



TODD ROKITA
ATTORNEY GENERAL

March 6, 2023

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Dear [REDACTED]

As you are undoubtedly aware, in recent weeks there have been a series of disturbing reports detailing the sterilization of vulnerable children at “youth gender clinics” across the country. As the Attorney General of Indiana, I have a solemn duty to protect the health and well-being of our residents.

Doctors, clinics and hospitals are increasingly prescribing puberty blockers, sex hormones, and even surgeries to minor children without disclosing the known risks (including sterilization) and the many unknown risks. To that end, I have a series of questions that I request that you answer.

To treat “gender dysphoria” or similar conditions, do clinicians at your institution:

1. Perform surgeries on minors? This may include “top surgery” (i.e., a double mastectomy for biological females and breast augmentation for biological males) or “bottom surgery” (phalloplasty, vaginectomy, oophorectomy, and/or hysterectomy for biological females and vaginoplasty, vulvoplasty, and/or penectomy for biological males). How many such surgeries have been performed in the last three years? (List how many for each type of surgery in each given year.)
2. Prescribe cross-sex hormones for minors (i.e., testosterone for biological females and estrogen and/or anti-androgens for biological males)? How many minors have received such prescriptions from your institution in each of the last three years?
3. Prescribe puberty blockers for minors (i.e., gonadotropin-releasing hormone agonists)? How many minors have received such a prescription in each of the last three years?
4. Suggest the use of or provide access to mechanical devices such as “chest-binders” or “genital tucking underwear” to minors? How many such devices were distributed to children in each of the last three years?

For each of these aforementioned treatments,

1. What is the earliest age at which a minor may undergo the treatment?

2. Does your institution require parental consent before initiating the treatment?
3. What statistics about the relationship between gender dysphoria and pediatric suicidality is used to induce parental consent to the treatment?
4. What are your policies regarding individualized determinations of a child's capacity to consent to the treatment?
5. To what extent are minors and their parents provided with information about the harmful effects of the treatment, including how undergoing such treatment may make it more likely that the minor must seek more potent and invasive treatments in the future? Describe in detail the risks that are disclosed to patients, including the risk of sterilization and the risk of abnormal brain development. Provide copies of any written Consent for Treatment, Disclosure of Risks, or other such documents regarding risks of treatment provided to parents and/or minors.
6. What safeguards, if any, are put in place to ensure full evaluation of a minor before beginning treatment? This may include requiring in-person evaluations, appointment(s) with licensed pediatric mental health professionals, second opinions, and observation or waiting periods.
7. How does your institution advertise or otherwise market these services to children? This may involve partnerships with schools (including "comprehensive" sex education in K-12 places of learning), youth organizations, summer camps, nonprofits, and the like.
8. How much revenue does your institution generate from any of the procedures referenced above, including the surgeries?
9. Which nonprofits or medical associations does your institution rely on for "best practices" for these treatments?

I request that you respond by March 27, 2023. If you do not engage in any of the activities described above, I look forward to receiving confirmation of the same. It is incumbent upon healthcare providers to ensure that minors and their parents, as consumers, are adequately advised of the short-term and long-term risks associated with these types of treatment. As the Attorney General of Indiana, it is my duty to gather information regarding the nature of your practice in this area to protect our Hoosier consumers.

I greatly anticipate your response and look forward to working with you to protect the children of Indiana from harmful treatments.

Sincerely,



Todd Rokita
Attorney General