



June 1, 2023

**Via Portal**

Georgia Department of Public Health  
2 Peachtree Street, NW  
15th Floor  
Atlanta, GA 30303

**Open Records Request: Grady Health System: Gender Center**

Dear Open Records Officer,

America First Legal Foundation is a national, nonprofit organization working to promote the rule of law in the United States, prevent executive overreach, and ensure due process and equal protection for all Americans, all to promote public knowledge and understanding of the law and individual rights guaranteed under the Constitution and laws of the United States. To that end, we file Open Records requests on issues of pressing public concern, then disseminate the information we obtain, making documents broadly available to the public, scholars, and the media. Using our editorial skills to turn raw materials into distinct work, we distribute that work to a national audience through traditional and social media platforms. AFL's email list contains over 75,000 unique addresses, our Twitter page has 109,400 followers, the Twitter page of our Founder and President has over 459,400 followers, our Facebook page has 134,000 followers, and we have another 31,800 followers on GETTR.

**I. Background**

In the past two years, several European countries have significantly pulled back on what is labeled as "gender-affirming care" for minors. In reality, "gender-affirming care" involves the practice of prescribing puberty blockers and cross-sex hormones for children under 18, as well as using life-altering surgeries like mastectomies, vaginoplasty, phalloplasty, and metoidioplasty to give children the irreversible appearance of the opposite sex.

For example, in 2021, Swedish hospitals halted the use of puberty blockers in five out of six clinics, with a single clinic only using them for clinical trials.<sup>1</sup> Sweden also now emphasizes psychotherapy for gender dysphoric minors instead of puberty blockers.

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<sup>1</sup> Mairead Elrodi, *Europe Dialing Back Shocking Policies on Transgender Kids and Medical Intervention*, Daily Wire (June 16, 2022), <https://tinyurl.com/3nmc7ef9>.

Last year, France’s National Academy of Medicine warned medical professionals that the spike in demand for physicians to perform “gender-affirming care” on children is an “epidemic-like phenomenon” with the hallmarks of a social contagion, exacerbated by the “increasing supply of care.”<sup>2</sup> The Academy stressed that the “risk of overdiagnosis is real” and cited the high number of transgender young adults wishing to detransition. Thus, the Academy concluded that it was crucial to “extend as much as possible the psychological support phase” to guard against providing “irreversible” medical care for “transient dysphoria.”

Finland has made similar findings, and its Council for Choices in Health Care stressed that “[r]esearch data on the treatment of dysphoria due to gender identity conflicts in minors is limited,” that medical intervention should be deemphasized in favor of psychotherapy, and that surgery should not be part of any treatment.<sup>3</sup>

Likewise, England’s National Health Service has also recognized the need to hit the brakes on the medical transition of children given the concerning and abnormal spike in referrals of children claiming to identify as a different sex. It noted that in “most cases gender incongruence does not persist into adolescence” and that social transitioning should no longer be considered a “neutral act” given the risks associated with it. Thus, “social transition should only be considered where the approach is necessary for the alleviation of, or prevention of, clinically significant distress or significant impairment in social functioning and the young person is able to fully comprehend the implications of affirming a social transition.”<sup>4</sup>

Despite the trend in Europe to change course amidst a clear social contagion, the risks of transitioning children socially and medically, and the growing population of detransitioners, Grady Health’s Gender Center continues to offer gender-affirming medicine including gender-affirming hormone treatment.<sup>5</sup>

Not only are the practices of Grady Health’s Gender Center contrary to what other nations of the world are discovering, but it also ignores recent stories of transgender clinics rushing toward providing irreversible medical treatment for children without proper protocols in place, without patients and parents understanding the risks, and with doctors admitting that “[w]e are building the plane while we are flying it.”<sup>6</sup>

Given the potentially devastating impact of social and medical transitioning of minors and the irreversible nature of many of the procedures, it is crucial for the

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<sup>2</sup> Press Release, Medicine and Gender Transidentity in Children and Adolescents, FRENCH NAT’L ACAD. MED. (Feb. 25, 2022), <https://tinyurl.com/2p9fpjyd>.

<sup>3</sup> Cohere Finland, *Medical Treatment Methods for Dysphoria Associated With Variations in Gender Identity in Minors—Recommendation* (June 16, 2020), <https://tinyurl.com/tzw7pusr>.

<sup>4</sup> Emily Craig & John Ely, *Children Who Think They’re Trans Are Probably Just Going Through a ‘Phase’, NHS Says*, Daily Mail (Oct. 24, 2022), <https://tinyurl.com/fmxxp3acn>.

<sup>5</sup> Grady Health, *Primary Care Centers*, <https://bit.ly/3NJJjse>.

<sup>6</sup> Jamie Reed, *I Thought I Was Saving Trans Kids. Now I’m Blowing the Whistle*, FREE PRESS (Feb. 9, 2023), <https://tinyurl.com/z4wvwhv2>.

public to better understand what Grady Health System has done and is still doing and saying on these issues, especially when the Gender Center continues to offer gender-affirming hormones treatment.<sup>7</sup>

## **II. Request**

Under Georgia Open Records Act § 50.18.70 et seq., AFL requests the following:

1. All records showing the total number of minors treated by Metro Health's Kids Pride Gender Care Clinic.
2. All records showing the number of minors who have been prescribed puberty-blocking drugs by Grady Health's Gender Center.
3. All records showing the number of minors prescribed cross-sex hormones by Grady Health's Gender Center.
4. All records showing the number of cases where minor patients have reported serious medical complications as a result of Grady Health's Gender Center's prescription of the following:
  - a. Puberty blockers
  - b. Cross-sex hormones
  - c. All other gender-related treatments with reports of serious medical complications
5. All records showing the number of minors receiving gender-related treatment from Grady Health's Gender Center have subsequently desisted and returned to their natural gender identity.
6. All records showing the number of minors in Grady Health's Gender Center for gender-related treatment who are lost to follow-up study.
7. All records mentioning or referring to guidance, written or oral, that Grady Health's Gender Center's personnel provides to third parties in response to inquiries regarding youth gender transition in contexts where parents or guardians are deemed insufficiently supportive of transition.
8. All records mentioning or referring to the funding that Grady Health's Gender Center receives for gender-related treatments. Sources of funding may include but are not limited to public or private insurance payments, federal or non-federal research grants, and institutional or individual donations.

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<sup>7</sup> Grady Health, *Primary Care Centers*, <https://bit.ly/3NJJjse>.

9. All records mentioning or referring to individuals or entities to which Grady Health's Gender Center provides training, funding, or any other assistance, including, but not limited to, parents, schools, psychologists, and therapists.
10. All records mentioning or referring to Grady Health's Gender Center's policy to ensure compliance with federal conscience protections, including the Church Amendments of 1973—which prohibit employment-related discrimination against health care personnel based on their refusal to participate in sterilization procedures because of their religious beliefs or moral convictions.
11. All records mentioning or referring to Grady Health's Gender Center's policy to obtain parental consent inform minor patients and their parents about the known medical risks associated with gender-related treatment.

The timeframe for all items of this request is from fiscal year 2020 to the date of processing.

### **III. Conclusion**

The Georgia Open Records Act requires a response time within three business days. If access to the records requested takes longer than three days, please provide information about when records might be expected. If any or all parts of this request are denied, please cite each specific exemption you feel justifies the refusal to release the records and provide notification of the appeal procedures available under the law. If you have any questions about this request or believe further discussions regarding search and processing would facilitate a more efficient production of records, please contact me at [FOIA@aflegal.org](mailto:FOIA@aflegal.org).

Thank you in advance for your cooperation.

Sincerely,

/s/ Gene P. Hamilton

Gene P. Hamilton

America First Legal Foundation