented by Dr. Conard, the Director of the Transgender Program, in her testimony is that 100% of the patients seen by Children's Hospital Clinic who present for care are considered to be appropriate candidates for continued gender treatment.



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2,094

total visits were logged by clinic staff this year

	Mean	Biological Female	Biological Male
Patient Age (Year Range)	19.74 (6-25)	18.6 (5-25)	18.3 (5-25)
Total Number (Percent)	1461 (100%)	959 (66.1%)	483 (33%)

(1)<https://www.cincinnati.com/story/news/2018/01/25/pure-romance-ceo-starts-foundation-help-transgender-kids/1058295001/> (2) <http://livingwithchange.org/videos/>



Do you know someone who has been
**Harmed by
“gender
medicine”?**
So do we.

say **YES** to the
SAFE ACT

CardinalSupportNetwork.com
PartnersForEthicalCare.com

The SAFE Act will protect kids from experimental “gender medicine”

Say **YES** to protecting kids. **YES** to SAFE Act (HB 454)



CardinalSupportNetwork.com  PartnersForEthicalCare.com

From November of 2021 to January of 2022, Cardinal Support Network and Partners for Ethical Care joined forces in support of the SAFE ACT. Three billboards were placed in Ohio, two in Cincinnati and one in Columbus. We received no interest from local media.

If your family needs assistance in Ohio, go to: www.CardinalSupportNetwork.com