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Chair Kristina Roegner
Government Oversight Committee
Ohio Senate
1 Capitol Square
1st Floor, #142
Columbus, Ohio 43215

Dear Chair Roegner and Committee Members,

My name is Rev. Susan Jelinek, MDiv, BCC. I am a board-certified chaplain through the Board of Chaplaincy certification, Inc/Association of Professional Chaplains (the largest accrediting organization for professional chaplains with over 4,000 members). I have over 30 years' experience in providing spiritual care for patients and their caregivers and am currently on staff at Cincinnati Children's Hospital for the past 24yrs.

I am asking that The Ohio General Assembly leave the practice of medicine to licensed healthcare providers**. I am gravely concerned that HB68 sets a dangerous precedent by interfering with medical decision making and parent/caregiver autonomy to discuss care options in consultation with their child's medical provider, as well as accessing the supportive care they need.**

In my work in the transgender clinic, we take an integrative and interdisciplinary approach to care for the patient and caregiver. As a team of medical providers, social workers, psychologists, and chaplain we come alongside families, meeting them where they are in their care of their child/youth. One of the themes/patterns we noticed early on, was the spiritual struggle expressed by patients and caregivers to reconcile their belief system with their/their child's gender identity/expression. To that end, my then colleague Chaplain Daniel Grossoehme (who is now at Akron Children's Hospital) and I along with the medical director of the clinic, Dr. Conard designed a study to screen for spiritual distress among transgender/gender fluid youth and their caregivers.

Our studies show that over half of youth being seen in our Transgender Clinic and one-third of their caregivers reported symptoms of spiritual struggle—which is highly associated with depression, and anxiety. (Grossoehme, D.H., Teeters, A., Jelinek, S., Dimitriou, S.M. and Conard, L.A.E., 2016. Screening for spiritual struggle in an adolescent transgender clinic: Feasibility and acceptability. *Journal of health care chaplaincy*, *22*(2), pp.54-66). For comparison, the rates in the general population are about 7%. The relationship with depression is important, as the rates of suicidal and or self-injurious behaviors are significantly higher among transgender youth than the general population. This article along with my on-going work in the clinic resulted in Daniel and me receiving the national Anton Boisen Professional Service Award in 2017 from the Association of Professional Chaplains.

The result of this has been an improved intake assessment that is used **each time** a patient comes into clinic and now includes questions which screen for spiritual distress for both patient and caregiver, because of what we learned in our study. This has led to an increase in the number of patients and caregivers we are able to support as they integrate their spiritual beliefs with their/their child's gender expression.

As families are waiting for a new patient appointment, which can be months, we connect with them and offer supportive services. These services are completely voluntary and at the family's discretion to

accept them or not. Nothing is pushed on the families. Because we care for the whole family, I frequently meet with caregivers and/or patients prior to them coming to clinic to offer support and hear about their faith/spiritual beliefs and how they are making meaning of this experience. Because we serve such a diverse population, I have resources available for a variety of religious traditions (Hindu, Jewish, Christian, Islam, etc.).

In my experience, I know parents have struggled with religious leaders asking them to choose between their child and God. Most parents will choose their child every time and forget about the God they say would make them choose. I spend time talking with parents about different ways to understand scripture, the diversity in God's creation and the sacred bond between parent and child. I often ask them if they have any scripture verses that are important to them in helping to support them during this time. We frequently speak about the unconditional love of God for all of God's people, the call to love our neighbor and who is my neighbor. Another frequent theme is God's abiding presence with the family, since there is no where they can go that God is not already there to meet them in whatever they are feeling and going through. At the end of our time, parents often affirm that they no longer feel they are being asked to choose between their child and God, both of whom they love.

Often our patients tell me they are surprised to see me and that they never thought a clergy person would come and visit with them. I have had patients pour out their stories of being kicked out of their religious community when they are honest about who they are and start living their life in a way which is congruent with who they know themselves to be. I have seen instances where families are asked to leave the religious community that their family had been a member of for several generations, because of their love and support for their children. A lot of my work is spent processing the pain that patients feel in believing that God has rejected them because their religious community has rejected them.

In a time when the demand for child and adolescent psychosocial support is at its highest, HB68 increases this demand even more. Taking away the supports that are helping our families cope with their child's gender dysphoria is not the answer.

I implore you to vote no on HB68. This bill sets a dangerous precedent.

Sincerely,

Rev. Susan L. Jelinek