

To: Chair Scott Lipps, Vice Chair Brian Stewart, Ranking Member Dr. Beth Liston  
and Members of the Public Health Committee

From: Ohio Parents of Cardinal Support Network (CSN) ([www.CardinalSupportNetwork.com](http://www.CardinalSupportNetwork.com))

CSN is composed of 200 + Cleveland, Columbus, Akron, Toledo, Cincinnati, Dayton and scattered, isolated parents in crisis trying to find help outside of gender clinics. We are looking for therapists who are not gender ideologues and who do not believe that child can be trapped in the wrong body. We are not an out of state group. We support The Safe Act because it aligns with science and evidence-based care for children at risk of serious medical harm or in that process. Gender ideology activists are promoting the medicalization of gender nonconforming youth, a vast majority young teenage girls, according to Cincinnati Children's Living with Change Partner in their impact report. Why do they have access to these children? This reflects CSN numbers tracked through our website form. LWC documented 959 Cincinnati girls ages 12-18 2019. This new unstudied cohort of "transgender/non binary" identifying girls, the reasons why they feel uncomfortable is complicated by social media and misinformation. Ten years ago, children suffering from gender dysphoria have been male and ended up growing up to be gay males. They were never offered puberty blockers to attempt to change sex and grew out of it. Many Reps on this committee have already dismissed the medical harms being done to young girls due to blatant conflicts of interest. Previous public attacks have caused our parents to fear coming to this committee. Some fear losing contact with their children, a devastating reality that is perpetuated by gender clinic staff and therapists. Dr. Liston is affiliated with Nationwide Children's Thrive Clinic who mistreated Helena, a female de-transitioner from Cincinnati Ohio. We hoped she would listen to the de-transitioned women, beautiful canaries in the trans mine who told their stories. **Parents like us who still can view the Cincinnati Children's Transgender Parent FB page are shocked at what we are witnessing which is what this testimony includes, our comments in RED.** We listened to Cincinnati's Chief of Staff, Dr. Manning's testimony and wonder if she knows about the private FB page or about the new surgeon that was hired on HER staff (page 10) who admits they indeed to surgeries on minors. We are also deeply concerned that Dr. Somani is even allowed to vote due to the hysterectomies she performs on young women. They have been groomed as children or adolescents (18-21 older adolescents) to believe that they are in the "wrong puberty" by rogue clinic directors such as Dr. Liebowitz, Director, Nationwide Trans Thrive Clinic. He also stated they do surgeries or refer often for surgeries. Parent experience poor mental health treatment—that is, triangulating against parents who question the need for the drugs, ignoring autism concerns. Mental health therapy is described by Dr. Manning as "care for which reimbursement is abysmal". Our daughters are labeled "AFABs" and referred to as "our sons" on the following FB pages. They are offered inescapable paths to mastectomies, rebranded as "top surgery", hysterectomies, then phalloplasties. **The coercive, reckless suicide myth is used on a constant basis, even by Dr. Manning herself stating the bill is "potentially deadly". Any decent, developmental doctor knows that suicide is a social contagion. She is putting Cincinnati patients in danger by stating this. Josh "Leelah" Acorn's death resulted in many copycat suicides in 2015.** Children continue to be misled by clinic staff, striking the fear in parents who are afraid of losing custody; convinced that medical transition is the only way to happiness, some parents run with it and want it without safeguards in place for children and few careful assessments. Other countries have stopped transitioning kids because it is not evidence based care, life saving and the risks outweigh the benefits. Sadly, there has been one minor completed suicide, post transition—see the screenshot in this document. **Dr. Manning, this is your fault and your responsibility. These parents did everything Dr. Conard told them to do.** The only way you are allowed on this page is if you are a parent, like us. Parents like us can be understood in this video: [https://www.youtube.com/watch?v=Su2Z4\\_iQH4&t=2482s](https://www.youtube.com/watch?v=Su2Z4_iQH4&t=2482s)



[https://www.youtube.com/watch?v=Su2Z4\\_iQH4&t=2482s](https://www.youtube.com/watch?v=Su2Z4_iQH4&t=2482s) **Dr. Manning's MISTRUTHS:**

1. "No Ohio Children's hospital refers minors for surgeries or does surgeries."
2. "Parent consent is required"—no one said it isn't, however what safeguards are in place for parents like those running your trans lobby who are transitioning their effeminate son and the "affirmation" groups they allow this lobbyist to run? What about Munchausen parents who want to be famous that showed up and were applauded? What about parents who showed up telling of medical harms done to their children?

Ohio has at least 6 gender wings, and small practices are growing outside of these wings.

1. **Nationwide's Director's Statements Directly Contradict Dr. Manning's statement that surgeries are not done on minors in Ohio. 2021 Pride Podcast with a Pediatrician. Dr. Liebowitz, Thrive Director, WPATH Adolescent Chapter Lead of the 8<sup>th</sup> Addition standards of Care AND WPATH Board Member.**

**Dr. Liebowitz statements have alarmed Columbus CSN parents and we have questions.**

"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" **CSN: Ohio Children's Hospital Association stated no Ohio Clinic is doing surgery and so did Dr. Manning. Who's lying?**

"And for a transgender girl (**Male**) 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." **He is talking about a young male minor. '(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 so 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. **WPATH guidelines also dropped all age requirements for drugs and surgeries.**

**The terms: Transboy, transgirl, cisgender, top surgery, chest reconstruction, gender affirming care all all activist ideological terms. More of the transcript is below, however, we wanted to focus on the lies told by Ohio Children's Hospital Association.**

"We have to go on what the young person bases their experience on... and that (it = gender ideology) 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.

**CSN Q: If gender refers to sex, which there two sexes, how many sexes are there? What you telling children? Why do you "have to?" Oh, that's right, you're a WPATH leader.**

"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." **Dr. L is partnering with ACTIVIST organizations and funnels more children into the gender clinics through the Kaleidoscope House, founded by WPATH Nationwide Endocrinologist, Dr. Nahata. A drag queen co-founded and volunteers at KH and is exposed to minors. Why?**

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." **—CSN These children would desist per many known studies: Go to page 13-14. Why can't you just accept them for the bodies they are born in?**

"Natural puberty 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. **—None of these statements or interventions are evidence based\_or necessary. These healthy bodied children and they outgrow it. Go to page 13-14. It is unknown if puberty is really reversible, however this is when reproductive organs form.**

"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. " **Buying time is not what's going on. 100% go on to wrong sex hormones.**

"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 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. " **—CREATE A PUBERTY? WRONG PUBERTY?**

Leibowitz: “The more we talk the more we normalize and the more we can act and support all kids. **“No child is born in the wrong body and girls that don’t want to be in a bathroom with a boy who thinks he is a girl are ignored and not allowed to say anything. This is sexist.**”

“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.” **It’s important keep the Christian parents out of the room (like the My Chart mom who’s daughter was given full medical transition options while she was absent.)**

‘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. **‘Which is it? 1. A hire rate (untrue) or 2. it’s not inherent. (door #2)**

‘Family acceptance and support is helpful in reducing negative outcomes in transgender youth. **‘Parents are bigots and unsafe if they don’t go along with testosterone injections for their daughters. Triangulating here. That was doping in the 80’s but whatever. One CSN parent stated: “He told us our relationship would get better if only we would agree to the testosterone for our daughter”**

‘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. **‘ I need to gaslight as many children as possible to make it easier on me. Those horrible parents.**

‘We start with less irreversible going up to more going up to irreversible depending on emotional maturity and age. We follow WPATH Standards. **‘ I am on the WPATH BOARD and so is Nationwide’s endocrinologist so there’s nothing you can do.**

Dr. Leibowitz stated saw 1,000 patients in 2020 alone.

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### **Cincinnati Children’s Transgender Clinic Summary (writer comments in red)**

Since 2013, Cincinnati’s Trans Clinic has been aggressively transitioning over 2,200 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.

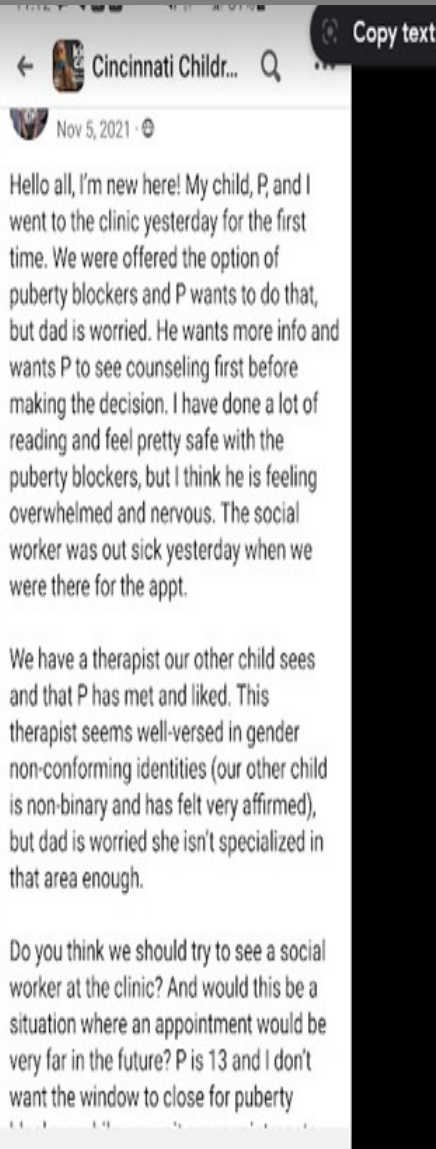
It is funded by a transgender lobby, Living with Change (LWC). The founders are publicly transitioning their own biological son presenting a conflict of interest, donating \$2 million from sales of sex toys (Pure Romance), sells breast binders to young girls and legal name changes for minors as “gender affirmation”. **This is hardly a watch and wait approach that Dr. Manning described. 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, addictive substance with many risks and not approved by the FDA for this purpose.

**Admits testosterone is given to biological females as well as for puberty suppression, makes no mention of why a child would be refused any drugs and what the mental health protocol is.**

Conard states in a press statement: *“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.*

**Children Cannot Consent—was that an admission?**

Cinci Children's Trans FB Page posts, Parents call the shots and push transition on others.



**Puberty blockers offered at 1st visit.**

Cincinnati Children's and the public should trust her since she is responsible for the trans clinic. On the left, a mother wants to put her child on puberty blockers and her husband is clearly not on board. She asks how to get around this asks advice regarding calling a "Transman" social worker. On your right is the social worker (a female with a beard) at the time of this post. How are safe guards in place? In 2015, Cincinnati Children's Director, Dr. Conard testified against parents who refused testosterone for their daughter. She was housed for 2 weeks without consent and they lied to the court about her being suicidal deeming the parents unsafe since they would not go along with the treatments. The parents lost custody, thanks to Dr. Conard's involvement. Parents should not bring their children to a clinic that is clearly run by activist doctors. These doctors are now activists who are ignoring the medical harms in other countries. These HARMS resulted in UK, France, Finland, Sweden and many other upcoming countries to sterilization of children and adolescents.



**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.

Note: UK's NHS has changed their guidance on puberty blockers. From previously claiming that blockers "are considered to be fully reversible" the NHS webpage now states:

**"Little is known about the long-term side effects of hormone or puberty blockers in children with gender dysphoria.**

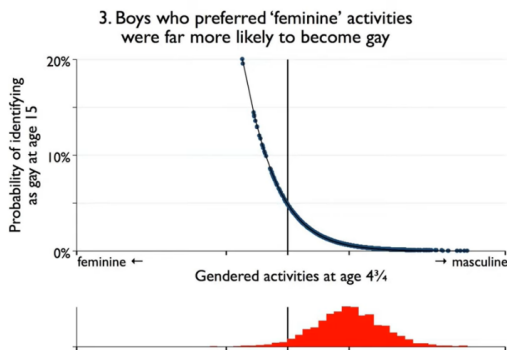
**Although the Gender Identity Development Service (GIDS) advises this is a physically reversible treatment if stopped, it is not known what the psychological effects may be.**

**It's also not known whether hormone blockers affect the development of the teenage brain or children's bones. Side effects may also include hot flashes, fatigue and mood alterations."**

<https://www.nhs.uk/conditions/gender-dysphoria/treatment/>

Video: <https://www.transgendertrend.com/puberty-blockers/>

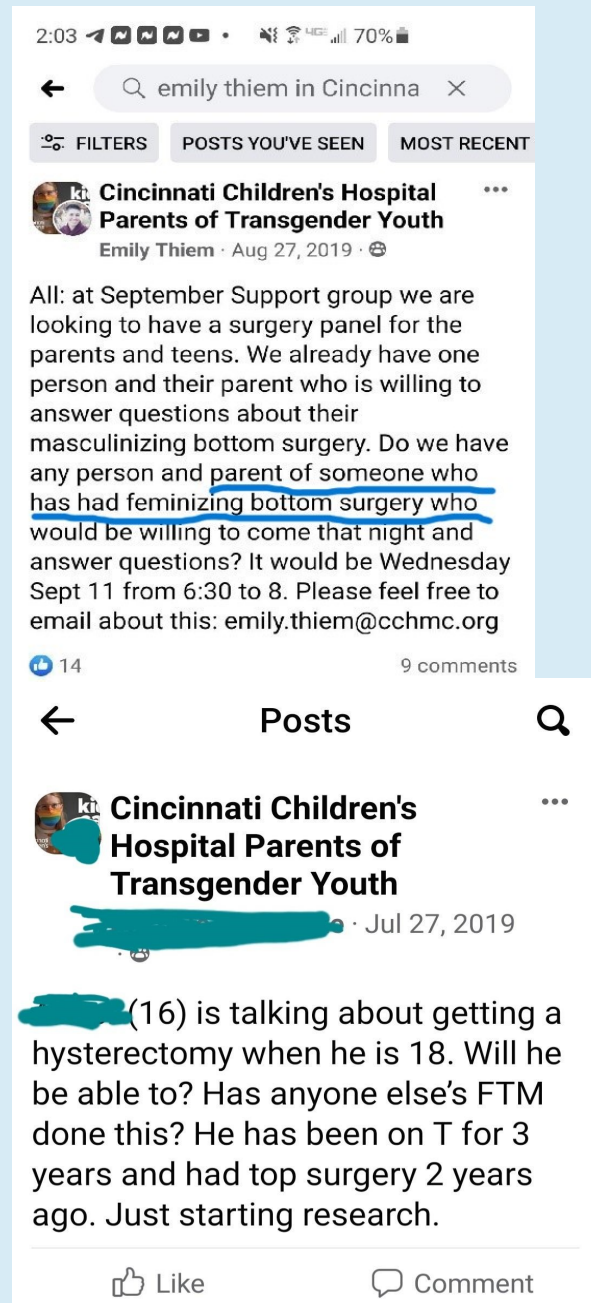
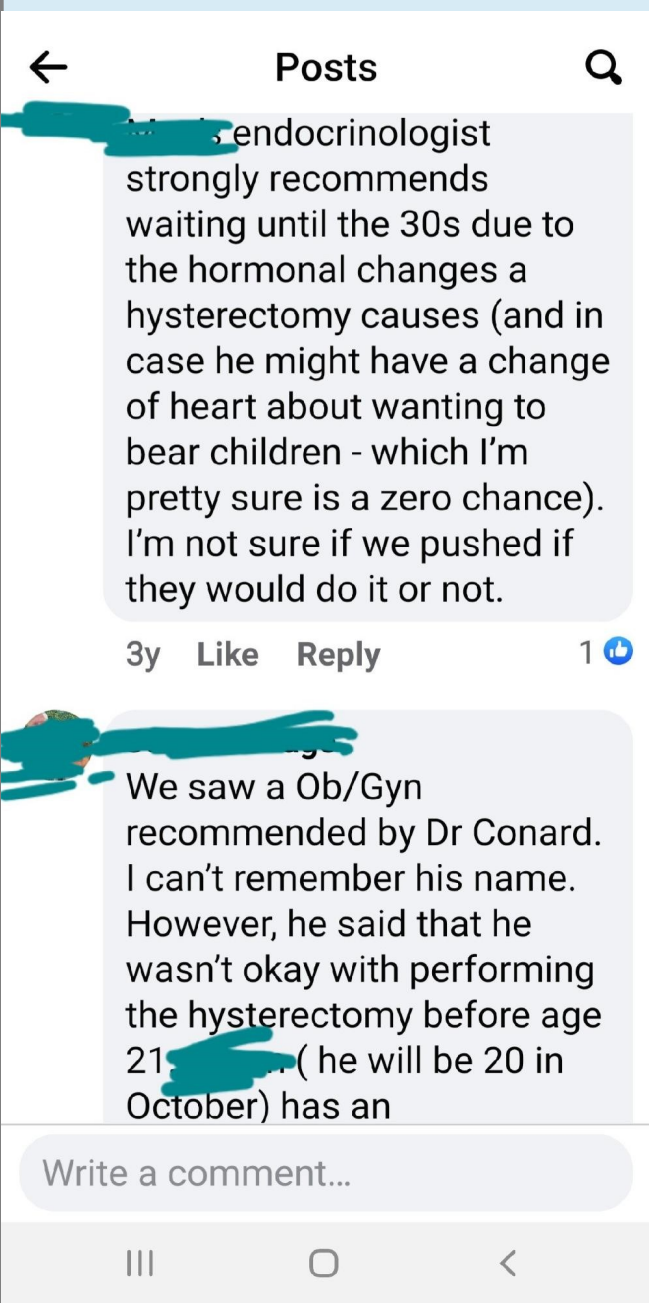
Video: Puberty blockers for gender dysphoria: The Dutch protocol  
Dr. Michael Biggs



Data from Li, Kung, & Hines 2017

<https://4thwavenow.com/2018/08/07/research-evidence-gender-atypical-tots-likely-to-become-gay-or-lesbian-not-trans/>

Cincinnati **Children's** Transgender Facebook Parent Page Failed Phalloplasty Parent Discussion is starting research. These are screenshots from a parent whose biological daughter suffered a failed phalloplasty which requires a hysterectomy first, then stripping of the arm skin to create a fake appendix (penis) that does not function like a male penis. They plan to try again—so both her arms will be skinned. The reasoning is to be able to urinate standing up. The following page is a discussion of a three year old little girl being told that she's still a boy even though she cannot pee standing up. The newly hired inhouse surgeon admitted that they follow WPATH guidelines, which in 2022 dropped all age requirements for surgeons. Columbus Children's has 3 WPATH Members, Dr. Conard of Cincinnati Children's is also a WPATH Member in lockstep with this activist organizations "guidelines", not normal standards of care.



**Failed Phalloplasty** Discussion on Cincinnati Children's Transgender FB page. Only parents transitioning their children are allowed to be on the page. Parents who don't go along get no support. This female patient has suffered the known failures of phalloplasty and encouraged to redo it.

We are pleased to welcome and announce the newly elected WPATH Board Members-at-Large (4-year terms), who will be installed on September 20, 2022, at the 27th Scientific Symposium, being held in Montreal, Quebec, Canada.

- Scott Leibowitz, MD
- Chris McLachlan, MA
- Sari Reisner, ScD
- Joshua Safer, MD

← Posts 🔍

 **Cincinnati Children's Hospital Parents of Transgender Youth**  
[Redacted] · Nov 15, 2020 · 🌐

Please pray for [Redacted]. He is on his way to the er. Holes have developed in his scrotum and his implant is showing. Hes terrified that it will have to be removed. I'm worried how much it will send him back mentally and emotionally.

👍 Like    💬 Comment

👍👎❤️ 61

← Posts 🔍

[Redacted]  
He should be in surgery. The last surgery took about 12 hrs. Im not sure how long this will take.

1y Like Reply 1 🤔

[Redacted]  
They were not able to replace it due to infection. He is going to be beyond devastated.

1y Like Reply 2 🤔🥲

[Redacted] sad. Any other options?

1y Like Reply

[Redacted]  
In two months he can try again. [Redacted] had a melt down on the way up at the thought of this. The cost, the pain of recovery, the drive back and forth, putting off another semester of school and most importantly just being done with it all.

1y Like Reply 1 🥲

Failed Phalloplasty Discussion here. Why is this on Cincinnati Children's page if they are not doing surgeries? Did Dr. Manning hire Dr. Schwentger, hand surgeon? Click here to learn about this procedure: <https://healthcare.utah.edu/transgender-health/gender-affirmation->



Posts



Buncke Clinic is within the Sutter Hospital complex on Castro St. It provides excellent surgical procedures and follow-up to transgender individuals. Our son had his successful phalloplasty surgery with their team - Drs. Watt, Chen, and Safir (which my spell check changed to Sadie) two years ago.

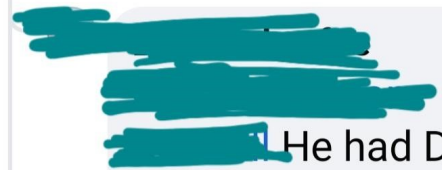
1y Like Reply

Posts



Did he have dr. Safir?

1y Like Reply



He had Dr. Chen for this surgery, although we know Dr. Sadie from previous medical help. Have you all been to Buncke Clinic?

1y Like Reply



Schwentker, Ann

to me

Thu, Sep 1, 2:03 PM (20 hours ago)

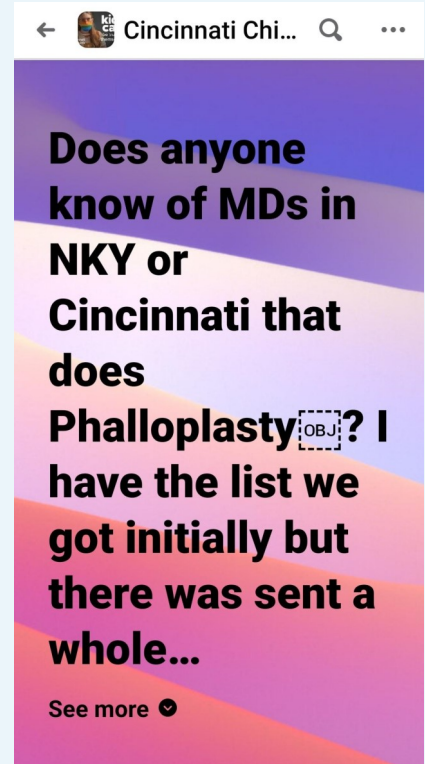


It totally depends on the recommendations of the transgender clinic, his therapist, and my evaluation. Most of my patients are over 18, but WPATH (World Professional Association for Transgender Health) guidelines are clear that selected, mature patients with family support are appropriate for earlier surgery.

Ann Schwentker, MD  
Associate Professor  
Plastic Surgery  
Cincinnati Children's Hospital Medical Center  
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MLC 2020  
Cincinnati, OH 45229  
513-636-7181

**Did Dr. Manning KNOW that Ann Schwentker was hired to do surgeries on the trans team? It's right on the website. OOPS ANOTHER "MISTRUTH"**

A 2023 Example of how children are groomed a **young** age to believe they are the opposite sex, having them believe they are born in the wrong body. Phalloplasty is the end for this poor girl that is not being safeguarded from parents. AFAB is the language used meaning Assigned Female at Birth. One parent stated in opposition testimony that her child started identifying at age 8 when she wanted to wear a tie when testifying against the SAFE ACT, HB 68. Where are the safe guards for parents who have Munchausen Syndrome? This child believes that she is a male because this is what they do at Cincinnati Children's Trans clinics and in therapy.



← ≡ Cincinnati... 🔍 🗨️

👤 · 4h · 🌐

My AFAB kiddo is just 3 and identifying very strongly as male. They are in the process of potty training. I just learned that the accident they had yesterday at preschool was due to wanting to stand to pee. They also have been showing a lot of interest in urinals when visiting the bathroom with dad. I'd hate for this to be the thing that holds back the great progress with potty learning that they've made.

← ≡ Cincinnati... 🔍 🗨️

I'm working on reassuring them that 3yo boys usually sit to pee and that they are still a boy if they sit. Are there any potty books that reinforce this? Not necessarily trans related but that teach boys sitting is fine?

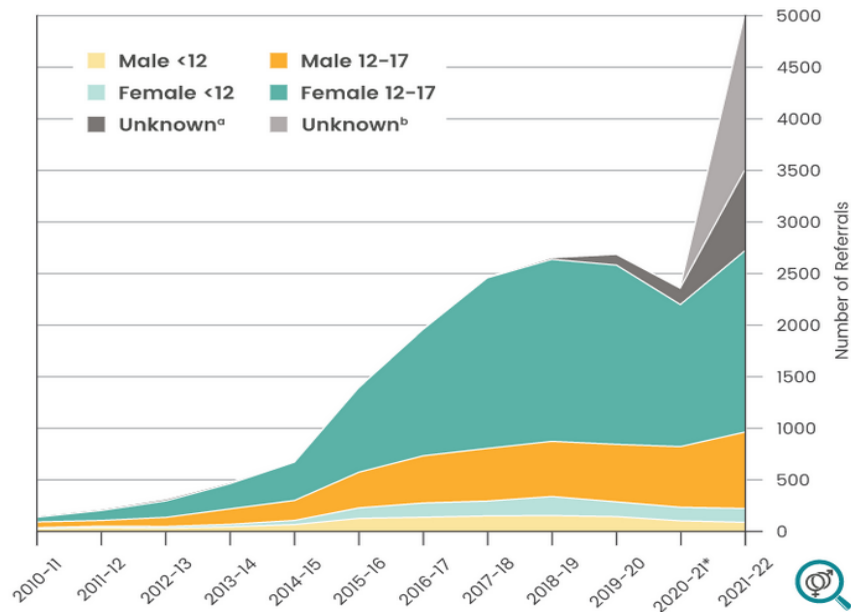
Any other ideas for a kid this young?



**Mastectomies marketed as “top surgery” are marketed to girls as the only way to alleviate their gender dysphoria and are deemed “life saving”. Mastectomies on minors are debilitating, contrary to Dr. Manning’s statements and are not studied.** Note the drastic increase in girls identifying as transgender or nonbinary from ages 12-17. Instead of viewing this age group as a target market opportunity, these girls need mental health therapy, not misleading them into believing they are the opposite sex, mimicking the opposite is NOT changing their sex. Does an autistic little girl know this? This new cohort has not been studied and they are not being screened for autism or neurodevelopmental problems, family issues, trauma, depression or other pre-existing issues. They are led down a path to transition. Therapy consists of agreeing with their self diagnosis and quick reference letter to surgeons. Any surgeon who believes these girls are properly screened with mental health therapy have disregarded basic surgical medical ethics by removing healthy body breasts, wombs and ovaries. How can parents trust Children’s Hospitals in Ohio that promote this through a lobby group (Ohio Hospital Association) that lies about Ohio gender clinics practice regarding surgeries? They have known this since 2019. In 2020, another medical harms case came to pass. Is Cincy Children’s willing to hide what’s going on like they did with spinal surgeries? This is why the 20 year lawsuit provision is needed in Ohio HB 68. If a child is raised to believe they are the opposite sex, then it could take 20 years for them to figure out the truth. Gender clinics keep their mouths shut about side affects. UK shut down their gender clinics.

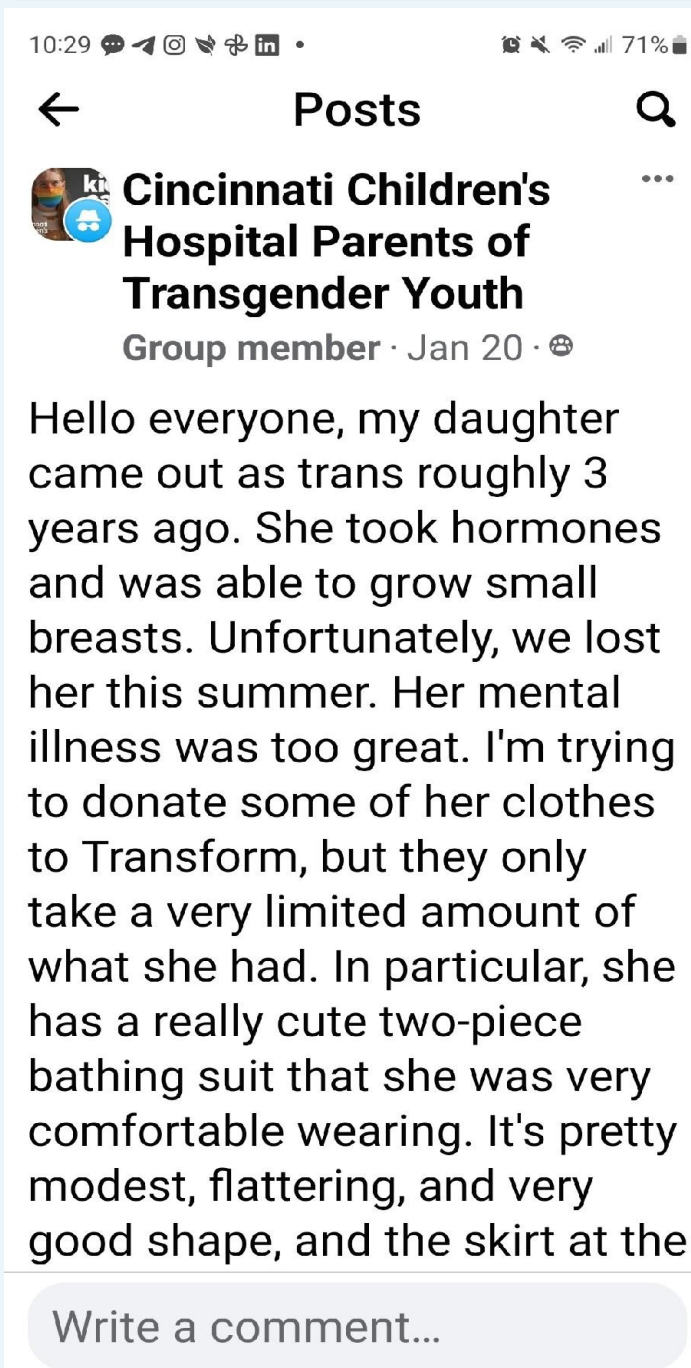
“The lawsuits allege that Durrani’s patients suffered injuries from medically unnecessary surgeries he performed. As of now, more than 500 lawsuits against Durrani are pending, according to court documents. ‘The hospital never told us:’ Cincinnati Children’s loses \$2 million spine surgery lawsuit. “The hospital never told us,” Morgan said, adding Durrani performed surgeries on several other children at the hospital after his resignation.” More unnecessary surgeries happening every day and scheduled.

### Child and Adolescent Referrals for Gender Dysphoria United Kingdom (GIDS)



\*Referral activity to GIDS/Tavistock was sharply limited in 2020-2021 due to COVID-19.  
<sup>a</sup>Beginning in 2018-19, increasing numbers of referrals are not reported by sex.  
<sup>b</sup>Beginning July 2021, referrals made directly to GIDS are reported separately from those handled by the Arden & GEM referral management service. The Tavistock reports that Arden & GEM handled over 1500 additional referrals in 2021-22 (age and sex not reported separately).

Below, 2022 Completed Suicide of a child, Post Transition pictured here below. If you are a transgender identifying individual reading this, please know that this is a false claim and is not based on any scientific evidence. It is used to coerce patients and parents to believe that medical transition—NOT TALK THERAPY—is the only path to healing. Cincinnati Children’s Transgender Director tried to LIE TO THE COURT about her patient being suicidal, and therefore had to have testosterone injections to prevent suicide. (discussion last page)



“Would you rather have a dead son” is a common technique used by clinic directors as a smoke and mirrors intention to draw parents attention away from demanding that therapists figure why their child is gender confused to jump to how they believe, without evidence will fix the problem. There is no evidence base to prove this claim and they repeat it over and over with the hope that they can continue to affirm the delusion that you can be born in the wrong body. What can this do to the left? Activism is responsible for this disinformation that is being perpetuated, resulting in a possible social contagion. We must stop threatening and start protecting children.

In February, in response to legislative efforts to ban “gender-affirming care,” transgender activist Erin Reed [declared](#) on Twitter: “I have had multiple calls—4 to be exact—of kids who have attempted or completed suicide because of anti-trans legislation. . . . These bills are killing our kids.”

By invoking the suicide trope, individual activists, organizations like the ACLU, and Democratic politicians are violating well-recognized, research-based guidelines on how to talk responsibly about suicide. That they do so with such consistency and despite evidence of the danger suggests two possibilities: they are either ignorant about suicide and its prevention, or they are invested in the suicide narrative and its political advantages more than in reducing the likelihood of suicide in vulnerable youth.

Comment: This parent should sue Cincinnati Children’s and HB68 would give them to the power to Do just that. Dr. Manning said this terrifies her!!! Dr. Manning— IT’S NOT ABOUT YOU, IT’S ABOUT KIDS.

New Transman/Lesbian Emily Thiem Refers two surgeons OFTEN.



**Emily Thiem** Admin

Dr. David Kappa and Dr. Brian Miller are two providers we often refer to. However we are happy to send a referral to whomever your child chooses.

1y Like Reply



← Thread

sorry to hear this. What was the reasoning for getting a total hysterectomy?

1 1



† **jessica** @N4... · 2d : I was recommended to get one since I was on testosterone for over five years and thus was at a higher risk of developing ovarian cancer. They just didn't tell me all the risks that come with a total hysterectomy at a young age.

1 1

Tweet your reply

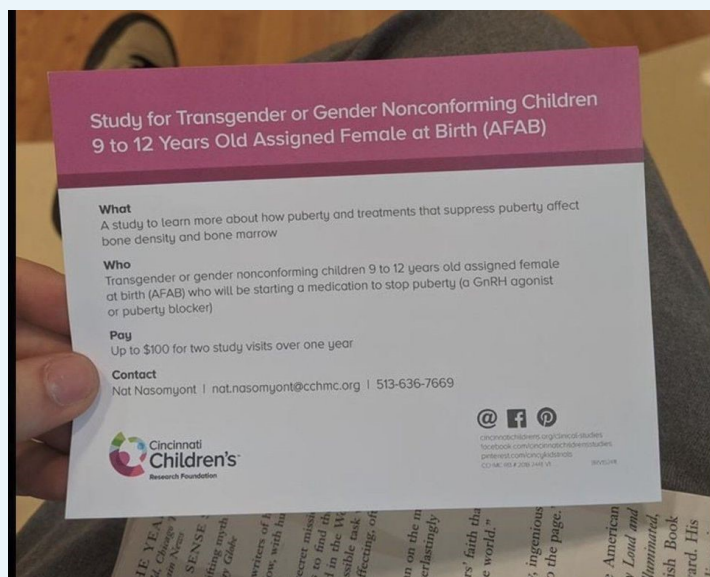


Cincinnati Children's Makes surgery referrals every day, and their new FB Admin, Emily Thiem, has begun medical transition as well. It appears that the parents get what they want and children call the shots.

Detransitioner Women such as Prisha, Helena, Alex warned Ohioans that these clinics if left unchecked will result in a tsunami of broken young people who did not have the mental capacity to consent to these procedures.

Ohio 68 would require hospitals to be cautious and return to the watch and wait approach due to the majority outgrowing their confusion if given the chance and honest, truthful evaluations.

Cincinnati Children's Hospital Recruits more little girls for irreversible medical treatments, ignoring past known important bone density studies. Grants for studies are the main revenue for doctors. Cincinnati Children's Trans clinic has received millions of dollars to study this population, targeting females. The UK has stopped these interventions because they induce endocrine harm on perfectly healthy children. Puberty is not a disease. We believe Dr. Manning should do more research and contact [www.segm.org](http://www.segm.org) or go to: <https://cass.independent-review.uk/> instead of letting more girls be harmed by puberty blockers and encourage them to accept their female bodies. Instead, they are being gaslighted into believing they are boys. This is illegal in the city of Cincinnati, and Rep. Lightbody has been trying to make this statewide. No child is born in the wrong body. These girls have normal endocrine systems that are being destroyed. Inducing endocrine disease in a healthy child is hardly safe or evidence based or necessary to save her life. Conard is too busy to care, instead testifies in court against parents who don't go along with these unnecessary interventions (below) and tried to lie about a girl being suicidal. The judge caught it.



## Cincinnati Children's Court Statements

LOOK: Tavistock's Experimentation with Puberty Blockers: Scrutinizing the Evidence

Click here for the full report: <https://www.transgendertrend.com/tavistock-experiment-puberty-blockers/>

The debate revolves around the reversibility of this intervention—physical and also psychological, in terms of the possible influence of sex hormones on brain and identity development' (Carmichael and Davidson 2009). These drugs, Gonadotropin-Releasing Hormone agonists (GnRHa), have not been certified as a safe or effective treatment for gender dysphoria by their manufacturers, nor by the National Institute for Clinical Excellence.

'It is not clear [my emphasis] what the long term effects of early suppression may be on bone development, height, sex organ development, and body shape and their reversibility if treatment is stopped during pubertal de-

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.

Many youth, have come out as gay or lesbian first, then transgender. If clinics are 100% transition children as stated in 2015 court case by Dr. Conard, one might deduct that medical harms are certain. So, why are they recruit and promote Pride Parades if they don't stay trans growing up? More gaslighting of our LGB youth. Is it okay to be gay and lesbian? Protocol should be you are gay, accept your body and love it. Don't do testosterone or estrogen, they're dangerous to your long term health and sexual function. The next two pages are a collection of studies that show that most kids would grow out of their confusion, those that do not grow up to be gay, lesbian or bisexual adults. See UK's Attached Document.

### ***Do trans- kids stay trans- when they grow up?***

Following the closure of the CAMH Gender Identity Clinic for children, I have been receiving requests for what the science says. Do kids grow out of wanting to change sex, or does it continue when they are adults?

In total, there have been three large scale follow-up studies and a handful of smaller ones. I have listed all of them below, together with their results. (In the table, "cis-" means non-transsexual.) Despite the differences in country, culture, decade, and follow-up length and method, all the studies have come to a remarkably similar conclusion: Only very few trans- kids still want to transition by the time they are adults. Instead, they generally turn out to be regular gay or lesbian folks. The exact number varies by study, but roughly 60–90% of trans- kids turn out no longer to be trans by adulthood– Cantor

\*For brevity, the list uses "gay" for "gay and cis-", "straight" for "straight and cis-", etc.

<b>Count Group</b>	<b>Study</b>
2/16 gay 4/16 trans-/crossdress 10/16 straight/uncertain	Lebovitz, P. S. (1972). <i>Feminine behavior in boys: Aspects of its outcome. American Journal of Psychiatry, 128, 1283–1289.</i>
2/16 trans- 2/16 uncertain 12/16 gay	Zuger, B. (1978). <i>Effeminate behavior present in boys from childhood: Ten additional years of follow-up. Comprehensive Psychiatry, 19, 363–369.</i>
0/5 trans- 5/5 gay	Money, J., & Russo, A. J. (1979). <i>Homosexual outcome of discordant gender identity/role: Longitudinal follow-up. Journal of Pediatric Psychology, 4, 29–41.</i>
2/45 trans-/crossdress 10/45 uncertain 33/45 gay	Zuger, B. (1984). <i>Early effeminate behavior in boys: Outcome and significance for homosexuality. Journal of Nervous and Mental Disease, 172, 90–97.</i>

Page 2      *Do trans- kids stay trans- when they grow up?*

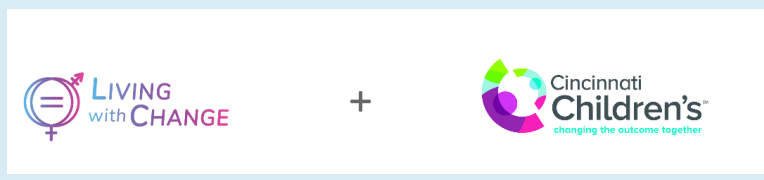
Desistance Studied Continued to prove that many kids who identify as trans and non binary would grow up to be gay, lesbian or bisexual adults or they are still uncertain.

Count Group	Study
2/16 gay 4/16 trans-/crossdress 10/16 straight/uncertain	Lebovitz, P. S. (1972). Feminine behavior in boys: Aspects of its outcome. <i>American Journal of Psychiatry</i> , 128, 1283–1289.
2/16 trans- 2/16 uncertain 12/16 gay	Zuger, B. (1978). Effeminate behavior present in boys from childhood: Ten additional years of follow-up. <i>Comprehensive Psychiatry</i> , 19, 363–369.
0/5 trans- 5/5 gay	Money, J., & Russo, A. J. (1979). Homosexual outcome of discordant gender identity/role: Longitudinal follow-up. <i>Journal of Pediatric Psychology</i> , 4, 29–41.
2/45 trans-/crossdress 10/45 uncertain 33/45 gay	Zuger, B. (1984). Early effeminate behavior in boys: Outcome and significance for homosexuality. <i>Journal of Nervous and Mental Disease</i> , 172, 90–97.
3/25 trans- 6/25 lesbian/bi- 16/25 straight	Drummond, K. D., Bradley, S. J., Badali-Peterson, M., & Zucker, K. J. (2008). A follow-up study of girls with gender identity disorder. <i>Developmental Psychology</i> , 44, 34–45.
17/139 trans- 122/139 cis-	Singh, D. (2012). <i>A follow-up study of boys with gender identity disorder</i> . Unpublished doctoral dissertation, University of Toronto.
47/127 trans- 80/127 cis-	Steensma, T. D., McGuire, J. K., Kreukels, B. P. C., Beekman, A. J., & Cohen-Kettenis, P. T. (2013). Factors associated with desistance and persistence of childhood gender dysphoria: A quantitative follow-up study. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 52, 582–590.

Ohio Gender Clinics Associate with Activist Organizations that Spew Rhetoric and Target Children. Below, Cincinnati Children's Below is the 2019 report showing a majority of girls identifying, with 2,094 logged. Here, they promote "trans" camps and offer only therapists that will affirm the delusional thinking.

	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%)

**2,094**  
total visits were logged by clinic staff this year



9:24 61° 80%

← Posts 🔍

**Cincinnati Children's Hospital Parents of Transgender Youth**  
Emily Thiem · Feb 15 · 🌐

Save the Date for Camp Kaleidoscope! 7/24-7/30 at camp Kern.  
Camp Kaleidoscope is a week long summer camp for trans and gender non-conforming youth.  
Campers are housed as they please (identify as male, identify as female, identify as other/nonbinary/genderfluid).  
Each camper gets to pick where they will be housed.  
Ages 11-15 years old.  
Cost is \$495 a camper. There will be financial assistance available.  
This all I really know right now and I will post more information along with the registration forms and financial assistance forms once they become available to us.

👍 Like    💬 Comment    📧 Send

👍❤️ 33

Write a comment...

7:46 77° 72%

👍❤️🔥 10 > 👍

I am an independently licensed mental health therapist (LISW) and mom of a beautiful 13 year old trans girl. I watched this video and I was absolutely disgusted by what I heard. I am willing to help however I can as I am in it at all ends. Not surprisingly a good chunk of my current caseload consists of adolescents who are trans.

12h Like Reply Award 1 ❤️

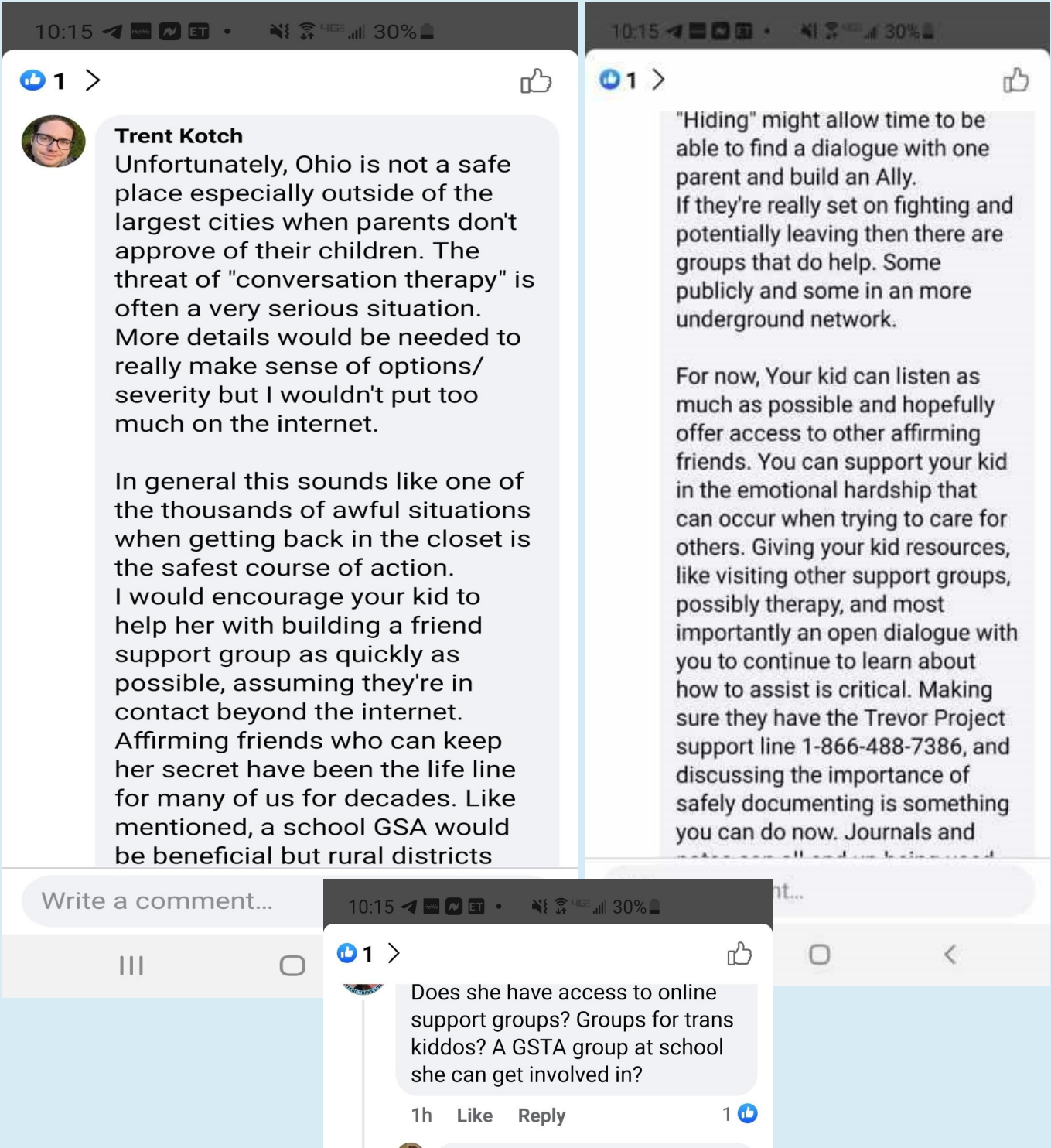
**Amy Jones**-we need people like you to testify on 6/1. I will post another update on 5/26 with information on how to do so! Your testimony can be submitted written and/or delivered in person on 6/1. [JOB]

9h Like Reply Award

Write a reply...

Write a comment...

GSA, Trevor Project , ACLU, Edge House, Cincinnati Ohio, ("trans kid" parent testified against the bill) GLSEN, Many of these parents leaders are part of these organizations which stand to close or lose a lot of money if the bill passes. Some even encourage runaway situations.



1 >



**Trent Kotch**

Unfortunately, Ohio is not a safe place especially outside of the largest cities when parents don't approve of their children. The threat of "conversation therapy" is often a very serious situation. More details would be needed to really make sense of options/severity but I wouldn't put too much on the internet.

In general this sounds like one of the thousands of awful situations when getting back in the closet is the safest course of action. I would encourage your kid to help her with building a friend support group as quickly as possible, assuming they're in contact beyond the internet. Affirming friends who can keep her secret have been the life line for many of us for decades. Like mentioned, a school GSA would be beneficial but rural districts

1 >

"Hiding" might allow time to be able to find a dialogue with one parent and build an Ally. If they're really set on fighting and potentially leaving then there are groups that do help. Some publicly and some in an more underground network.

For now, Your kid can listen as much as possible and hopefully offer access to other affirming friends. You can support your kid in the emotional hardship that can occur when trying to care for others. Giving your kid resources, like visiting other support groups, possibly therapy, and most importantly an open dialogue with you to continue to learn about how to assist is critical. Making sure they have the Trevor Project support line 1-866-488-7386, and discussing the importance of safely documenting is something you can do now. Journals and

Write a comment...

1 >



Does she have access to online support groups? Groups for trans kiddos? A GSTA group at school she can get involved in?

1h Like Reply

1 >



Would you want your childcare influenced by doctors who accept praise from activists, like Conard and Liebowitz—3,000 children in their care? Pictured here is Scott Liebowitz, Director of Columbus Ohio’s Nationwide Transgender Thrive Clinic. They are very active this year asking parents to testify against HB68

**Scott Liebowitz, MD** @ScottLiebowitz · Jun 10, 2020  
Honored to be recognized by @EqualityOhio in this way. 🙏

**Equality Ohio** @EqualityOhio · Jun 10, 2020  
When LGBTQ youth needed him to be a public advocate, @ScottLiebowitz was there to help us defend against laws meant to harm our young people.  
He's our hero for today's Columbus Foundation #BigGive!

**Scott Liebowitz, MD** Following  
634 Tweets

**Scott Liebowitz, MD** @ScottLiebowitz · Feb 14  
It is the year 2022 and yet politicians continue to believe that legislating against ethical, mainstream-supported gender affirming care for young people is okay. This is an egregious affront to family decision-making rights & would have needless & devastating consequences.

**Scott Liebowitz, MD** Following  
634 Tweets  
help to stop this harmful bill. 📞 Call the Chair of the Committee today: [equalityohio.org/call-mancheste...](https://equalityohio.org/call-mancheste...)  
[Show this thread](#)

8:02 [Icons] 27° [Icons] 69%

**Cincinnati Childr...** [Search] [More]

Like Comment

**Conversation Starter** • 6 mins • [Icons]

Another copy of the bill proposed by Fred from the Dakotas, based on hate and fear, pandering to those who don't know the Bible yet claim to be "Christians."

**THE COLUMBUS DISPATCH** • 3 MIN READ  
**Ohio bill would punish doctors who help transgender kids transition**

👍 1

Like Comment

Cincinnati Children's is now allowing an activist group inside the hospital wing. Their therapy consists of gaslighting children into believing they are born in the wrong body, the parents "daughter" of this organization have raised him to believe he's a girl, confusing other classmates, especially girls. These are screenshots from their page.



### Living with Change Center

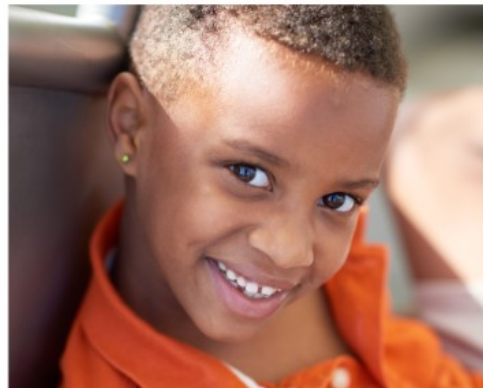
Cincinnati Children's is a trusted destination for families who want the best care for their children—whether that is an unplanned visit to our emergency department or seeing specialists to make sure their kids thrive.

For families with kids who are transgender, we offer that same exceptional care at our Living with Change Center.

For families with kids who are transgender, we offer that same exceptional care at our Living with Change Center.

Understanding and expressing gender identity can be confusing and scary for kids. Transgender youth are much more likely to be victims of bullying and assault and to suffer from anxiety and depression. They have higher rates of homelessness, discrimination, substance abuse, suicide attempts—and sadly many succeed.

Transgender kids are less likely to see a doctor because they're afraid they won't receive the support or care they need. That's why we opened this specialized center in 2013. We provide a safe environment and services for transgender and gender nonconforming patients from 5-24 years old.



Since its opening, the center has grown into one of the largest transgender health clinics in the Midwest. We're a leader in this fast-paced, ever-changing field of medicine and we're proud to provide innovative patient care and family support.

## Living with Change, A Transactivist Non Medical Organization is Now On Site at Cincinnati Children's Transgender Center? (From [www.Livingwithchange.org](http://www.Livingwithchange.org), Website screenshots)

### Education Empowers Acceptance

In a national study, 50 percent of transgender patients reported having to teach their providers about their unique health needs. We need to do better, so we are taking the lead in training doctors in transgender care.

Schools are also requesting more information and education around transgender issues, so our staff engages in comprehensive community outreach to support kids in making schools safer and more accepting.

### Driven by Discovery

We're advancing research in medicine and mental health to find the best ways to provide immediate and life-long care for transgender youth. Because this is an emerging field of medicine, there is a great need for studies and evidence-based information to make sure we're meeting the unique needs of our transgender kids.

At Cincinnati Children's, we embrace an all teach-all learn philosophy. Our current goal is to start a research collaborative so we can share with other programs and become better—collectively. Our aim is to make sure patients everywhere are receiving care informed by evidence and best practices.

Together, we're building something great in Cincinnati. With your help, we can do even more to help transgender and gender nonconforming kids grow and thrive into and throughout adulthood.

### Compassionate and Comprehensive Care

Housed in the Division of Adolescent and Transition Medicine, our center offers holistic care for these kids, including health services, psychosocial support and resources, referrals to specialists and more.

Our center schedules appointments at four locations, making care accessible to the entire region. A team of specialists, including a social worker, provide interdisciplinary support and referrals for services.

Cincinnati Children's is known for our commitment to family-centered care and that's especially true at the Living with Change Center. We help parents and caregivers listen to and understand their child.

### Partnership Matters

The Living with Change Center at Cincinnati Children's partners with many community organizations to provide a system of care and support for kids and families navigating gender identity.

However, there's much more to be done—and we can't do it alone.

While the center is growing to meet the needs of our patients, philanthropic support is vital to maintain and expand the services we provide. As a nonprofit organization, we depend on the support of friends who share our vision to be the leader in improving child health.

Living with Change Promotes Drag Queen Parties and Cinci Trans Clinic busses families to these Pride Parades each year. One parent is a drag queen



### Cincinnati Pride Parade

Living With Change is a proud sponsor of the Cincinnati Pride Parade. Join us on June 24th at 11 AM to take part in the parade and festival.  
The parade route begins at 7th Street & Plum, travels down Vine St past Fountain Square and ends at our festival location of Sawyer Point & Yeatman's Cove.  
For general information, email [parade@cincinnatipride.org](mailto:parade@cincinnatipride.org).

Sign Up with LWC

### BrewDog Franklinton Pride Party! (Benefiting EO)

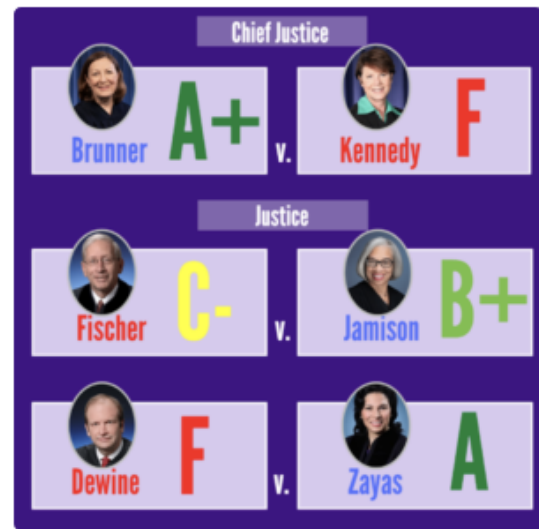
Support LGBTQ+ rights at BrewDog Franklinton during Columbus Pride! Enjoy incredible drag performances while contributing to Equality Ohio!

Equality Ohio has an index rating for Chief Justices, Legislators, and guess who gets F's? Sample to your right



Dr. Manning states that they are not political, however, they sure do associate proudly with anti Christian organizations and anti Republican candidates. This is because Planned Parenthood takes their "gender graduates" since they are hooked on wrong sex hormones for life."

Public Health Committee members might want to see what their grade is (if you are a Republican, you probably don't pass.)



Cincy parents are routinely referred to the **Family Acceptance Project** when QUESTIONING the "affirmation only approach", —agreeing with a **teenage girl that she is born in the wrong body..**

This is an activist organization that gives misinformation to parents about risk of suicide, lumping gender confused children with gay children. They make parents feel guilty for not going along with the drugs they want to give our daughters. We would rather have a lesbian daughter than a daughter who is put on a path to testosterone injections which lead to many future problems such as hysterectomies, vaginal atrophy, ovarian cancer, thrombosis, and phalloplasty is introduced as a benign surgery as part of their path to healing . Below is a screenshot from FAP which has ZERO STUDIES OR ANY SCIENTIFIC EVIDENCE , ONLY SUICIDE COERCION. This is offensive.

#### Gender Spectrum Education & Training

Gender Spectrum Education & Training provides information and support for parents and families and an annual conference for families with gender-variant and transgender children. They also provide training on gender identity and expression for schools and providers for helping gender non-conforming and transgender children and youth.  
[www.genderspectrum.org](http://www.genderspectrum.org)

#### PFLAG

PFLAG (Parents, Families and Friends of Lesbians & Gays) is a national organization with state and local chapters that provide education, information, and support for parents and families with LGBT family members, and referrals to LGBT community resources



Kaleidoscope House was founded by a Drag Queen (Nina West), Pictured below. Nationwide Thrive Endocrinologist Dr. Nahata co-founded it. Another way to recruit more youth for grants and girls can request free binders. West volunteers at the clinic in plain clothes. Links to GSA are also provided so students can create their own school clubs.



## QUEER YOUTH OF OHIO, WE'RE HERE FOR YOU.

On your own terms. In your own power. This intentional, expressive community is youth-informed and youth-led. Meaning everything you'll find in our center is designed for and by young people like you. Our diverse, experienced staff work alongside queer youth to create free programming, housing, and support services here in Columbus, and all over the state of Ohio.

### Personal life and philanthropy [ edit ]

Levitt lives in [Columbus, Ohio](#).<sup>[2]</sup> He is [gay](#) and an advocate and fundraiser for the [LGBTQIA](#) community. His focuses have included HIV/AIDS testing and safe sex, marriage equality, trans rights, and childhood education. The Nina West Fund, established at The Columbus Foundation [c. 2015](#),<sup>[40]</sup> is thought to be the only "drag-queen-supported fund of its kind" in the U.S.<sup>[2]</sup> The fund has raised more than \$2 million,<sup>[40][41]</sup> supporting charities such as the [ACLU](#) of Ohio (fundamental rights), Dress for Success Columbus (career development for women), Equitas Health (focused on HIV/AIDS treatment),<sup>[42]</sup> and Kaleidoscope Youth Center (the largest LGBTQIA youth center in Ohio).<sup>[43]</sup>

In 2017, he received the Create Columbus Commission Visionary Award from the [Columbus City Council](#) and an equality award from the [Human Rights Campaign](#) Columbus chapter.<sup>[7]</sup>



Levitt as West promoting *Drag Is Magic* at RuPaul DragCon 2019 in Los Angeles



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REGISTER YOUR GSA

# trans and queer youth uniting for racial and gender justice

In 2021, this parent “Alda Kiddz” translated to “all the kids” was featured on the Cinci Children’s Trans Parent Page to the left. A member of Cincinnati Sisters, invited children from the Cincinnati Children’s Private Facebook page to their private booth just in case they have doubts about being their real selves and declared to be a parent of a trans child. This is what Cincinnati Children’s allows on their page. Emily Theim is also a female drag queen celebrated on this page. The friends below should not be around children, as some have porn sites.



I'm a mother to all who need one.  
 Sign: Taurus  
 Favorite quote: "Fuck Donald tRump"  
 Sisters that have inspired you: All the sisters in the Anti-oppression group!



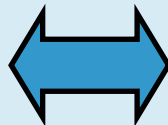
Sister Mary of Sodom and Gomorrah (MSG)

[read more](#)

**THE TREVOR PROJECT**

GUIDE

**A Guide to Testifying Against Harmful Bills for Parents and Supportive Adults**



POLITICS OPIOID EPIDEMIC PURDUE PHARMA THE TREVOR PROJECT

**Trevor Project Ousts CEO Who Played A Role In The Opioid Crisis**

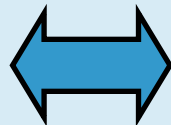
HuffPost previously revealed that Amit Paley was part of a McKinsey consulting team for notorious OxyContin maker Purdue Pharma.

By Molly Redden

EPISODE 12

**OBGYN DR. ANITA SOMANI ON CARE OF TRANSGENDER PATIENTS, ROBOTIC HYSTERECTOMY AND GENDER REASSIGNMENT SURGERY.**

THE BREAKFAST SHOW



Planned Parenthood • Follow

June 7 at 1:00 PM

While the rainbow flag may be the most visible LGBTQ+ symbol, there are many different identities within these communities. While these are just a handful, there are more than 20 flags that help members of LGBTQ+ communities feel seen, heard, and celebrated.

PRIDE

PRIDE

FLAGS

FLAGS

*Do patients need a referral or a letter from a mental health care provider to receive gender affirming hormone care at Planned Parenthood?*

No. After extensive research, Planned Parenthood has found that the informed consent model is the best one for providing gender affirming hormone care.

Living with Change Thinks Gender Identity is Real and they make a lot of money promoting it and Promotion Non Evidence Based Gender Ideology. Is this not child exploitation? Dr. Conard states that gender is fluid (changing), yet here it states that children know at age 2.

### General Considerations for Parents and Guardians

While parents and guardians have a great influence over their children's lives and can help shape the way in which they behave, they cannot change their child's gender identity. It is not defined by behavior, it is who they are. However, what a parent can do is accept their child for who they are and help them to cultivate a positive self-image.

### How do I Know if This is Just a Phase?

For some kids exploring gender expansiveness may just be a phase, but for some it may not be. If it is insistent, consistent, and persistent, then the child may be transgender.

If they identify as a gender that is not in alignment with their assigned sex than it is unlikely that will change, and most people have some sense of their gender identity between the ages of 2-4yrs old.

It is also fairly typical that gender identity may come into question around the time of puberty which can be confusing for the child as well as their family. While puberty is a time of general confusion it is important to look for patterns that are insistent, consistent, and persistent.

Wealthy Mr. Cicconelli is college buddies with Cincinnati Children's Hospital President.



## Kicks for C.A.R.E.S. Gala

Join us Saturday, September 9th as we enjoy entertainment, delicious light bites, libations, and a live and silent auction at LWC's largest fundraiser, the "Kicks for C.A.R.E.S." Gala!

Interested in sponsoring our event this year? Click here for sponsorship

Our Story Our Partnerships Education Events Media & Press Assistance Contact Us

This year, as an added benefit we would like to expand the opportunity for sponsor involvement. Return your sponsorship form by April 15th for an opportunity to join LWC in celebrating and taking part in the Cincinnati Pride Parade on June 24th. This experience includes your logo on the LWC Pride t-shirt and the option to walk in the parade with LWC.

Become a Sponsor

<< All Events

### Sip & Slay Charity Drag Brunch

Dec 04, 2022 10:30 am - 1:00 pm

Donate

Home

Our Story

Our Partnerships

The group that brings you Wigs & Waffles each year is at it again! Join us at Northern Row Brewery & Distillery for our Holiday-themed charity drag brunch, SIP& SLAY, all to benefit the work of Living with Change! The holiday cheer begins at 10:30 AM and goes until 1 PM.

Come dressed in your ugliest Christmas sweater and enjoy a special visit from St. Nick himself! We will have opportunities for photos with Santa for \$10 – all going to support a great cause!

**Your General Admission ticket includes brunch, a limited open bar (unlimited mimosas, bloody marys, and draft beer), and a one-of-a-kind drag show!**

Purchase tickets [HERE](#)

Living with Change Thinks Gender Identity is Real and they make a lot of money promoting Gender Ideology, the money goes to Cincinnati Children’s Trans Clinic.

# LIVING WITH CHANGE JOINS THE EFFORT TO ASSIST TRANS YOUTH IN NAME CHANGE PROCESS

*In Partnership with Equality Ohio and TransOhio*



Download the Sponsor Packet

## Sponsorship Opportunities

	CHAMPION \$20,000	ADVOCATE \$10,000	PROPONENT \$5,000	SUPPORTER \$2,500
Presenting Sponsor Status – Recognition as Presenting Sponsor on all event materials				
Special recognition at event, including logo prominently displayed and verbal recognition the night of the event				
Opportunity to share marketing materials with guests at event				
Recognition on LWC social media				
Tickets to the event	12	8	6	4
Logo and/or name recognition on all gala materials including invitation, event advertising, event program, event signage, & LWC M				
Logo and website link posted on LWC w through September 2024				
Recognition in all post-event print and publicity				



1680 x 1120



Living with Change is Partners with Cincinnati Children's Promotes Child Transition in Every Cincinnati News Outlet, always against any bill that would protect Ohio Children.



O  
gender Boy from  
ton County wins  
to transition before  
e



**Cincinnati Enquirer**  
Pure Romance CEO  
Donates \$2M to Cincinnati  
Children's Hospital for  
Transgender Patient Care



**PRIZM**  
Chris and Jessica  
Cicchinelli know the  
journey isn't  
easy for transgender  
and their families. But  
they're making it better



**Cincinnati Enquirer**  
Pure Romance CEO's  
daughter is transgender.  
He wants to help families  
like his



**WKRC Local 12**  
Local organization boosts  
Children's Hospital's  
health services for  
transgender youth



**700wlw**  
Living with Change  
Mission: A Dad's Journey

### What We Have Accomplished Thus Far

With the Cicchinelli's generous personal donation of \$2million there have been increased resources allocated to the formerly transgender clinic at Cincinnati Children's, and established it as a Center. Dr. Lee Ann Conard, the primary care physician for the now designated Center, is now spending over 100% of her time in care of trans patients, where previously she spent less than 24hrs a week. The center was also able to hire a trans care navigator to help patients and their families with their journey through the healthcare process. The Living With Change Center has placed a focus on fellows with an interest in transgender youth health and has acquired such a fellow for the program.

Living with Change is Believes Parents are bad if they disagree with thinking they are born in the wrong body. None of the TV stations want to talk to parents who don't want to transition their kids, promoting misinformation about suicide rates for years. They even get a nurse fired for speaking out against the gender cult. Samples below:

### What About My Feelings?

Feelings of guilt- This can be a common feeling but research supports that gender is formed in the brain at birth and child rearing techniques have absolutely no bearing on the formation of gender identity.

It is also common to experience loss and/or grieving during transition as though one is losing a son or daughter. Parents and Guardians should recognize this, and allow this process, while coming to terms with their child's authentic self.

There may be a feeling of uncertainty as one's child explores gender-expansiveness. Caregivers should be aware that it can be a process, and acknowledge the existence of gender fluidity, and give their child freedom and support as they discover themselves.



#### *Cincinnati Enquirer*

Pure Romance CEO, Gay Rights Leader Unveil Study that Shows Transgender Teens in Peril



#### *WCPO*

TriHealth emergency room nurse suspended after anti-gay, anti-trans comments on Facebook



#### *AdAge*

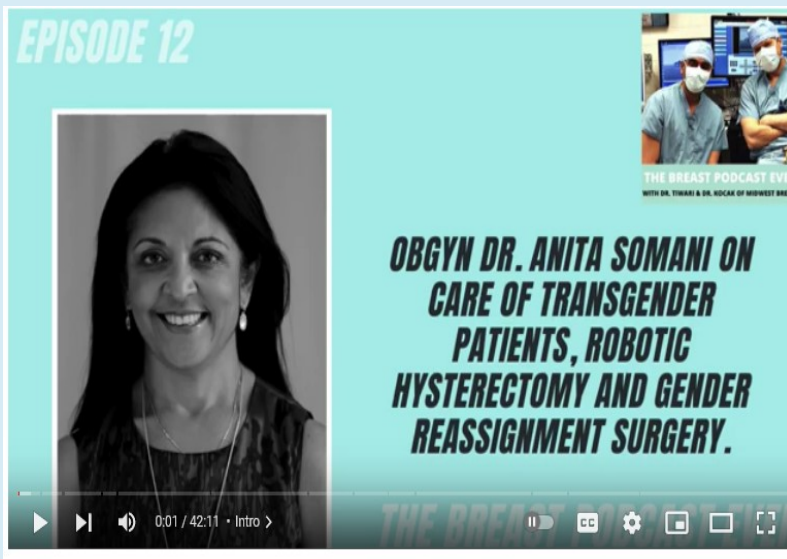
How this sex-toy business is helping transgender youth

### What are Affirming Parenting Practices

Affirming parent practices are those that help the child explore their own gender identity and develop strength and confidence.

- Creating a supportive and respectful family environment and a safe place at home is one of the most beneficial things you can do for your child's health as they struggle with their gender identity
- Openly express support of your child's gender expression and identity through using their chosen name/pronouns allowing them to choose the clothes they want to wear, play with the toys they wish, and engage in the activities they enjoy
- Stand up for your child and do not tolerate negative comments about them.
- Show commitment to your child and maintain open communication, assuring you support them.

Activist Doctors on the Public Health Committee Should Recuse themselves from voting on HB68! Perhaps Equality Ohio could provide you with a Conflict of Interest Form?



Why do we have activist doctors promoting medical transition of children and surgery on 18 + adolescents (does Somani do minors with parental consent?) on this committee?

Parents in Ohio should be quite alarmed by this situation. There are not “trans kids”. There is no evidence that any child can or ever has been “born in the wrong body”.

Yet, Somani is more than happy to remove healthy or diseased uteruses after years of testosterone abuse that females are called to do if they are trans. Many are butch lesbians who cannot accept themselves as lesbians.

# Dr. Conard pictured with GLSEN Parent and "Trans kid" parent, donor, Phair

## Financials for Kaleidoscope Youth Center

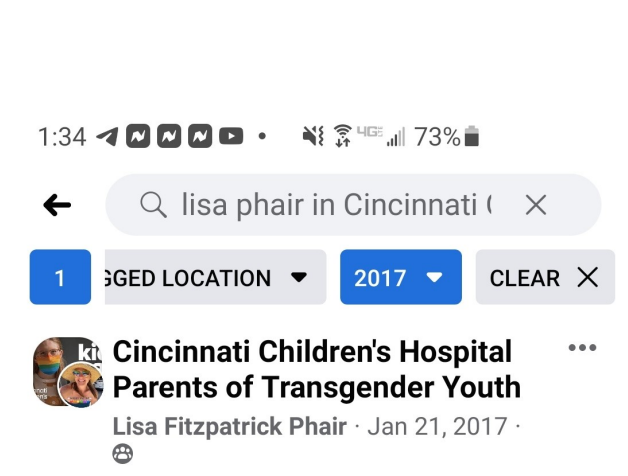
Revenues Expenses Assets Liabilities

Revenues	FYE 12/2021	FYE 12/2020	% Change
Total grants, contributions, etc.	\$1,135,565	\$918,286	23.7%▲

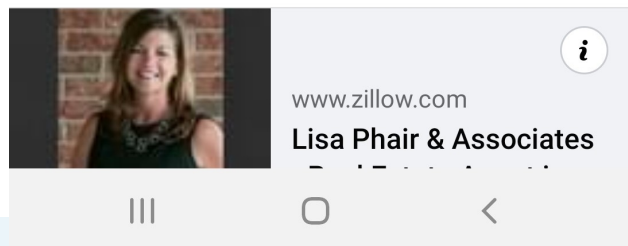


66 likes 1 comment

Like Comment Send



Super excited to announce that my office has named our CCHMC Transgender Clinic the recipient of our 2017 Coldwell Banker Foundation! This means my office will be raising money all year that will go straight towards education, research, support group, binders, etc. I will be involved in the fundraising events and activities and will keep you all posted on any public event we are hosting. I would also like to throw out, that I will personally donate \$500 for every real estate transaction that comes as a referral from this group, and closes this year! So, if you have any friends, family or co-workers thinking about buying or selling a home (anywhere in the world), have them call me! 513-604-9151



Ohio Activist Doctors who testified do not like the idea of protecting children, it's terrifying for their business and they would have to end their studies and return millions of dollars in grant money. Here, urinary track infections induced by unnecessary interventions— testosterone in females—dubbed “transmen” and estrogen in males, dubbed “transwomen” listed as well as diabetes which is induced by wrong sex hormones in females.

AWARDS ARE GIVEN TO DOCTOR AS WELL AS GOVERNMENT FUNDS.

[https://www.researchgate.net/publication/362641354\\_Changes\\_in\\_Bone\\_Marrow\\_Adipose\\_Tissue\\_in\\_Transgender\\_and\\_Gender\\_Non-Conforming\\_Youth\\_Undergoing\\_Pubertal\\_Suppression\\_A\\_Pilot\\_Study](https://www.researchgate.net/publication/362641354_Changes_in_Bone_Marrow_Adipose_Tissue_in_Transgender_and_Gender_Non-Conforming_Youth_Undergoing_Pubertal_Suppression_A_Pilot_Study)

Grants:


<https://www.metrohealth.org/population-health-research-institute/pilot-grant-programs/phri-pilot-program/pilot-grant-awardees>


### Changes in Bone Marrow Adipose Tissue in Transgender and Gender Non-Conforming Youth Undergoing Pubertal Suppression: A Pilot Study


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 **Mekibib Altaye**

 **Sarah Corathers**

 **Lee Ann Conard**

 **Heidi Kalkwarf**



### 2022 Pilot Grant Awardees

#### Juan Pablo del Rincon Jarero, MD: Biopsychosocial vulnerability in a gender diverse population: Understanding lower urinary tract symptoms and social needs

Lower urinary tract symptoms (LUTS) are common in the general population with a significant impact on quality-of-life (QOL). The number of people affected by LUTS in the United States may reach over 42 million by the year 2025.

There is currently no research assessing LUTS, social determinants of health (SDOH), and QOL in transgender individuals.

This project will determine: 1) the prevalence and severity of LUTS in cohorts of transwomen receiving estradiol and transmen receiving testosterone. We will assess LUTS in relation to time of exposure to hormonal therapy, and also compare results with those obtained in general population cohorts; 2) the relationships between hormone exposure and potentially relevant factors including: age, BMI, diabetes mellitus, depression, smoking, and alcohol intake. 3) SDOH and QOL for transwomen and transmen with comparisons over time and between cohorts.

## Grant Examples of Cincinnati Children's Hospital Transgender Clinic—Is Dr. Manning worried about this too?

When searching “grants” a novice person sees many “articles” and opinion pieces written by doctors who are on transition teams in gender clinics which indicates a bias or vested interest in the money to be made from the grant. Olsen Kennedy was the first physician to do a study on outcomes of a new term she invented called “chest dysphoria” on girls who she labels as trans boys. This is gender speak for bilateral mastectomies on healthy tissue, **some 12 year olds**: [www.cardinalsupportnetwork.com](http://www.cardinalsupportnetwork.com)

Cincinnati Children's & Dr. Conard, Scott Mullins, Tanya Mullins, (Gender Clinic Bias)

1. Thrombotic Risk and Occurrence of Thrombosis Among Transgender Adolescents and Young Adults Receiving Gender-Affirming Hormonal Therapy: (**Teens that self inject testosterone are at risk for this**)

(Article, not a study): “I Couldn't See a Downside”: Decision-Making About Gender-Affirming Hormone Therapy , Authors: Dr. Conard, Thomas Daley, Daniel Grosseohme, D.Min. Jenifer K. McGuire, Ph.D. Sarah Corathers (Cinci Children's **Endocrinologist**) M.D. Lee Ann Conard M.D. Ellen A. Lipstein (Cincy **Pediatrician**) M.D. M.P.H. <https://www.jahonline.org>

**Seventeen** adolescents and 13 parents were interviewed (12 dyads). The process of deciding about GAHT involves a series of small conversations, typically with the **adolescent advocating to start treatment and the parent feeling hesitant**. In most cases, **after seeking information from the Internet**, healthcare providers and **personal contacts move toward acceptance and agree to start treatment**. Although adolescents have some short-term concerns, such as about needles, **parents' concerns relate more to long-term risks**. Ultimately, for both parents and adolescents, **the benefits of treatment outweigh any concerns**, and they are in agreement about the goals of personal confidence, comfort in one's body and happiness. To the extent that the decision about GAHT is a medical decision, the decision process is similar to others. However, decisions about GAHT are much more about gender identity than medical risks, suggesting **that interventions based in a medical framework may not aid in supporting decision-making**. **Could this be a reason for not sharing long term medical risks. Where are your long term studies supporting claims that these are evidence based interventions?**

Non Gender Clinic Generated Study: Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender-diverse individuals: “To investigate this, we use five independently recruited cross-sectional datasets consisting of **641,860 individuals. HB68 Would require screening OUT autistic patients.**”

“Compared to cisgender individuals, transgender and gender-diverse individuals have, on average, higher rates of autism, other neurodevelopmental and psychiatric diagnoses. For both autistic and non-autistic individuals, transgender and gender-diverse individuals score, on average, higher on self-report measures of autistic traits, systemizing, and sensory sensitivity, and, on average, lower on self-report measures of empathy. The results may have clinical implications for improving access to mental health care and tailoring adequate support for transgender and gender-diverse individuals “ In this study, we investigated three primary questions, and an additional exploratory question using five different, large-scale datasets. First, across all five datasets, **transgender and gender-diverse individuals were 3.03 to 6.36 times as likely to be autistic than were cisgender individuals, after controlling for age and educational attainment**. Second, **transgender and gender-diverse individuals scored significantly higher on self-report measures of autistic traits, systemizing and sensory sensitivity and scored significantly lower on empathy traits compared to cisgender individuals**. Third, **in two datasets with available data, transgender and gender-diverse individuals had elevated rates of multiple other neurodevelopmental and psychiatric conditions**. Finally, **exploratory analysis identified that transgender and gender-diverse individuals were more likely to report that they suspected they had undiagnosed autism** file: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7415151/>

Articles Are Not Studies—this is misleading to the public -We're "Unsupportive"

Statements highlighted in red even state "lack of long term risk information makes it challenging"

## 1. Support for Mothers, Fathers, or Guardians of Transgender Children and Adolescents: A Systematic Review on the Dynamics of Secondary Social Networks

"Comments to consider on this article: It presented the unpreparedness of professionals and institutional policies for welcoming transgender children and adolescents and their families, **with the peer group being the main emotional and informative support network. CSN: The researchers (gender clinic doctors) cannot see the downside in this article, however parents clearly do and for those not going along, there is no support by gender clinic staff.**

The lack of long-term risk information makes it challenging for clinicians to counsel adolescents, young adults and their families. Qualitative work indicates that although teens have short-term concerns related to their treatment, their parents seek information on the long-term risks of decisions (1). Without tailored decision tools to support teens and young adults with unique developmental needs there is potential for postoperative regret (43). " **CSN: (THOSE INTERFERING PARENTS!)**

Ref: [https://www.researchgate.net/publication/341192736\\_I\\_Couldn't\\_See\\_a\\_Downside\\_Decision-Making\\_About\\_Gender-Affirming\\_Hormone\\_Therapy](https://www.researchgate.net/publication/341192736_I_Couldn't_See_a_Downside_Decision-Making_About_Gender-Affirming_Hormone_Therapy)

## 2. Providers' Perspectives on Decision-Making About Care for Transgender Youth, Conard (CCHMC), Eileen Lipstein, Physician, James M. Anderson Center for Health Systems Excellence Associate Professor, UC Department of Pediatrics, Amy Sue Lambert, RA, Psychology, Lisa Vaughn, Pediatrics Education

## 3. Acceptability of and Preference for Self- and Clinician-Collected Swabs Among Gender-Diverse Adolescents and Young Adults:

Lea E. Widdice, Fellow, UC Department of Pediatrics Conard, Tanya L. Kowalczyk Mullins, MD, MS, Adolescent/Transition Medicine **(another fan article by gender clinic staff)**

Ohio Legislators also need to protect "homeless teens" that are shepherded in through places like the Kaleidoscope House, Pride parades, glitter family housing and **foster children** who Armand Antomaria, opponent of HB68. He certainly has access to children without parents to protect them or care about them and has done research too. That's how he pays the bills at home.

## 1. Research: Foster care youth and the development of autonomy (posted on Dr. Antomaria's page) He wants a child to trust him, "because he's ethical and so is sterilization."

The benefits of child autonomy include: Developed sense of self, Improved confidence, Command over their minds and bodies, Critical thinking support, Self-motivation, Increased responsibility. Vulnerable children come in handy to researchers, especially when there are not enough children for research. This doctor continued to express the need for "autonomy" when actually the need for him to get a child to trust him should be questioned, especially if he's against HB68 that would protect children from surgeries, puberty blockers and wrong sex hormones. He has a clear bias believing that they can consent to the medical harms he agrees with and has been a part of for years. That must be scary! Drag queens also like kids who have body autonomy.



**Armand H. Antommaria, MD, PhD, FAAP, HEC-C**

**Director, Ethics Center**

Lee Ault Carter Chair of Pediatric Ethics

**Attending Physician, Division of Hospital Medicine**

**Professor, UC Departments of Pediatrics and Surgery**

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🌟 Board Certified

Grants overall are numerous and growing for Gender Affirming Surgery and Care (Samples below) Cinci Children's has millions slotted to this vulnerable population of children. Children and young adults need safeguards.

#### Health Outcomes of Long-term Hormone Use and Surgical Treatment

- Research on the factors associated with outcomes of gender affirming surgery.
- Research on how socioeconomic status, race, ethnicity, and age among transgender and gender nonconforming persons affect treatment choices and health outcomes.
- Investigations of the safety of treatment with Gonadotropin-releasing [GnRH] analogues and hormones at various ages.
- Research on the effects of hormone administration and/or how the blocking of puberty with GnRH analogs affect overall physical health and well-being, including sex-specific brain development.
- Research that examines the differential impact of diseases and conditions in transgender and gender nonconforming individuals as a result of treatment options and interactions with hormone therapies, such as osteoporosis or hematologic issues, thrombosis related to estrogen and polycythemia related to androgens.
- Examinations of differential mortality from diseases and conditions such as Type 2 diabetes mellitus, lipids disorders, cardiovascular disease (CVD), venous thromboembolism, and cancer as a result of long-term hormone use.
- Research on the effects of hormone therapy on the fertility of transgender and gender nonconforming individuals and its implications for reproductive health.
- Studies of HIV drug treatment and prophylaxis interactions with hormonal and surgical treatments.
- Research on how irregular use of hormonal treatment affects physical and emotional health.
- Studies on how estrogen hormone treatments affect the male reproductive tissues of individuals transitioning from male to female, and how androgen hormone treatments affect the female reproductive tissues of individuals transitioning from female to male.

Studies that examine the extent and consequences of the use of body fillers such as silicones on health outcomes.

#### Quality of Life and Mental Health

Studies of interpersonal relationships and sexual and reproductive health, including studies on fertility, in men and women.

- Research on aging, including end-of-life care in transgender and gender nonconforming individuals. Research on the impact of complementary health approaches and their integration into conventional health to facilitate successful aging, including end-of-life care.
- Research on the determinants and consequences of psychiatric conditions, pre- and post-transition.
- Research on substance use (alcohol, drugs, tobacco) and its treatment among transgender and gender nonconforming people.
- Improved understanding of multivariate risk for, and protection against, the onset of mental disorders and suicidal behavior (including studies that look at multiple RDoC domains; <https://www.nimh.nih.gov/research-priorities/rdoc/index.shtml>); with consideration for transition periods that may heighten risk. In particular, studies that utilize RDoC-consistent measures could inform the etiological factors for both transgender, gender nonconforming, and other individuals.
- Given the high rates of suicide ideation and attempts, and frequent experiences of harassment, discrimination, violence and rejection among transgender and gender nonconforming individuals, research into what factors protect against suicide ideation in this population and how these factors can inform preventative interventions.
- Strategies to improve mental health outcomes among transgender and gender nonconforming individuals, the effectiveness of strategies for referral and engagement in mental health treatment and services with providers and in settings that are informed about transgender-related care issues.

See [Section VIII. Other Information](#) for award authorities and regulations



**References to above testimony available upon request:**

**If your family is in need of support or media inquiries: go to:**

[www.CardinalSupportNetwork.com](http://www.CardinalSupportNetwork.com)

**Attachments: Interim specialist service for children and young people with gender incongruence 9 June 2023 For Dr. Manning to review (UK)**

**Transition Regret and Detransition: Meanings and Uncertainties, Jorgenson, 2023**

**One Reason Why Not—Media and suicide contagion**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7216976/>

Parent Trauma: [https://www.youtube.com/watch?v=Su2Z4\\_iQH4&t=2482s](https://www.youtube.com/watch?v=Su2Z4_iQH4&t=2482s)

[https://www.theepochtimes.com/when-gender-surgery-goes-wrong\\_4452260.html?](https://www.theepochtimes.com/when-gender-surgery-goes-wrong_4452260.html?est=UB4z5am1W1xD4x2M72jgEQnyGwwJOGj7wSlXv8CW1Rzk44MQaykumGexzWX18w%3D%3D)

[est=UB4z5am1W1xD4x2M72jgEQnyGwwJOGj7wSlXv8CW1Rzk44MQaykumGexzWX18w%3D%3D](https://www.theepochtimes.com/when-gender-surgery-goes-wrong_4452260.html?est=UB4z5am1W1xD4x2M72jgEQnyGwwJOGj7wSlXv8CW1Rzk44MQaykumGexzWX18w%3D%3D)

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[r=cw8z2&s=r&utm\\_campaign=post&utm\\_medium=email](https://strigoi.substack.com/p/response-to-response-to-lost-boys?r=cw8z2&s=r&utm_campaign=post&utm_medium=email)

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