



June 1, 2023

**Via Portal**

University of Utah Health: Gender Management and Support Clinic  
50 North Medical Drive  
Salt Lake City, Utah 84132

**Access to Government Records Access Request: Utah Health: Gender Clinic**

Dear Government Records Access 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. 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

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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>.

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, the University of Utah Health’s Gender Management and Support Clinic continues to offer gender-affirming medicine including puberty blockers and gender-affirming hormones for minors who have a gender dysphoria diagnosis prior to January 28, 2023.<sup>5</sup>

Not only are the practices of the University of Utah Health’s Gender Management and Support Clinic 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>

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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/fmwp3acn>.

<sup>5</sup> Utah Health, *Transgender Health Program*, <https://bit.ly/44HkD9A>.

<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/z4wwwhv2>.

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 public to better understand what the University of Utah Health's Gender Management and Support Clinic has done and is still doing and saying on these issues, especially when the Gender Management and Support Clinic is continuing to offer gender-affirming hormones and puberty blockers to certain adolescents.<sup>7</sup>

## II. Request

Under the Utah Government Records Access and Management Act, §63-2-101 et seq., AFL requests the following:

1. All records showing the total number of minors treated by the University of Utah Health's Gender Management and Support Clinic.
2. All records showing the number of minors who have been prescribed puberty-blocking drugs by the University of Utah Health's Gender Management and Support Clinic.
3. All records showing the number of minors prescribed cross-sex hormones by the University of Utah Health's Gender Management and Support Clinic.
4. All records showing the number of cases where minor patients have reported serious medical complications as a result of the University of Utah Health's Gender Management and Support Clinic'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 the University of Utah Health's Gender Management and Support Clinic who have subsequently desisted and returned to their natural gender identity.
6. All records showing the number of minors in the University of Utah Health's Gender Management and Support Clinic for gender-related treatment who are lost to follow-up study.
7. All records mentioning or referring to guidance, written or oral, that the University of Utah Health's Gender Management and Support Clinic's personnel provides to third parties in response to inquiries regarding youth

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<sup>7</sup> Utah Health, *Transgender Health Program*, <https://bit.ly/44HkD9A>.

gender transition in contexts where parents or guardians are deemed insufficiently supportive of transition.

8. All records that mention or refer to the funding the University of Utah Health's Gender Management and Support Clinic 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.
9. All records mentioning or referring to individuals or entities to which the University of Utah Health's Gender Management and Support Clinic provides training, funding, or any other assistance, including, but not limited to, parents, schools, psychologists, and therapists.
10. All records mentioning or referring to the University of Utah Health's Gender Management and Support Clinic's policy to ensure compliance with federal conscience protections, including the Church Amendments of 1973—which prohibit employment-related discrimination against healthcare 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 the University of Utah Health's Gender Management and Support Clinic's policy to obtain parental consent and 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. Fee Waiver Request**

Per Utah Code 63G-2-203, AFL requests a waiver of all search and duplication fees associated with this request. AFL has a demonstrated ability and intention to effectively convey the information broadly to the public. Furthermore, as a non-profit organization, AFL has no identifiable commercial interest, and the request is made entirely to serve the public interest. We are, of course, available to provide additional information in writing or offline in support of this request. If AFL's request for a fee waiver is not granted in full, please contact us immediately upon making that determination.

### **IV. Conclusion**

The Utah Government Records Access and Management Act requires that public records responses be made within at least 10 business days if the records are for individual purposes or within five business days if the record is meant to benefit the

general public. If access to the requested records takes longer than this time, 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, then please contact me at FOIA@aflegal.org.

Thank you in advance for your cooperation.

Sincerely,

/s/ Ian D. Prior  
Ian D. Prior  
America First Legal Foundation

