UNITED STATES DISTRICT COURT
DISTRICT OF MARYLAND

In Re. 2025 Subpoena to Children's National Hospital	Case No.: _____

AFFIDAVIT OF EVE L. HILL, ESQ., IN SUPPORT OF
MOTION TO QUASH SUBPOENA DUCES TECUM

I, Eve L. Hill, Esq., state as follows:

1. I am a partner at the law firm Brown Goldstein and Levy, LLP. I am co-counsel for Movants in this case and an active member of the Maryland bar. I submit this affidavit in support of Movants' Motion to Quash Subpoena Duces Tecum.

2. I submit this affidavit to set forth facts demonstrating that the U.S. Department of Justice (DOJ) served an administrative subpoena on Children's National Hospital (CNH).

3. On January 20, 2025, President Trump issued Executive Order 14168, which directs federal agencies to revise policies, guidance, and enforcement practices to define "sex" exclusively as "an individual's immutable classification as either male or female," which "does not include the concept of gender identity." Exec. Order No. 14168, 90 Fed. Reg. 8615 (Jan. 30, 2025) (Exhibit A). The executive order directs federal agencies to apply that definition throughout their activities. *Id.*

4. On January 28, 2025, President Trump issued an executive order directing federal agencies to immediately ensure institutions receiving federal research or education grants end transgender healthcare for minors, including prioritizing federal law enforcement actions related to the provision of such treatment. Exec. Order No. 14187, 90 Fed. Reg. 8771 (Feb. 3, 2025) (Exhibit B).

5. On January 30, 2025, CNH issued a public statement announcing it was "pausing all puberty blockers and hormone therapy prescriptions for transgender youth patients," citing "guidelines in the Executive Order issued by the White House" earlier that week. *Children's National Hospital Statement on Executive Order*, CHILD.'S NAT'L HOSP. (Jan. 30, 2025), https://www.childrensnational.org/about-us/newsroom/2025/statement-on-executive-order (Exhibit C).

6. On February 3 and March 4, 2025, the White House issued articles stating that healthcare providers had paused treatment for transgender minors and describing that result as the "intended effect" of Executive Order 14168. The White House highlighted CNH in its statement. *President Trump Is Delivering on His Commitment to Protect Our Kids*, THE WHITE HOUSE (Feb. 3, 2025), https://www.whitehouse.gov/articles/2025/02/president-trump-is-delivering-on-his-commitment-to-protect-our-kids/ (Exhibit D); *President Trump Is Protecting America's Children*, THE WHITE HOUSE (Mar. 4, 2025), https://www.whitehouse.gov/articles/2025/03/president-trump-is-protecting-americas-children/ (Exhibit E).

7. On May 28, 2025, the Administrator of the Centers for Medicare and Medicaid Services issued an urgent letter to nine hospitals, including CNH, seeking information about their provision of transgender healthcare for children as part of a "comprehensive review of federal payment policies." Dr. Mehmet Oz, *Urgent Review of Quality Standards and Gender Transition Procedures*, U.S. DEP'T OF HEALTH & HUM. SERVS. (May 28, 2025), https://www.cms.gov/files/document/hospital-oversight-letter-generic.pdf (Exhibit F).

8. On June 11, 2025, the Assistant Attorney General for the Civil Division issued a memorandum directing DOJ attorneys to prioritize investigations and enforcement related to

Executive Orders 14168 and 14187, and associated directives. Brett A. Shumate, *Memorandum to All Civil Division Employees*, U.S. DEP'T OF JUST. (June 11, 2025), https://www.justice.gov/civil/media/1404046/dl (Exhibit G).

9. On June 30, 2025, *The Wall Street Journal* reported the identities of the nine hospitals receiving the May 28 CMS letter, including CNH, and reported CMS statements regarding potential Medicaid exclusion of transgender healthcare. Liz Essley Whyte, *Trump Administration Weighs Eliminating Funds for Hospitals Offering Gender Care to Minors*, WALL STREET JOURNAL (Jun. 30, 2025), https://www.wsj.com/health/healthcare/gender-surgery-childrens-hospitals-trump-282c4cbb?st=TzqmqA&reflink=article_copyURL_share. (Exhibit H).

10. On July 9, 2025, DOJ issued a press release stating it had issued "more than 20 subpoenas to doctors and clinics" that provide healthcare to transgender minors. *Press Release: Department of Justice Subpoenas Doctors and Clinics Involved in Performing Transgender Medical Procedures on Children*, U.S. DEP'T OF JUST. (July 9, 2025), https://www.justice.gov/opa/pr/department-justice-subpoenas-doctors-and-clinics-involved-performing-transgender-medical (Exhibit I).

11. On July 10, 2025, *The New York Times* reported that the DOJ subpoenas demanded significant confidential patient information and were part of a coordinated federal effort to curtail medical treatment for transgender minors. Azeen Ghorayshi & Glenn Thrush, *Justice Dept. Demands Patient Details from Trans Medicine Providers*, N.Y. TIMES (Jul. 10, 2025), https://www.nytimes.com/2025/07/10/health/transgender-medicine-minors-trump-subpoena.html (Exhibit J).

12. On July 18, 2025, The *Washington Post* reported that CNH announced it would stop prescribing medications for transgender adolescents. Jenna Portnoy et al., *Children's*

National Hospital to End Gender-Transition Care, WASH. POST (Jul. 18, 2025), https://www.washingtonpost.com/dc-md-va/2025/07/18/children-national-ends-gender-transition-care/ (Exhibit K). The *Washington Post* also reported that CNH declined to say whether it had received a DOJ subpoena, and that DOJ declined to comment. *Id.*

13. On July 21, 2025, the Attorney General posted publicly on X referencing CNH and stating that DOJ "will continue enforcing the law against institutions like Children's National." Attorney General Pamela Bondi (@AGPamBondi), X (July 21, 2025, 2:28 PM), https://x.com/AGPamBondi/status/1947362978526814579 (Exhibit L).

14. On July 25, 2025, the White House publicly highlighted Children's National's termination of treatment for transgender patients under 19. *President Trump Promised to End Child Sexual Mutilation – And He Delivered*, THE WHITE HOUSE (Jul. 25, 2025), https://www.whitehouse.gov/articles/2025/07/president-trump-promised-to-end-child-sexual-mutilation-and-he-delivered/ (Exhibit M)

15. At least five of the nine hospitals receiving the May 28 CMS letter have confirmed or been reported as receiving DOJ subpoenas: Boston Children's Hospital, Children's Hospital Colorado, Children's Hospital Los Angeles, Children's Hospital of Philadelphia, and UPMC Children's Hospital of Pittsburgh. *In Re: Administrative Subpoena No. 25-1431-019*, 1:25-mc-91324 (D. Mass. July 8, 2025) (Dkt. No. 5-1) (Boston Children's Hospital subpoena) (Exhibit N); John Ingold, *Trump Administration Subpoenas Children's Hospital Colorado Over Gender-Affirming Care*, THE COLO. SUN (Jul. 18, 2025), https://coloradosun.com/2025/07/18/childrens-hospital-colorado-subpoena-gender-affirming-care/ (Exhibit O); *In Re: Subpoena No. 25-1431-014*, 2:25-mc-00039 (E.D. Pa. July 8, 2025) (Dkt. No. 1, Ex. F) (Children's Hospital of Philadelphia subpoena) (Exhibit P); Alec Schemmel,

FBI Launches Probe Into 3 Children's Hospitals for Alleged Genital Mutilation of Minors, FOX NEWS (Jun. 24, 2025), https://www.foxnews.com/politics/fbi-launches-probes-against-3-childrens-hospitals-genital-mutilation-minors (Exhibit Q); *In Re 2025 UPMC Subpoena*, 2:25-mc-01069 (W.D. Pa. Sept. 24, 2025) *(*Dkt. No. 1) (motion to quash subpoena to UPMC) (Exhibit R).

16. Additional providers, including QueerDoc, PLLC and University of Michigan Health, have acknowledged receipt of DOJ subpoenas concerning their care for transgender youth. *QueerDoc, PLLC v. U.S. Dep't of Just.*, No. 2:25-cv-00042, 2025 WL 3013568, *1 (W.D. Wash. Oct. 27, 2025) (Exhibit S); Josh Kovensky & Kate Riga, *Exclusive: The University of Michigan Will End Gender-Affirming Care for Minors Amid Trump Admin Legal Onslaught*, THE TALKING POINTS MEMO (Aug. 25, 2025), https://talkingpointsmemo.com/news/university-michigan-transgender-health-care-minors (Exhibit T).

17. All publicly available subpoenas include the same 15 requests for documents, including:

a. Request 11: "Documents sufficient to identify each patient (by name, date of birth, social security number, address, and parent/guardian information) who was prescribed puberty blockers or hormone therapy."

b. Request 12: "For each such patient identified in Subpoena [Request 11], *supra*, documents relating to the clinical indications, diagnoses, or assessments that formed the basis for prescribing puberty blockers or hormone therapy."

c. Request 13: "All documents relating to informed consent, patient intake, and parent or guardian authorization for minor patients identified in [Request 11], *supra*, including any disclosures about off-label use (*i.e.*, uses not approved by the United States Food and Drug Administration) and potential risks."

In Re: Administrative Subpoena No. 25-1431-019, 1:25-mc-91324 (D. Mass. July 8, 2025) (Dkt. No. 5-1) (Boston Children's Hospital subpoena); *In Re: Subpoena No. 25-1431-014*, 2:25-mc-00039 (E.D. Pa. July 8, 2025) (Dkt. No. 1, Ex. F) (Children's Hospital of Philadelphia subpoena).

18. CNH published a notice stating that effective August 30, 2025, it would discontinue prescribing medications for transgender minors due to "escalating legal and regulatory risks." *LGBTQ+ Care and Support: A Message for Existing and New Patients*, CHILD.'S NAT'L HOSP., https://www.childrensnational.org/get-care/departments/lgbtq-care-and-support (last visited Nov. 12, 2025) (Exhibit U)

19. Prior to the recent cuts to transgender healthcare, CNH was one of the earliest providers of such care in the country and one of the major providers of such care for children and young people in the mid-Atlantic region. *See Gender Development Program*, CHILD.'S NAT'L HOSP., https://www.childrensnational.org/get-care/departments/gender-development-program (last visited Nov. 13, 2025) (Exhibit V).

20. On November 14, 2025, Counsel for Movants sought confirmation from DOJ that CNH received a subpoena. Ross Goldstein, Assistant Director at DOJ's Enforcement & Affirmative Litigation Branch, confirmed that CNH received a subpoena and that it is "substantively identical to those served on Boston Children's and CHOP." (Exhibit W).

21. Neither DOJ nor CNH has sought the consent of Movants to receive or submit their medical information.

22. I affirm that the foregoing is true and correct to the best of my knowledge and belief.

_____ Dated:_____

Eve L. Hill, Esq.

EXHIBIT A

Presidential Documents

Executive Order 14168 of January 20, 2025

Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government

By the authority vested in me as President by the Constitution and the laws of the United States of America, including section 7301 of title 5, United States Code, it is hereby ordered:

Section 1. *Purpose.* Across the country, ideologues who deny the biological reality of sex have increasingly used legal and other socially coercive means to permit men to self-identify as women and gain access to intimate single-sex spaces and activities designed for women, from women's domestic abuse shelters to women's workplace showers. This is wrong. Efforts to eradicate the biological reality of sex fundamentally attack women by depriving them of their dignity, safety, and well-being. The erasure of sex in language and policy has a corrosive impact not just on women but on the validity of the entire American system. Basing Federal policy on truth is critical to scientific inquiry, public safety, morale, and trust in government itself.

This unhealthy road is paved by an ongoing and purposeful attack against the ordinary and longstanding use and understanding of biological and scientific terms, replacing the immutable biological reality of sex with an internal, fluid, and subjective sense of self unmoored from biological facts. Invalidating the true and biological category of ''woman'' improperly transforms laws and policies designed to protect sex-based opportunities into laws and policies that undermine them, replacing longstanding, cherished legal rights and values with an identity-based, inchoate social concept.

Accordingly, my Administration will defend women's rights and protect freedom of conscience by using clear and accurate language and policies that recognize women are biologically female, and men are biologically male.

Sec. 2. *Policy and Definitions.* It is the policy of the United States to recognize two sexes, male and female. These sexes are not changeable and are grounded in fundamental and incontrovertible reality. Under my direction, the Executive Branch will enforce all sex-protective laws to promote this reality, and the following definitions shall govern all Executive interpretation of and application of Federal law and administration policy:

(a) ''Sex'' shall refer to an individual's immutable biological classification as either male or female. ''Sex'' is not a synonym for and does not include the concept of ''gender identity.''

(b) ''Women'' or ''woman'' and ''girls'' or ''girl'' shall mean adult and juvenile human females, respectively.

(c) ''Men'' or ''man'' and ''boys'' or ''boy'' shall mean adult and juvenile human males, respectively.

(d) ''Female'' means a person belonging, at conception, to the sex that produces the large reproductive cell.

(e) ''Male'' means a person belonging, at conception, to the sex that produces the small reproductive cell.

(f) ''Gender ideology'' replaces the biological category of sex with an ever-shifting concept of self-assessed gender identity, permitting the false claim that males can identify as and thus become women and vice versa, and requiring all institutions of society to regard this false claim as true.

Gender ideology includes the idea that there is a vast spectrum of genders that are disconnected from one's sex. Gender ideology is internally inconsistent, in that it diminishes sex as an identifiable or useful category but nevertheless maintains that it is possible for a person to be born in the wrong sexed body.

(g) ''Gender identity'' reflects a fully internal and subjective sense of self, disconnected from biological reality and sex and existing on an infinite continuum, that does not provide a meaningful basis for identification and cannot be recognized as a replacement for sex.

Sec. 3. *Recognizing Women Are Biologically Distinct From Men.* (a) Within 30 days of the date of this order, the Secretary of Health and Human Services shall provide to the U.S. Government, external partners, and the public clear guidance expanding on the sex-based definitions set forth in this order.

(b) Each agency and all Federal employees shall enforce laws governing sex-based rights, protections, opportunities, and accommodations to protect men and women as biologically distinct sexes. Each agency should therefore give the terms ''sex'', ''male'', ''female'', ''men'', ''women'', ''boys'' and ''girls'' the meanings set forth in section 2 of this order when interpreting or applying statutes, regulations, or guidance and in all other official agency business, documents, and communications.

(c) When administering or enforcing sex-based distinctions, every agency and all Federal employees acting in an official capacity on behalf of their agency shall use the term ''sex'' and not ''gender'' in all applicable Federal policies and documents.

(d) The Secretaries of State and Homeland Security, and the Director of the Office of Personnel Management, shall implement changes to require that government-issued identification documents, including passports, visas, and Global Entry cards, accurately reflect the holder's sex, as defined under section 2 of this order; and the Director of the Office of Personnel Management shall ensure that applicable personnel records accurately report Federal employees' sex, as defined by section 2 of this order.

(e) Agencies shall remove all statements, policies, regulations, forms, communications, or other internal and external messages that promote or otherwise inculcate gender ideology, and shall cease issuing such statements, policies, regulations, forms, communications or other messages. Agency forms that require an individual's sex shall list male or female, and shall not request gender identity. Agencies shall take all necessary steps, as permitted by law, to end the Federal funding of gender ideology.

(f) The prior Administration argued that the Supreme Court's decision in *Bostock* v. *Clayton County* (2020), which addressed Title VII of the Civil Rights Act of 1964, requires gender identity-based access to single-sex spaces under, for example, Title IX of the Educational Amendments Act. This position is legally untenable and has harmed women. The Attorney General shall therefore immediately issue guidance to agencies to correct the misapplication of the Supreme Court's decision in *Bostock* v. *Clayton County* (2020) to sex-based distinctions in agency activities. In addition, the Attorney General shall issue guidance and assist agencies in protecting sex-based distinctions, which are explicitly permitted under Constitutional and statutory precedent.

(g) Federal funds shall not be used to promote gender ideology. Each agency shall assess grant conditions and grantee preferences and ensure grant funds do not promote gender ideology.

Sec. 4. *Privacy in Intimate Spaces.* (a) The Attorney General and Secretary of Homeland Security shall ensure that males are not detained in women's prisons or housed in women's detention centers, including through amendment, as necessary, of Part 115.41 of title 28, Code of Federal Regulations and interpretation guidance regarding the Americans with Disabilities Act.

(b) The Secretary of Housing and Urban Development shall prepare and submit for notice and comment rulemaking a policy to rescind the final rule entitled ''Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs'' of September 21, 2016, 81 FR 64763, and shall submit for public comment a policy protecting women seeking single-sex rape shelters.

(c) The Attorney General shall ensure that the Bureau of Prisons revises its policies concerning medical care to be consistent with this order, and shall ensure that no Federal funds are expended for any medical procedure, treatment, or drug for the purpose of conforming an inmate's appearance to that of the opposite sex.

(d) Agencies shall effectuate this policy by taking appropriate action to ensure that intimate spaces designated for women, girls, or females (or for men, boys, or males) are designated by sex and not identity.

Sec. 5. *Protecting Rights.* The Attorney General shall issue guidance to ensure the freedom to express the binary nature of sex and the right to single-sex spaces in workplaces and federally funded entities covered by the Civil Rights Act of 1964. In accordance with that guidance, the Attorney General, the Secretary of Labor, the General Counsel and Chair of the Equal Employment Opportunity Commission, and each other agency head with enforcement responsibilities under the Civil Rights Act shall prioritize investigations and litigation to enforce the rights and freedoms identified.

Sec. 6. *Bill Text.* Within 30 days of the date of this order, the Assistant to the President for Legislative Affairs shall present to the President proposed bill text to codify the definitions in this order.

Sec. 7. *Agency Implementation and Reporting.* (a) Within 120 days of the date of this order, each agency head shall submit an update on implementation of this order to the President, through the Director of the Office of Management and Budget. That update shall address:

(i) changes to agency documents, including regulations, guidance, forms, and communications, made to comply with this order; and

(ii) agency-imposed requirements on federally funded entities, including contractors, to achieve the policy of this order.

(b) The requirements of this order supersede conflicting provisions in any previous Executive Orders or Presidential Memoranda, including but not limited to Executive Orders 13988 of January 20, 2021, 14004 of January 25, 2021, 14020 and 14021 of March 8, 2021, and 14075 of June 15, 2022. These Executive Orders are hereby rescinded, and the White House Gender Policy Council established by Executive Order 14020 is dissolved.

(c) Each agency head shall promptly rescind all guidance documents inconsistent with the requirements of this order or the Attorney General's guidance issued pursuant to this order, or rescind such parts of such documents that are inconsistent in such manner. Such documents include, but are not limited to:

(i) ''The White House Toolkit on Transgender Equality'';

(ii) the Department of Education's guidance documents including:

(A) ''2024 Title IX Regulations: Pointers for Implementation'' (July 2024);

(B) ''U.S. Department of Education Toolkit: Creating Inclusive and Nondiscriminatory School Environments for LGBTQI+ Students'';

(C) ''U.S. Department of Education Supporting LGBTQI+ Youth and Families in School'' (June 21, 2023);

(D) ''Departamento de Educación de EE.UU. Apoyar a los jóvenes y familias LGBTQI+ en la escuela'' (June 21, 2023);

(E) ''Supporting Intersex Students: A Resource for Students, Families, and Educators'' (October 2021);

(F) ''Supporting Transgender Youth in School'' (June 2021);

(G) ''Letter to Educators on Title IX's 49th Anniversary'' (June 23, 2021);

(H) ''Confronting Anti-LGBTQI+ Harassment in Schools: A Resource for Students and Families'' (June 2021);

(I) ''Enforcement of Title IX of the Education Amendments of 1972 With Respect to Discrimination Based on Sexual Orientation and Gender Identity in Light of Bostock v. Clayton County'' (June 22, 2021);

(J) ''Education in a Pandemic: The Disparate Impacts of COVID–19 on America's Students'' (June 9, 2021); and

(K) ''Back-to-School Message for Transgender Students from the U.S. Depts of Justice, Education, and HHS'' (Aug. 17, 2021);

(iii) the Attorney General's Memorandum of March 26, 2021 entitled ''Application of *Bostock* v. *Clayton County* to Title IX of the Education Amendments of 1972''; and

(iv) the Equal Employment Opportunity Commission's ''Enforcement Guidance on Harassment in the Workplace'' (April 29, 2024).

Sec. 8. *General Provisions.* (a) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

(d) If any provision of this order, or the application of any provision to any person or circumstance, is held to be invalid, the remainder of this order and the application of its provisions to any other persons or circumstances shall not be affected thereby.

THE WHITE HOUSE,
January 20, 2025.

[FR Doc. 2025–02090
Filed 1–29–25; 11:15 am]
Billing code 3395–F4–P

EXHIBIT B

Presidential Documents

Executive Order 14187 of January 28, 2025

Protecting Children From Chemical and Surgical Mutilation

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered:

Section 1. *Policy and Purpose.* Across the country today, medical professionals are maiming and sterilizing a growing number of impressionable children under the radical and false claim that adults can change a child's sex through a series of irreversible medical interventions. This dangerous trend will be a stain on our Nation's history, and it must end.

Countless children soon regret that they have been mutilated and begin to grasp the horrifying tragedy that they will never be able to conceive children of their own or nurture their children through breastfeeding. Moreover, these vulnerable youths' medical bills may rise throughout their lifetimes, as they are often trapped with lifelong medical complications, a losing war with their own bodies, and, tragically, sterilization.

Accordingly, it is the policy of the United States that it will not fund, sponsor, promote, assist, or support the so-called ''transition'' of a child from one sex to another, and it will rigorously enforce all laws that prohibit or limit these destructive and life-altering procedures.

Sec. 2. *Definitions.* For the purposes of this order:

(a) The term ''child'' or ''children'' means an individual or individuals under 19 years of age.

(b) The term ''pediatric'' means relating to the medical care of a child.

(c) The phrase ''chemical and surgical mutilation'' means the use of puberty blockers, including GnRH agonists and other interventions, to delay the onset or progression of normally timed puberty in an individual who does not identify as his or her sex; the use of sex hormones, such as androgen blockers, estrogen, progesterone, or testosterone, to align an individual's physical appearance with an identity that differs from his or her sex; and surgical procedures that attempt to transform an individual's physical appearance to align with an identity that differs from his or her sex or that attempt to alter or remove an individual's sexual organs to minimize or destroy their natural biological functions. This phrase sometimes is referred to as ''gender affirming care.''

Sec. 3. *Ending Reliance on Junk Science.* (a) The blatant harm done to children by chemical and surgical mutilation cloaks itself in medical necessity, spurred by guidance from the World Professional Association for Transgender Health (WPATH), which lacks scientific integrity. In light of the scientific concerns with the WPATH guidance:

(i) agencies shall rescind or amend all policies that rely on WPATH guidance, including WPATH's ''Standards of Care Version 8''; and

(ii) within 90 days of the date of this order, the Secretary of Health and Human Services (HHS) shall publish a review of the existing literature on best practices for promoting the health of children who assert gender dysphoria, rapid-onset gender dysphoria, or other identity-based confusion.

(b) The Secretary of HHS, as appropriate and consistent with applicable law, shall use all available methods to increase the quality of data to guide practices for improving the health of minors with gender dysphoria, rapid-onset gender dysphoria, or other identity-based confusion, or who otherwise seek chemical or surgical mutilation.

Sec. 4. *Defunding Chemical and Surgical Mutilation.* The head of each executive department or agency (agency) that provides research or education grants to medical institutions, including medical schools and hospitals, shall, consistent with applicable law and in coordination with the Director of the Office of Management and Budget, immediately take appropriate steps to ensure that institutions receiving Federal research or education grants end the chemical and surgical mutilation of children.

Sec. 5. *Additional Directives to the Secretary of HHS.* (a) The Secretary of HHS shall, consistent with applicable law, take all appropriate actions to end the chemical and surgical mutilation of children, including regulatory and sub-regulatory actions, which may involve the following laws, programs, issues, or documents:

(i) Medicare or Medicaid conditions of participation or conditions for coverage;

(ii) clinical-abuse or inappropriate-use assessments relevant to State Medicaid programs;

(iii) mandatory drug use reviews;

(iv) section 1557 of the Patient Protection and Affordable Care Act;

(v) quality, safety, and oversight memoranda;

(vi) essential health benefits requirements; and

(vii) the Eleventh Revision of the International Classification of Diseases and other federally funded manuals, including the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.

(b) The Secretary of HHS shall promptly withdraw HHS's March 2, 2022, guidance document titled ''HHS Notice and Guidance on Gender Affirming Care, Civil Rights and Patient Privacy'' and, in consultation with the Attorney General, issue new guidance protecting whistleblowers who take action related to ensuring compliance with this order.

Sec. 6. *TRICARE.* The Department of Defense provides health insurance, through TRICARE, to nearly 2 million individuals under the age of 18. As appropriate and consistent with applicable law, the Secretary of Defense shall commence a rulemaking or sub-regulatory action to exclude chemical and surgical mutilation of children from TRICARE coverage and amend the TRICARE provider handbook to exclude chemical and surgical mutilation of children.

Sec. 7. *Requirements for Insurance Carriers.* The Director of the Office of Personnel Management, as appropriate and consistent with applicable law, shall:

(a) include provisions in the Federal Employee Health Benefits (FEHB) and Postal Service Health Benefits (PSHB) programs call letter for the 2026 Plan Year specifying that eligible carriers, including the Foreign Service Benefit Plan, will exclude coverage for pediatric transgender surgeries or hormone treatments; and

(b) negotiate to obtain appropriate corresponding reductions in FEHB and PSHB premiums.

Sec. 8. *Directives to the Department of Justice.* The Attorney General shall:

(a) review Department of Justice enforcement of section 116 of title 18, United States Code, and prioritize enforcement of protections against female genital mutilation;

(b) convene States' Attorneys General and other law enforcement officers to coordinate the enforcement of laws against female genital mutilation across all American States and Territories;

(c) prioritize investigations and take appropriate action to end deception of consumers, fraud, and violations of the Food, Drug, and Cosmetic Act by any entity that may be misleading the public about long-term side effects of chemical and surgical mutilation;

(d) in consultation with the Congress, work to draft, propose, and promote legislation to enact a private right of action for children and the parents of children whose healthy body parts have been damaged by medical professionals practicing chemical and surgical mutilation, which should include a lengthy statute of limitations; and

(e) prioritize investigations and take appropriate action to end child-abusive practices by so-called sanctuary States that facilitate stripping custody from parents who support the healthy development of their own children, including by considering the application of the Parental Kidnaping Prevention Act and recognized constitutional rights.

Sec. 9. *Enforcing Adequate Progress.* Within 60 days of the date of this order, the heads of agencies with responsibilities under this order shall submit a single, combined report to the Assistant to the President for Domestic Policy, detailing progress in implementing this order and a timeline for future action. The Assistant to the President for Domestic Policy shall regularly convene the heads of agencies with responsibilities under this order (or their designees) to coordinate and prepare for this submission.

Sec. 10. *Severability.* If any provision of this order, or the application of any provision to any person or circumstances, is held to be invalid, the remainder of this order and the application of any of its other provisions to any other persons or circumstances shall not be affected thereby.

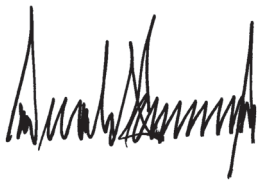
Sec. 11. *General Provisions.* (a) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.



THE WHITE HOUSE,
January 28, 2025.

[FR Doc. 2025–02194
Filed 1–31–25; 8:45 am]
Billing code 3395–F4–P

EXHIBIT C

Children’s National Hospital Statement on Executive Order

January 30, 2025

Children’s National is committed to providing compassionate and comprehensive care in accordance with the law. As a result, we are currently pausing all puberty blockers and hormone therapy prescriptions for transgender youth patients, per the guidelines in the Executive Order issued by the White House this week. Children’s National already does not perform gender affirming surgery for minors.

We recognize the impact this change will have, and our commitment to creating a better future for children and families remains at the forefront of our mission. We will do everything we can to ensure the same uninterrupted access to mental health counseling, social support, and holistic and respectful care for every patient at Children's National.

We are working directly with patients and providers to ensure every patient has access to the information and support services they need, and we appreciate their continued trust and understanding as we work through these changes.

Media Contact

Email

Call 202-476-4500

About Children’s National Hospital

Donate

Pay Your Bill

About Us
Careers
Contact Us
Departments
In the Community
News and Events
Price Transparency
Residencies and Fellowships
Children's National Hospital Foundation
Español
International Patients
Research News
Wellness Advice

111 Michigan Avenue NW, Washington DC 20010

202-476-5000

EXHIBIT D

The WHITE HOUSE

ARTICLES

President Trump is Delivering on His Commitment to Protect our Kids

The White House

February 3, 2025

Last week, President Donald J. Trump took executive action to protect American children from irreversible chemical and surgical mutilation.

It's already having its intended effect — preventing children from being maimed and sterilized by adults perpetuating a radical, false claim that they can somehow change a child's sex. Hospitals around the country are taking action to downsize or eliminate their so-called "gender-affirming care" programs:

- **NEW YORK:** NYU Langone Health has started canceling appointments for so-called "gender-affirming care" involving minors. They canceled appointments for "two 12-year-olds who had been scheduled to receive implants that dispense puberty-blocking medication."
- **COLORADO:** Denver Health announced it would stop performing sex change surgeries on minor children, while UCHealth said it is ending so-called "gender-affirming care" for all minors.
- **VIRGINIA:** VCU Health and Children's Hospital of Richmond have "suspended" providing transgender-related medication and surgeries for minors, while UVA Health has "suspended" all transgender-related services for minors.
- **WASHINGTON, D.C.:** Children's National Hospital has "paused" prescribing puberty blockers and hormone therapies for minors, while Northwest Washington Hospital has done the same.

- **ILLINOIS:** Lurie Children's Hospital of Chicago is "reviewing" their transgender-related services for minors.
- **PENNSYLVANIA:** Children's Hospital of Philadelphia is "closely reviewing" the transgender-related services they provide for minors.

President Trump will always protect American children.

Promises made, promises kept – again.

FOUNDING FATHERS

THE SIGNERS

Subscribe to The White House newsletter

Your email SIGN UP

Text POTUS to 45470 to receive updates

THE WHITE HOUSE

1600 Pennsylvania Ave NW
Washington, DC 20500

WH.GOV

EXHIBIT E

The WHITE HOUSE

ARTICLES

President Trump is Protecting America's Children

The White House

March 4, 2025

President Donald J. Trump knows America's children are our future — and he'll never stop fighting for their right to a healthy, productive upbringing and childhood. That's why President Trump immediately took action to undo the damaging policies of the Biden Administration on indoctrinating America's most vulnerable with dangerous, radical policies.

- President Trump made it the official policy of the U.S. government that there are only two sexes.
- President Trump ended the unfair, demeaning practice of forcing women to compete against men in sports — which resulted in the NCAA changing its rules.
    - The Department of Education launched investigations into the California Interscholastic Federation and the Minnesota State High School League over their failures to comply.
- Health systems across the nation stopped or downsized their sex change programs for minors following President Trump's "Protecting Children from Chemical and Surgical Mutilation" executive order.
    - In Illinois, Chicago's Lurie Children's Hospital paused sex-change surgeries for patients under 19 as it "work[s] to understand the rapidly evolving environment."
    - In Colorado, Denver Health announced it would stop performing sex change surgeries on minor children, while UCHealth said it was ending so-called "gender-affirming care" for all minors.

- In Washington, D.C., Children's National Hospital "paused" prescribing puberty blockers and hormone therapies for minors, while Northwest Washington Hospital did the same.
- In Virginia, VCU Health and Children's Hospital of Richmond "suspended" providing transgender-related medication and surgeries for minors, while UVA Health also "suspended" transgender-related services for minors.

- President Trump ended the radical, un-American indoctrination of America's children by eliminating support for divisive, radical "gender ideology" and "equity ideology," and protecting parents' rights.
- President Trump banned COVID-19 vaccine mandates at schools that receive federal funding.

GALLERY

VIDEO LIBRARY

AMERICA 250

FOUNDING FATHERS

THE SIGNERS

THE WHITE HOUSE

1600 Pennsylvania Ave NW
Washington, DC 20500

Privacy

EXHIBIT F

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Administrator
Washington, DC 20201

May 28, 2025

SUBJECT: Urgent Review of Quality Standards and Gender Transition Procedures

As the Administrator of the Centers for Medicare & Medicaid Services ("CMS" or "the Agency") and as part of CMS's standard healthcare oversight activities, I am writing to address significant issues concerning quality standards and specific procedures affecting children at your institution.

As articulated in recent communications[1] from CMS and a comprehensive review released by the U.S. Department of Health and Human Services ("the Department"), the United States Government has serious concerns with medical interventions for gender dysphoria in children. These interventions include surgical procedures that attempt to transform an individual's physical appearance to align with an identity that differs from his or her sex or that attempt, for purposes of treating gender dysphoria, to alter or remove an individual's sexual organs to minimize or destroy their natural biological functions. These interventions also include, but are not limited to, the use of puberty blockers, including GnRH agonists and other procedures, approaches, or modalities, to delay the onset or progression of normally-timed puberty for purposes of treating gender dysphoria, as well as the use of sex hormones, such as estrogen, progesterone, or testosterone, and androgen blockers to align an individual's physical appearance with an identity that differs from his or her sex. Based on the review cited above, CMS believes that these interventions were initiated with an underdeveloped body of evidence, lack reliable evidence of benefits for minors, and are now known to carry serious risks of long-term and irreparable harm.[2]

Consistent with CMS's obligations to ensure baseline quality standards at institutions participating in the Medicare and Medicaid programs, CMS asks for your cooperation in understanding the following issues:

Quality Standards Adherence

CMS is obligated to monitor potential adverse outcomes in care across the healthcare market. Consistent with the agency's communications with various healthcare entities outlining concerns with regard to medical interventions for gender dysphoria in children, CMS requests your response within 30 days regarding your institution's policies and procedures on the following:

1. *The adequacy of informed consent protocols for children* with gender dysphoria, including how children are deemed capable of making these potentially life-changing decisions and when parental consent is required;

[1] https://www.cms.gov/files/document/letter-stm.pdf
[2] https://www.hhs.gov/press-room/gender-dysphoria-report-release.html

2. *Changes to clinical practice guidelines and protocols* that your institution plans to enact in light of the recent comprehensive review[3] of medical evidence and corresponding guidance released by the Department; and

3. *Any adverse events* related to these procedures, particularly children who later look to de-transition.

Gender Transition Procedures Financial Review

CMS has an obligation to be a good steward of taxpayer dollars. When it comes to surgeries, a per-episode cost of surgeries related to gender dysphoria ranges from $53,645 - $133,911 (compared to a typical pediatrician's salary range of $192,000 - $249,300 a year). Accordingly, the Agency is conducting a comprehensive review of federal payment policies related to gender transition procedures for patients under 19 years of age. A non-exhaustive list of potentially relevant diagnosis and procedure codes are included in Appendix A, as a point of reference. Within 30 days, please provide complete financial data for all pediatric sex trait modifications performed at your institution and paid, in whole or in part, by the federal government, including:

1. All billing codes utilized for pediatric sex trait modifications (and that correspond with pediatric sex trait modification procedures not determined to be medically necessary)

2. Facility- and Provider-level revenue – or utilization data – generated, directly or indirectly, from these procedures (2020-present)

3. Facility- and Provider-level operating and profit margins for each procedure type (for your institution as well as directly or indirectly owned and / or affiliated providers)

4. Projected revenue forecasts for these service lines.

CMS takes these matters extremely seriously. Our primary concern is ensuring that vulnerable pediatric populations receive evidence-based care that meets the highest quality standards while ensuring appropriate stewardship of federal healthcare resources.

Sincerely,

/s/

Dr. Mehmet Oz

[3] https://www.hhs.gov/press-room/gender-dysphoria-report-release.html

Appendix A

Diagnosis Codes (ICD-10-CM)

Code	Description
F64.0	Transsexualism
F64.1	Dual role transvestism
F64.2	Gender identity disorder of childhood
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified
Z87.890	Personal history of sex reassignment

Procedure Codes

The following procedure codes may be associated with use in medical interventions for gender dysphoria in children, when included with a corresponding Diagnosis Code listed above and performed on patients under 19 years of age.

Code	Description
11950	Subcutaneous injection of filling material; 1 cc or less
11951	Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 10.1 sq cm to 30.0 sq cm
14301	Adjacent tissue transfer or rearrangement, any area; 30.1 sq cm to 60.0 sq cm
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
15241	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm
15750	Neurovascular pedicle flap
15756	Free muscle or myocutaneous flap with microvascular anastomosis
15757	Free skin flap with microvascular anastomosis
15758	Free fascial flap with microvascular anastomosis
15769	Grafting of autologous soft tissue, other, harvested by direct excision
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate

15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; other specified sites
17380	Electrolysis epilation, each 30 minutes
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
19316	Mastopexy
19318	Breast reduction
19324	Breast augmentation with implant (Mammaplasty, augmentation; without prosthetic implant)
19325	Breast augmentation with implant
19340	Insertion of breast implant on same day of mastectomy
19350	Nipple/areola reconstruction
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)

21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21899	Unlisted procedure, neck or thorax
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	Rhinoplasty, primary; including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision
30450	Rhinoplasty, secondary; major revision
31580	Laryngoplasty; for laryngeal web, with indwelling keel or stent
31599	Unlisted procedure, larynx
31899	Unlisted procedure, trachea, bronchi
51040	Cystostomy, cystotomy with drainage
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	Urethroplasty, reconstruction of female urethra
53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence
53450	Urethromeatoplasty, with mucosal advancement
54125	Amputation of penis; complete
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54660	Insertion of testicular prosthesis (separate procedure)
54690	Laparoscopy, surgical; orchiectomy
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed
55899	Unlisted procedure, male genital system
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
56625	Vulvectomy simple; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
57106	Vaginectomy, partial removal of vaginal wall

57110	Vaginectomy, complete removal of vaginal wall
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
57295	Revision (including removal) of prosthetic vaginal graft, vaginal approach
57296	Revision (including removal) of prosthetic vaginal graft, open abdominal approach
57335	Vaginoplasty for intersex state
57425	Laparoscopy, surgical, colpopexy
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58260	Vaginal hysterectomy, for uterus 250 g or less
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58275	Vaginal hysterectomy, with total or partial vaginectomy
58290	Vaginal hysterectomy, for uterus greater than 250 g
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition

EXHIBIT G

U.S. Department of Justice
Civil Division

Office of the Assistant Attorney General

Washington, DC 20044

June 11, 2025

MEMORANDUM

TO: All Civil Division Employees

FROM: Brett A. Shumate
Assistant Attorney General

BRETT SHUMATE Digitally signed by BRETT SHUMATE Date: 2025.06.11 12:27:50 -04'00'

SUBJECT: Civil Division Enforcement Priorities

President Trump and Attorney General Bondi have directed the Civil Division to use its enforcement authorities to advance the Administration's policy objectives. This memorandum describes those policy objectives and directs Civil Division attorneys to prioritize investigations and enforcement actions advancing these priorities.

1. Combatting Discriminatory Practices and Policies

On January 21, 2025, President Trump issued Executive Order 14,173, *Ending Illegal Discrimination and Restoring Merit-Based Opportunity*, 90 Fed. Reg. 8633 (Jan. 21, 2025), which established "the policy of the United States to protect the civil rights of all Americans and to promote individual initiative, excellence, and hard work." *Id.* § 2. To this end, the President "order[ed] all agencies to enforce our longstanding civil-rights laws and to combat illegal private-sector DEI preferences, mandates, policies, programs, and activities." *Id.* As part of these efforts, Attorney General Bondi has directed that the Department align its "litigating positions with [the] requirement of equal dignity and respect." Memorandum from Attorney General, *Eliminating Internal Discriminatory Practices*, at 2 (Feb. 5, 2025).

Consistent with these directives, the Civil Division will use all available resources to pursue affirmative litigation combatting unlawful discriminatory practices in the private sector. In particular, the Civil Division is authorized to bring suit under the False Claims Act for treble damages and penalties against any person who knowingly submits or causes the submission of false claims to the government. 31 U.S.C. § 3729 *et seq*. This includes entities that receive federal funds but knowingly violate civil rights laws. In support of these efforts, the Deputy Attorney General recently announced the Civil Rights Fraud Initiative. The Civil Division is committed to advancing the Initiative and will aggressively investigate and, as appropriate, pursue False Claims Act violations against recipients of federal funds that knowingly violate civil rights laws. The Civil Division will work with the Civil Rights Division, relators, other whistleblowers, and federal agencies to advance these efforts.

2. Ending Antisemitism

On January 29, 2025, President Trump issued Executive Order 14,188, *Additional Measures to Combat Anti-Semitism*, 90 Fed. Reg. 8847 (Feb. 3, 2025), which established the "policy of the United States to combat anti-Semitism vigorously, using all available and appropriate legal tools, to prosecute, remove, or otherwise hold accountable the perpetrators of unlawful anti-Semitic harassment and violence," *id.* § 2, and encouraged the "Attorney General … to employ appropriate civil-rights enforcement authorities … to combat anti-Semitism," *id.* § 3(c). The Executive Order also reaffirmed Executive Order 13,899, *Combating Anti-Semitism*, 84 Fed. Reg. 68779 (Dec. 16, 2019).

The Attorney General has established Joint Task Force October 7 ("JTF 10-7") and directed components to "prioritize seeking justice for victims of the October 7, 2023 terrorist attack in Israel" as well as "combatting antisemitic acts of terrorism and civil rights violations in the homeland." Memorandum from Attorney General, *Establishment of Joint Task Force October 7*, at 1 (Feb. 5, 2025). To assist these enforcement efforts, the Civil Division will prioritize investigations and enforcement actions against entities that make claims for federal funds but knowingly violate federal civil rights laws by participating in or allowing antisemitism.

3. Protecting Women and Children

The President has issued several Executive Orders protecting women and children. On January 20, the President issued Executive Order 14,168, *Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government*, 90 Fed. Reg. 8615 (Jan. 30, 2025), which established the "policy of the United States to recognize two sexes, male and female." *Id.* § 2. On February 3, President Trump issued Executive Order 14,187, *Protecting Children from Chemical and Surgical Mutilation*, 90 Fed. Reg. 8771 (Feb. 3, 2025), which directed the Attorney General to, among other things, "prioritize investigations and take appropriate action to end deception of consumers, fraud, and violations of the Food, Drug, and Cosmetic Act by any entity that may be misleading the public about long-term side effects of chemical and surgical mutilation." *Id.* § 8(c).

Following these directives, Attorney General Bondi directed the Civil Division to "act decisively to protect our children and hold accountable those who mutilate them under the guise of care" and "to undertake appropriate investigations of any violations of the Food, Drug, and Cosmetic Act by manufacturers and distributors engaged in misbranding by making false claims about the on- or off-label use of puberty blockers, sex hormones, or any other drug used to facilitate a child's so-called 'gender transition.'" Memorandum from Attorney General, *Preventing the Mutilation of American Children*, at 3-4 (April 22, 2025). The Attorney General also directed the Civil Division "to pursue investigations under the False Claims Act of false claims submitted to federal health care programs for any non-covered services related to radical gender experimentation." *Id.* at 4.

The Civil Division will use all available resources to prioritize investigations of doctors, hospitals, pharmaceutical companies, and other appropriate entities consistent with these directives. These efforts will include, but will not be limited to, possible violations of the Food,

Drug, and Cosmetic Act and other laws by (1) pharmaceutical companies that manufacture drugs used in connection with so-called gender transition and (2) dealers such as online pharmacies suspected of illegally selling such drugs. 31 U.S.C. § 301 *et seq*. In addition, the Civil Division will aggressively pursue claims under the False Claims Act against health care providers that bill the federal government for impermissible services. This includes, for example, providers that attempt to evade state bans on gender dysphoria treatments by knowingly submitting claims to Medicaid with false diagnosis codes.

4. Ending Sanctuary Jurisdictions

On President Trump's first day in office, he issued multiple directives to secure the southern border. *See* Proclamation 10,886, *Declaring a National Emergency at the Southern Border of the United States*, 90 Fed. Reg. 8327 (Jan. 20, 2025); Executive Order 14,159, *Protecting the American People Against Invasion*, 90 Fed. Reg. 8443 (Jan. 20, 2025). To ensure that States and local governments promote the enforcement of our nation's immigration laws, he also issued Executive Order 14,287, *Protecting American Communities from Criminal Aliens*, 90 Fed. Reg. 18761 (April 28, 2025). This built on the President's previous Executive Order 13,768, *Enhancing Public Safety in the Interior of the United States*, 82 Fed. Reg. 8799 (January 25, 2017). Moreover, Attorney General Bondi has directed the Civil Division to "identify state and local laws, policies, and practices that facilitate violations of federal immigration laws or impede lawful federal immigration operations" and "take legal action to challenge such laws, policies, or practices," where appropriate. Memorandum from Attorney General, *Sanctuary Jurisdiction Directive*, at 3 (Feb. 5, 2025). Consistent with this directive, the Civil Division shall prioritize affirmative litigation to invalidate any State or local laws preempted by Federal law.

5. Prioritizing Denaturalization

The Department of Justice may institute civil proceedings to revoke a person's United States citizenship if an individual either "illegally procured" naturalization or procured naturalization by "concealment of a material fact or by willful misrepresentation." 8 U.S.C. § 1451(a). The benefits of civil denaturalization include the government's ability to revoke the citizenship of individuals who engaged in the commission of war crimes, extrajudicial killings, or other serious human rights abuses; to remove naturalized criminals, gang members, or, indeed, any individuals convicted of crimes who pose an ongoing threat to the United States; and to prevent convicted terrorists from returning to U.S. soil or traveling internationally on a U.S. passport. At a fundamental level, it also supports the overall integrity of the naturalization program by ensuring that those who unlawfully procured citizenship, including those who obtained it through fraud or concealment of material information, do not maintain the benefits of the unlawful procurement.

The Civil Division shall prioritize and maximally pursue denaturalization proceedings in all cases permitted by law and supported by the evidence. To promote the pursuit of all viable denaturalization cases available under 8 U.S.C. § 1451 and maintain the integrity of the naturalization system while simultaneously ensuring an appropriate allocation of resources, the Civil Division has established the following categories of priorities for denaturalization cases:

1. Cases against individuals who pose a potential danger to national security, including those with a nexus to terrorism, espionage, or the unlawful export from the United States of sensitive goods, technology, or information raising national security concerns;

2. Cases against individuals who engaged in torture, war crimes, or other human rights violations;

3. Cases against individuals who further or furthered the unlawful enterprise of criminal gangs, transnational criminal organizations, and drug cartels;

4. Cases against individuals who committed felonies that were not disclosed during the naturalization process;

5. Cases against individuals who committed human trafficking, sex offenses, or violent crimes;

6. Cases against individuals who engaged in various forms of financial fraud against the United States (including Paycheck Protection Program ("PPP") loan fraud and Medicaid/Medicare fraud);

7. Cases against individuals who engaged in fraud against private individuals, funds, or corporations;

8. Cases against individuals who acquired naturalization through government corruption, fraud, or material misrepresentations, not otherwise addressed by another priority category;

9. Cases referred by a United States Attorney's Office or in connection with pending criminal charges, if those charges do not fit within one of the other priorities; and

10. Any other cases referred to the Civil Division that the Division determines to be sufficiently important to pursue.

These categories are intended to guide the Civil Division in prioritizing which cases to pursue; however, these categories do not limit the Civil Division from pursuing any particular case, nor are they listed in a particular order of importance. Further, the Civil Division retains the discretion to pursue cases outside of these categories as it determines appropriate. The assignment of denaturalization cases may be made across sections or units based on experience, subject-matter expertise, and the overall needs of the Civil Division.

EXHIBIT H

https://www.wsj.com/health/healthcare/gender-surgery-childrens-hospitals-trump-282c4cbb

EXCLUSIVE HEALTHCARE

Trump Administration Weighs Eliminating Funds for Hospitals Offering Gender Care to Minors

Mehmet Oz, a top federal health official, leads efforts to crack down on the treatments for young people

By Liz Essley Whyte Follow

Updated June 30, 2025 12:24 pm ET

Mehmet Oz is the administrator of the Centers for Medicare and Medicaid Services. SAUL LOEB/AGENCE FRANCE-PRESSE/GETTY IMAGES

WASHINGTON—The Trump administration is weighing cutting off funds to hospitals that it says provide gender-related treatments for children and teenagers, a move that would sharply escalate officials' scrutiny of such programs.

The potential for increased federal scrutiny on gender-related healthcare comes after a 30-day deadline passed Saturday for nine children's hospitals to respond to letters from Mehmet Oz, the Centers for Medicare and Medicaid Services administrator and celebrity physician known as Dr. Oz. The former heart surgeon and television host

demanded data related to sex-reassignment surgeries, hormone therapy and puberty blockers.

“President Trump has been clear: America will protect kids from life-altering and experimental procedures,” Oz said. “CMS has warned hospitals and state Medicaid programs about these dangers—and is taking regulatory enforcement actions.”

Three hospitals—in Boston, Los Angeles and Seattle—told CMS they would respond to the probe, but none have yet sent the agency data, a Department of Health and Human Services official said. Two other hospitals, in Colorado and Ohio, told The Wall Street Journal they are planning to respond.

Though Oz’s letter didn’t threaten specific actions against the hospitals, CMS officials said they believe they have authority to stop funds for gender treatments for children and teenagers through Medicaid and Marketplace insurance plans. The agency is reviewing its authority to kick hospitals out of Medicaid altogether if they don’t cease providing the surgeries, the CMS officials said.

Children’s Hospital of Los Angeles intends to drop its program offering gender-related care to children.
ROBYN BECK/AGENCE FRANCE-PRESSE/GETTY IMAGES

Many children’s hospitals are financially dependent on Medicaid.

CMS sets conditions that hospitals must meet in order to participate in Medicare and Medicaid, including health and safety standards.

At least one of the hospitals that received a letter, Children’s Hospital of Los Angeles, is closing its program offering gender-related care to children and specifically cited the CMS inquiry in its announcement. The hospital said more than 65% of its annual revenue comes from federal sources.

“These threats are no longer theoretical. The federal government has already cut off hundreds of millions of dollars from U.S. academic and research institutions,” hospital leaders wrote in a June 12 letter to staff that was viewed by the Journal. “The hospital has been left with no viable path forward.”

A spokesperson for Boston Children’s Hospital said it had an obligation under Massachusetts state law to provide access to gender-affirming care. “We uphold this responsibility with the utmost seriousness,” the spokesperson said, adding that the hospital is still reviewing the recent CMS letter.

The Oz outreach is part of the administration’s broader efforts to crack down on gender-related surgeries and treatments for minors. Attorney General Pam Bondi issued a memo in April saying the Justice Department would investigate doctors and hospitals that perform the surgeries or that mislead families about drug treatments. The Supreme Court ruled in June that states could restrict the procedures for minors, and public opinion has grown more opposed to pro-transgender policies on bathrooms, sports and more.

The nine hospitals that were sent letters from CMS include Children’s Hospital of Philadelphia, Seattle Children’s Hospital, Children’s Hospital Los Angeles, Boston Children’s Hospital, Children’s National Hospital, UCSF Benioff Children’s Hospital Oakland, Children’s Hospital Colorado, UPMC Children’s Hospital of Pittsburgh and Cincinnati Children’s Hospital Medical Center, according to the HHS official.

CMS targeted the nine hospitals because the agency believed them to be the vanguard for the gender treatments for children, the HHS official said.

Some hospitals re-examined their programs for transgender youth after a January executive order from the White House that took aim at what it called “surgical mutilation.”

One hospital that received a CMS letter, UPMC Children’s of Pittsburgh, said the hospital would no longer offer certain types of gender care, including puberty blockers. A spokesman didn’t specifically cite the CMS letter, but said: “As we continue to monitor executive-branch memos, directives and other guidance from the federal government, these actions have made it abundantly clear that our clinicians can no longer provide certain types of gender-affirming care without risk of criminal prosecution,” adding that the hospital would still offer behavioral health support.

A spokesperson for Cincinnati Children’s said that the hospital doesn’t provide sex-reassignment surgeries for minors and that the hospital “complies with Ohio law

related to the provision of medical care and treatment for patients with gender-related conditions."

A spokesperson for Colorado Children's said the hospital has never offered gender-transition surgeries to patients under the age of 18.

Children's Hospital of Philadelphia, Seattle Children's, Children's National Hospital and UCSF Benioff Children's Hospital Oakland didn't respond to requests for comment.

Twenty-seven states now have policies or laws restricting gender-related treatments for youth, according to health-research nonprofit KFF. Advocates for the treatments say they can help children and teenagers who experience gender dysphoria, but debate has raged over the evidence for the interventions. An influential report from the U.K. last year declared "we have no good evidence on the long-term outcomes of interventions to manage gender-related distress."

Ellen Kahn, senior vice president of equality programs at LGBT-advocacy group Human Rights Campaign, said doctors, patients and families should make decisions about care, and that surgeries for transgender youth are rare.

"Studies consistently show that affirming care reduces depression, anxiety and suicide risk among transgender youth," she said. "The Centers for Medicare and Medicaid Services should protect healthcare, not politicize it."

Write to Liz Essley Whyte at liz.whyte@wsj.com

Appeared in the July 1, 2025, print edition as 'Hospital Funding at Risk Over Gender Care'.

Videos

EXHIBIT I

PRESS RELEASE

Department of Justice Subpoenas Doctors and Clinics Involved in Performing Transgender Medical Procedures on Children

Wednesday, July 9, 2025

For Immediate Release

Office of Public Affairs

WASHINGTON — Today, the Department of Justice announced that it has sent more than 20 subpoenas to doctors and clinics involved in performing transgender medical procedures on children.

The Department's investigations include healthcare fraud, false statements, and more.

"Medical professionals and organizations that mutilated children in the service of a warped ideology will be held accountable by this Department of Justice." — Attorney General Pamela Bondi

Updated July 9, 2025

Topic

HEALTH CARE FRAUD

Component

Office of the Attorney General

Press Release Number: 25-717

Related Content

PRESS RELEASE

Pharmacy Owner and Pharmacists Sentenced for Pill Mill Scheme Involving Hundreds of Thousands of Opioid Pills

A Texas pharmacy owner and three Texas pharmacists were sentenced today in Houston for unlawfully distributing more than half a million opioid pills and other commonly abused prescription drugs, including…

September 25, 2025

PRESS RELEASE

Walgreens Agrees to Pay Up to $350M for Illegally Filling Unlawful Opioid Prescriptions and for Submitting False Claims to the Federal Government

The Justice Department, together with the Drug Enforcement Administration (DEA) and Department of Health and Human Services Office of Inspector General (HHS-OIG), today announced a $300 million settlement with Walgreens Boots…

April 21, 2025

Office of Public Affairs

U.S. Department of Justice

950 Pennsylvania Avenue, NW

Washington DC 20530

Office of Public Affairs Direct Line

202-514-2007

Department of Justice Main Switchboard

202-514-2000

EXHIBIT J

Justice Dept. Demands Patient Details From Trans Medicine Providers

Doctors and hospitals were subpoenaed for private information on gender-related care for minors, the latest move by the Trump administration to stop the treatments.


By Azeen Ghorayshi and Glenn Thrush

Published July 10, 2025 Updated July 17, 2025

The Justice Department has issued subpoenas demanding confidential patient information from more than 20 doctors and hospitals that provide gender-related treatments to minors, according to officials with knowledge of the move.

The action marks a new turn in the Trump administration's efforts to limit transgender medical care. Most of the subpoenas, issued through the consumer protection unit of the department's civil division, attempt to pierce powerful federal confidentiality protections for patients and their medical providers.

Officials briefed on the investigation described the action as a fact-finding mission, an effort to determine whether any laws have been broken and a spur to kick-start negotiations with the providers over transgender treatment policy.

Investigators could eventually seek criminal charges if evidence of fraud is uncovered, officials said. But critics say the motivation is more political than investigative — a campaign of intimidation.

The subpoenas are part of a coordinated effort between the Justice Department and the White House to fulfill President Trump's promises to curtail pediatric gender care. Pam Bondi, the attorney general, said in a statement Wednesday that "medical professionals and organizations that mutilated children in the service of a warped ideology will be held accountable."

Revelations of the subpoenas come in the wake of a Supreme Court decision that upheld state laws banning youth gender medicine in about half the country. Hospitals and doctors in other states, where legislatures are unlikely to enact such bans, have faced increasing threats from the federal government. In response, a small number of clinics have limited their treatments or closed altogether.

It is unclear which hospitals and doctors received the subpoenas. But in May, nine leading children's hospitals across the country received letters from the Centers for Medicare and Medicaid Services, demanding data on revenue from pediatric gender treatments and the rates of regret among patients, according to a person with knowledge of the effort.

Those letters applied explicit financial pressure to the hospitals. Dr. Mehmet Oz, the head of the agency, wrote that it "has an obligation to be a good steward of taxpayer dollars." He added, "Hospitals accepting federal funds are expected to meet rigorous quality standards and uphold the highest level of stewardship when it comes to public resources."

Other agencies have also been applying increased pressure to meet Mr. Trump's demands.

In June, the F.B.I. put out a call to the public to report hospitals and doctors who were performing surgeries on minors.

And on Wednesday, the Federal Trade Commission hosted a daylong event devoted to the question of whether providers of transgender medical treatments were engaging in unfair or deceptive trade practices. A top Justice Department official,

appearing at the event, announced that manufacturers of drugs used in such care were under investigation for possible violations of drug marketing laws, in addition to the subpoenas to health care providers.

Gender treatments for minors, which can include puberty-blocking drugs, hormones and, in rarer cases, surgeries, are at the center of fierce medical debate around the world.

Many clinicians and families in the United States and elsewhere have said that the treatments can be profoundly beneficial for transgender adolescents. While the number of minors who medically transition is small, demand for the treatments has increased in recent years, and countries have taken different approaches. Health agencies in England, Sweden and Finland have limited the treatments, citing the uncertain evidence of the benefits and the possible risks, which can include loss of fertility. Meanwhile, Germany has cautiously endorsed the treatments, citing the lack of effective alternatives.

None of these governments have banned the care or prosecuted hospitals or providers.

In the United States, a coalition of critics of youth gender medicine from both the right and the left have argued for banning the treatments. But now that most Republican-led states have already enacted such laws, the strategy appears to have shifted to singling out specific hospitals and providers in states without restrictions in place.

Demonstrators outside Children's Hospital Los Angeles protested the closure of its transgender youth clinic. Maggie Shannon for The New York Times

Multiple clinicians working at gender clinics in blue states declined to comment on the subpoenas and other recent actions, citing fears that doing so would endanger them and their patients.

"This politically motivated effort is a drastic overreach and a backhanded attempt to intimidate providers and institutions serving the transgender youth population," said Dr. Scott Leibowitz, a child and adolescent psychiatrist who led a youth gender clinic in Columbus, Ohio, until that state's ban took effect last year. The Justice Department's subpoenas, he added, will create "widespread fear for every patient in the country who will be wondering when or if their private health care records will be released."

Opponents of gender-related treatments called out specific doctors and hospitals during the discussions hosted by the F.T.C. on Wednesday, sometimes drawing from medical records and internal hospital presentations to argue that they had misled patients and insurers.

Also prominently featured were several young adults who transitioned as adolescents and later regretted it. While studies are limited, researchers estimate that 5 to 10 percent of patients choose to detransition.

“We need to make sure that no more kids are sold a product they can’t return,” said one panelist, Claire Abernathy, who underwent testosterone treatment and a mastectomy at age 14 and later detransitioned.

But the F.T.C. does not have authority over the practice of medicine, said Samuel Levine, the former head of the agency’s Bureau of Consumer Protection.

“The F.T.C. is in the business of commercial regulation, not medical decision-making,” said Mr. Levine, who led cases against companies falsely advertising supplements, stem cell treatments and addiction treatments during his tenure. “This is a significant departure from F.T.C. norms and a clear politicization of consumer protection.”

At least two hospitals, in Los Angeles and Pittsburgh, have decided to shut down their youth gender clinics entirely, citing mounting pressure from the Trump administration.

Children’s Hospital Los Angeles notified staff members in June that the clinic would shutter in late July. In an email, it told employees that the potential termination of federal funds — which account for 65 percent of its annual funding and enable it to be the largest pediatric safety net provider in California — would be “an existential threat to our hospital operations."

The Los Angeles and Pittsburgh children’s hospitals are among the nine that received the demand letter from Dr. Oz this spring; the others are in Boston, Philadelphia, Denver, Oakland, Cincinnati, Seattle and Washington. All of them appear on the so-called Dirty Dozen list of major providers identified by the activist group Do No Harm, which helped craft state bills banning pediatric gender medicine.

The group's chairman, Dr. Stanley Goldfarb, a kidney specialist who was a former dean at the University of Pennsylvania's medical school, said in an interview that his organization had worked with the Trump administration and that threats of funding cuts were key to the effort.

The federal government's "ability to restrict payment is going to be a big influence," he said.

At Wednesday's F.T.C. event, speakers were asked to suggest next steps, now that the Supreme Court has allowed state bans of gender medicine for minors.

On the panel was Dr. Eithan Haim, a Texas surgeon who was indicted last year for releasing private medical information about transgender youth treatments; federal prosecutors under the Trump administration dropped the charges against Dr. Haim, who called himself a whistle-blower. On Wednesday, he argued that doctors providing this care should be prosecuted to create a chilling effect across the country.

"Then these people will be held accountable," he said, "And there's a very good chance this will stop even in blue states."

Jordan Campbell, a fellow panelist who represented several detransitioners in malpractice lawsuits and now works for the Justice Department, responded, "Working on it, Dr. Haim."

David McCabe and Reed Abelson contributed reporting.

Azeen Ghorayshi is a Times science reporter.

Glenn Thrush covers the Department of Justice for The Times and has also written about gun violence, civil rights and conditions in the country's jails and prisons.

A version of this article appears in print on , Section A, Page 16 of the New York edition with the headline: U.S. Demands Confidential Patient Data About Trans Care

EXHIBIT K

Democracy Dies in Darkness

Children's National Hospital to end gender-transition care

The change comes as the Trump administration has sought to restrict access to such care nationwide.

July 18, 2025

By Jenna Portnoy, Kyle Swenson and Karina Elwood

Children's National Hospital announced Friday that because of "escalating legal and regulatory risks," the D.C.-based medical system will no longer provide gender-transition care for patients, leaving families reeling.

Effective Aug. 30, the hospital's providers will discontinue the "prescription of gender-affirming medications," according to a statement on the hospital's website. Mental health and other support services will still be available, the statement says.

"We recognize the impact this has had on you and your family, and we are here to support you. Our care teams are available to assist you as you move forward," reads a message the hospital sent to families that was obtained by The Washington Post. The note also says the hospital will no longer evaluate patients for medication or monitor medications through labs such as bloodwork.

The move comes after the Justice Department on July 9 said it had subpoenaed nearly 20 doctors and clinics that provide gender-transition care.

A Children's National spokeswoman declined to say if the Northwest Washington hospital, a pediatric Level 1 trauma center, or any of its providers received a subpoena. A Justice Department spokesman did not immediately respond to requests for comment.

Gender-transition care has been called lifesaving by patients and providers and is endorsed by most major medical associations. Certain medications give patients time to assess their situation before starting more intense interventions, such as hormones.

At Children's National, the Gender Development Program does not provide gender-transition surgery for anyone under 18 and does not provide hormone therapy to children before puberty begins, according to the clinic's website. Parental consent is required to provide gender-transition medical care to a minor in the District.

“The hospital is a vital resource, and I would never want anything to put that in jeopardy,” said Mary Raibman, the mother of a college student who received gender-transition care at Children’s starting in 2018, but if the hospital continued offering care, “I don’t believe that they would have had to close. I believe they’re choosing not to stand up and fight. … This decision is really disgusting.”

Since January, the Trump administration has sought to restrict access to gender-transition care nationwide while also blocking the transgender community from high school and college sports, military service, and legal protections.

Children’s National and other hospitals like it around the nation face pressure to limit or end such care or risk jeopardizing federal payments, including public insurance reimbursements, to providers of all kinds of medical care, potentially costing them billions and forcing them to close.

A Children's National spokeswoman declined to say how many patients will be affected by the decision to halt care, or if it was related to pressure from the Trump administration.

Aggressive and sweeping rollbacks to transgender care and protections have become a policy priority for the Trump administration. Early in his second term, President Donald Trump signed an executive order seeking to cut Medicare and Medicaid funding to health providers that offer gender-transition care to people under 19.

Several hospitals across the country, including Children's National, complied with the executive order and suspended care, halting prescriptions, refills and medication administration for trans minors.

Days later, however, a court action blocked the president's order, paving the way for providers to continue working with transgender patients. By Feb. 13, some hospitals, including Children's National and the health care system affiliated with the University of Virginia, had resumed care for existing patients.

(The Washington Post)

Raibman, the mother, said that a monthly virtual support group with parents of trans patients being treated at Children's didn't happen as expected Thursday, but she didn't realize care would be curtailed in this way.

At 13, her transgender son was in a mental health crisis and confided in his parents that for years, while being raised as a girl, he had questioned his gender identity. His pediatrician immediately recommended the clinic at Children's, and the family showed up, terrified about what this would mean for their child and his future.

"From the moment we walked in that door, I knew it would be okay," Raibman said. "I didn't think, 'Oh it's going to be easy,' but I thought: 'It's going to be okay. They were going to help us through this.' [Today] my child is thriving. He's an adult man, and he's thriving, and it's because of the care he received at Children's National Hospital."

As Raibman sees it, amid pressure from the Trump administration, Children's and other hospitals that are ending care have decided trans children "are expendable."

"And no one is expendable," she said.

In the past five years, more than half of states have banned doctors from offering transition health care, including medication, to minors. Yet most transgender children do not take medication to assist with their transition.

Ben Takai, the board president of Metro DC PFLAG, called the move by Children's National very sad, but not surprising given the constant attacks on transgender rights. He said that organizations such as PFLAG, which joined the lawsuit challenging Trump's executive order, will keep fighting for LGBTQ+ youth.

"There are many ways to bully minority populations," Takai said. "This is one of those ways."

Last month, the Supreme Court upheld Tennessee's ban on gender-transition care for minors, paving the way for more restrictions.

The Center for Transyouth Health and Development at Children's Hospital Los Angeles, the country's biggest public provider of gender-transition care for youths, announced this summer that it will shut its doors on July 22.

The center said in the announcement that the decision came from a thorough legal and financial review and in response to the “increasingly severe impacts of recent administrative actions and proposed policies.”

Casey Parks contributed to this report.

EXHIBIT L

x.com/AGPamBondi/status/1947362978526814579

Post

Attorney General Pamela Bondi
@AGPamBondi

At President Trump's direction, @TheJusticeDept will continue enforcing the law against institutions like Children's National that mutilate children under the guise of medical care.

History will remember @POTUS as a champion on this crucial issue.

2:28 PM · Jul 21, 2025 · **273.4K** Views

1.9K 2K 9.5K 131

Read 1.9K replies

EXHIBIT M

The WHITE HOUSE

ARTICLES

President Trump Promised to End Child Sexual Mutilation — and He Delivered

The White House

July 25, 2025

During his campaign, President Donald J. Trump repeatedly pledged to end the irreversible chemical and surgical mutilation of our children: "We are not going to allow child sexual mutilation."

For years, politicians have promised to end the barbaric, pseudoscientific practice — but President Trump is the only one who has actually delivered.

This week, Yale New Haven Health and Connecticut Children's Medical Center announced they are ending their so-called "gender-affirming care services." They join a growing list of health systems across the country following President Trump's executive action.

- Phoenix Children's Hospital stopped providing puberty blockers and hormone therapy to minors.
- Stanford Medicine ended sex-change surgeries for minors.
- Children's Hospital Los Angeles closed its "Center for Transyouth Health and Development and Gender-Affirming Care."
- Denver Health suspended sex change surgeries for patients under 19.
- UCHealth ended so-called "gender-affirming services" for patients under 19.
- Lurie Children's Hospital of Chicago stopped sex-change surgeries for patients under 19.
- UChicago suspended so-called "gender-affirming care" for minors.
- Northwestern Memorial Hospital stopped sex-change surgeries for minors.

- Rush Medical Center halted gender-affirming care for new patients under 18.
- In New York City, Mount Sinai and New York-Presbyterian both curbed so-called "gender-affirming care" for minors.
- In Pennsylvania, Penn State Health, the University of Pittsburgh Medical Center, and the University of Pennsylvania Health System all stopped so-called "gender-affirming care" for patients under 19.
- The Hospital of Richmond at VCU Health halted so-called "gender-affirming care" for new patients under 19.
- Children's Hospital of The King's Daughters suspended hormone therapy and puberty blockers for gender-affirming care in children under 19.
- Seattle Children's Hospital stopped providing so-called "gender-affirming surgery" to patients under 19.
- In Washington, D.C., Children's National Hospital "paused" prescribing puberty blockers and hormone therapies for minors.
- Kaiser Permanente paused sex-change surgeries for patients under 19 across all its hospitals and surgical centers.

CONTACT

VISIT

EOP

ADMINISTRATION

GALLERY

VIDEO LIBRARY

AMERICA 250

FOUNDING FATHERS

THE SIGNERS

THE WHITE HOUSE

1600 Pennsylvania Ave NW
Washington, DC 20500

WH.GOV

EXHIBIT N

EXHIBIT 1

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE

SUBPOENA DUCES TECUM

No. 25-1431-019

To: The Children's Hospital Corporation d/b/a Boston Children's Hospital
300 Longwood Avenue
Boston, Massachusetts 02115

YOU ARE HEREBY COMMANDED TO APPEAR BEFORE Patrick Runkle, Ross Goldstein, and/or Francisco Unger, officials of the United States Department of Justice, and you are hereby required to bring with you and produce the following:

Please see Attachment A

which are necessary in the performance of the responsibility of the United States Department of Justice to investigate Federal health care offenses as defined in 18 U.S.C. § 24(a).

Please contact Assistant Director Patrick Runkle, Assistant Director Ross Goldstein, or Trial Attorney Francisco Unger at 202-616-0295 if you have any questions regarding this Subpoena Duces Tecum.

PLACE AND TIME FOR APPEARANCE:

U.S. Department of Justice, Consumer Protection Branch, 450 Fifth St., NW, Washington, D.C., on Wednesday, the 9th day of July, 2025, at ten o'clock a.m.

Failure to comply with the requirements of this subpoena will render you liable to proceedings in the district court of the United States to enforce obedience to the requirements of this subpoena, and to punish default or disobedience.

Issued under authority of Section 248 of the Health Insurance Portability & Accountability Act of 1996, Public Law No. 104-91 (18 U.S.C. § 3486)

IN TESTIMONY WHEREOF

Brett A. Shumate, Assistant Attorney General, the undersigned official of the United States Department of Justice, has set his hand this 11th day June, 2025.

BRETT SHUMATE

Digitally signed by BRETT SHUMATE
Date: 2025.06.11 12:04:06 -04'00'

(signature)

RETURN OF SERVICE

I, being a person over 18 years of age, hereby certify that a copy of this subpoena was duly served on the person named herein by means of:

1. Personal delivery to an individual, to wit:

(name)

(title)

(address)

2. Personal delivery to an address, to wit:

(description of premises)

(address)

3. Registered or certified mailing to:

(name)

(address)

At _____ a.m. | p.m. on

(date)

(signature)

(title)

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE

SUBPOENA DUCES TECUM

Upon contumacy or refusal to obey, this subpoena shall be enforced by order of the appropriate United States District Court.

ATTACHMENT A TO SUBPOENA TO:

THE CHILDREN'S HOSPITAL CORPORATION d/b/a BOSTON CHILDREN'S HOSPITAL
300 LONGWOOD AVENUE
BOSTON, MASSACHUSETTS 02115

I. DEFINITIONS

1. "You," "Your Company," and "the Company," means:

   a. The Children's Hospital Corporation d/b/a Boston Children's Hospital, a Massachusetts corporation, whose principal place of business is located at 300 Longwood Avenue, Boston, Massachusetts, without regard to any name under which it has done business;

   b. All of its predecessors, subsidiaries, affiliates, branches, divisions, groups, business units, business segments, operations, units, parent organizations, successors, assigns, plants, and any joint ventures of which they were or are a part, including, without limitation, the Gender Multispecialty Service at Boston Children's Hospital; and

   c. Each of its present or former officers, directors, employees, attorneys, representatives, and agents acting or purporting to act or appearing to act on behalf of the Company, whether or not acting within the proper scope of his or her actual authority.

2. "Employee" means any person including, but not limited to, any independent contractor or agent, all past and present directors, officers, agents, representatives, attorneys, accountants, advisors, and consultants who acted or purported to act on behalf of the Company or who have performed any service for the Company or under its name, whether on a full-time, part-time, piece-work, commission, volunteer, or other basis, and whether paid or unpaid.

3. "Document" should be afforded the broadest possible meaning and includes every writing or record of whatever type or description, including but not limited to any electronically stored data or paper document, in the possession, custody, or control of the Company. This includes, but is not limited to:

   a. All material that is handwritten, typed, printed, recorded, transcribed, taped, filmed, in graphic form, or in aural form;

b. Drawings, designs, manuals, memoranda, emails, reports, financial reports, notes, diaries, notations of any sort of conversations, working papers, letters, envelopes, telegrams, messages, studies, analyses, books, articles, notebooks, booklets, circulars, bulletins, notices, instructions, pamphlets, pictures, films, videos, voice recordings, maps, work papers, arithmetical computations, calendars (including electronic calendars), date books, task lists, minutes, all communications of any type (e.g., e-mail, voice mail, text messaging, WhatsApp and similar applications), social media content (including posts, messages, comments, and metadata), audio and video files,

c. Electronically stored data on magnetic or optical storage media as an "active" file or files (readily readable by one or more computer applications or forensics software), including metadata;

d. Any electronic files saved as a backup, including metadata;

e. Any deleted but recoverable electronic files, including metadata;

f. Any electronic file fragments (files that have been deleted and partially overwritten with new data), including metadata;

g. Every copy of every document where such copy is not identical to the original because of any addition, deletion, alteration, or notation; and

h. All attachments, enclosures, or other matter affixed to, transmitted with, or incorporated by reference within documents responsive to this Subpoena including, but not limited to, any pages showing who reviewed, approved, or rejected a particular document.

4. "Relevant Time Period" means January 1, 2020, through the present date. All responsive documents that were prepared, dated, sent, received, altered, in effect, or which came into existence during this period are to be produced pursuant to this Subpoena.

5. "Or" as well as "and" shall be construed interchangeably in a manner that gives this Subpoena the broadest possible meaning.

6. "Any" shall be construed to include the word "all" and the term "all" shall be construed to include the word "any."

7. "Relate to" means to make a statement about, refer to, discuss, describe, reflect, identify, deal with, consist of, or in any way pertain, in whole or in part to the subject.

8. "Communication" means any transmission or exchange of information, statements, ideas, inquiries, or data between two or more persons orally, in writing, digitally, visually, or electronically regardless of the medium or platform used, including social media interactions, voicemails, and virtual meetings (e.g., Zoom, WebEx, Microsoft Teams). The term includes all drafts, versions, replies, responses, forwards, and attachments associated with or forming part of the communication, as well as any records or logs reflecting the time, date, participants, and content of such communications.

9. "Gender-related care" means any medical, surgical, psychological, or social treatment provided to individuals to alter their physical appearance or social presentation to resemble characteristics typically associated with the opposite biological sex.

10. "Puberty blockers" means any gonadotropin-releasing hormone ("GnRH") agonists or related drugs (*e.g.,* leuprolide, triptorelin) used to delay the onset of puberty.

11. "Hormones" includes testosterone, estrogen, and any other hormonal drugs used in hormonal treatments sometimes known as "gender affirming hormone therapy" ("GAHT") or transgender hormone therapy used to induce cross-sex characteristics.

12. "Minor" means any patient under the age of 18 at the time of consultation, treatment, or prescription.

II. GENERAL INSTRUCTIONS

1. You are required to produce the **originals** of each document and other item that is responsive, in whole or in part, to any request set forth in this Subpoena, together with all copies of any such document that exist.

   a. If a copy is identical to the original, you are not required to produce it, but if you choose not to, your records custodian (the "Custodian," as described below) must maintain a written log identifying the location(s) where each identical copy of the original document was located, including all locations, if more than one. This includes, in the case of information stored in electronic form, a description, including drives, directories, and computers of where the document is located.

   b. If a copy differs from the original by virtue of any addition, deletion, alteration, notation, or inscription on any part of the front or back of the document, the original and copy must each be produced.

2. **No document called for by this subpoena shall be destroyed, modified, redacted, removed, or otherwise made inaccessible.** Documents called for by this Subpoena for which a claim of privilege is made, in compliance with the instruction below, shall be retained and protected.

3. Your Company is to designate someone as the person responsible to produce documents on the Subpoena return date (the "Custodian").

   a. Such Custodian shall have personal, direct, and thorough knowledge of, and responsibility for, the search conducted by the Company for documents responsive to this Subpoena.

   b. The Custodian shall be prepared on the return date to submit to examination concerning the method and completeness of the Company's response, the exact location(s) within the Company's premises at which documents produced in response to the Subpoena were found, and other matters pertaining to the search.

   c. The Custodian shall further be prepared to provide a written log identifying the location(s) in which each produced document was located, indicating all locations, if more than one. This includes, in the case of information stored in electronic form, a description, including drives, directories, and computers, of where the document is located.

4. The Company shall identify the paragraph and subparagraph of Section III of this Attachment to the Subpoena ("Documents to Be Produced") to which each document produced pursuant to this Subpoena is responsive.

5. If the Company has knowledge of any document that would be responsive to this Subpoena, but has been lost, destroyed, or discarded, it shall identify the document to the extent possible, and provide an explanation of the loss, destruction or discarding, including identification of each person authorizing or having knowledge of the loss, destruction, or discarding.

6. The singular form of a word shall be construed to include within its meaning the plural form of the word, and *vice versa*, and the use of any tense of any verb shall be considered to include all other tenses in a manner that gives this Subpoena the broadest reading.

7. All electronically stored information must be collected using a forensically sound process. When the image file is produced, the Company must preserve the integrity of the electronic document's contents, including the original formatting of the document, its metadata and, where applicable, its revision history.

8. If the Company withholds any document on the ground of any claimed privilege, it shall provide a statement with respect to each document setting forth

   a. The name and title of the author (and if different, the preparer and signatory);

   b. The name(s) and title(s) of the individual(s) to whom the document was addressed;

   c. The name(s) and title(s) of the individuals to whom the document or a copy of the document was sent or to whom the document or a copy, or any part thereof, was shown;

   d. The date of the document;

   e. The number of pages;

   f. A brief description of the subject matter;

   g. A statement of the specific basis on which privilege is claimed; and

   h. The paragraph or subparagraph in Section III of this Attachment ("Documents to Be Produced") to which it is responsive.

III. DOCUMENTS TO BE PRODUCED

1. Complete personnel files for each employee, contractor, or affiliate of the Company in the following categories: (a) executives, management employees, or board members with authority to direct any aspect of the Company's affairs; (b) employees, contractors, or affiliates who have authority to prescribe medications or perform medical evaluations; and (c) employees, contractors, or affiliates who are engaged in billing activities.

2. All documents, including billing records, insurance claims, internal protocols, or guidance, concerning the use of ICD (*i.e.*, International Classification of Diseases) diagnosis codes in connection with the treatment of minor patients receiving gender-related care.

3. All documents that show or relate to any use of diagnosis codes for minors other than those specifically identifying transsexualism, gender dysphoria, gender incongruence, or gender identity disorder (*e.g.*, codes for endocrine disorder, unspecified hormonal disorders, medication management, etc.).

4. All documents reflecting communications among Company employees (including physicians, billing staff, and administrators), or between the Company and any third party, relating to whether or how to code or bill for treatment of gender dysphoria by using alternative diagnoses or alternative ICD codes.

5. All communications with public or private health care benefit programs or plans regarding the use of ICD codes for gender-related care, including any inquiries, denials, or appeals related to claims for such care.

6. Any training materials, coding manuals, presentations, or communications relating to billing or coding practices for gender-related care, puberty blockers, or hormone therapy.

7. All documents relating to communications between You and any pharmaceutical manufacturer of puberty blockers or hormones, or any compounding pharmacy providing puberty blockers or hormones, relating to the use of such drugs in gender-related care for minors.

8. All documents relating to communications with pharmaceutical sales representatives, marketing departments, or medical science liaisons regarding the use of puberty blockers or hormones for gender-related care or the treatment of gender dysphoria, including with regard to the safety and efficacy of such drugs for those uses.

9. All documents, including presentations and promotional materials, received from pharmaceutical manufacturers or compounding pharmacies concerning uses of their products in minors for gender-related care or for the treatment of gender dysphoria, including so-called “scientific exchange” materials.

10. All documents relating to contracts, sponsorships, speaking engagements, consulting agreements, grants, or financial or promotional arrangements between You and any manufacturer or compounder of puberty blockers or hormones.

11. Documents sufficient to identify each patient (by name, date of birth, social security number, address, and parent/guardian information) who was prescribed puberty blockers or hormone therapy.

12. For each such patient identified in Subpoena specification 11, *supra*, documents relating to the clinical indications, diagnoses, or assessments that formed the basis for prescribing puberty blockers or hormone therapy.

13. All documents relating to informed consent, patient intake, and parent or guardian authorization for minor patients identified in Subpoena specification 11, *supra*, including any disclosures about off-label use (*i.e.,* uses not

approved by the United States Food and Drug Administration) and potential risks.

14. All documents reflecting communications with pharmaceutical manufacturers, compounding pharmacies, or government agencies relating to the safety of puberty blockers or hormones used in the treatment of minor patients.

15. All documents relating to any adverse event, side effect, or medically unfavorable consequence or outcome in a minor patient with regard to gender-related care.

IV. FORM OF PRODUCTION

Documents responsive to this Subpoena should be produced in the format specified in the "Production Specifications," attached as ATTACHMENT B to this Subpoena.

SUBPOENA ATTACHMENT B

Specifications for Production of ESI and Digitized ("Scanned") Images ("Production Specifications")

Collection of Electronically Stored Information (ESI)

Careful consideration should be given to the methodology, implementation and documentation of ESI collection to ensure that all responsive data and metadata are preserved in the collection process. Consideration should also be given as to whether production media should be encrypted when producing to the government when required by law (i.e. Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA), etc. *See* Section 24 below.

1. Specification Modifications

Any modifications or deviations from the Production Specifications may be done only with the express permission of the government and these modifications or deviations should be communicated to the government and approved by the government in written form. Any responsive data or documents that exist in locations or native forms not discussed in these Production Specifications remain responsive and, therefore, arrangements should be made with the government to facilitate their production.

2. Production Format of ESI and Imaged Hard Copy Documents

Responsive ESI shall be produced in its unprocessed form (i.e., in its native format), without altering native electronic file formats and maintains the integrity of all source, custodian, application, embedded and metadata related thereto. The native electronic file formats provided shall be of a type and nature which is functionally useable by all parties. No alteration shall be made to file names or extensions for responsive native electronic files. If a producing party is converting native files to image files for its own purposes, the Government requests a copy of that image file along with production of the native file.

For ESI, a producing party may provide an image file without a native file only if the affected document requires a privilege redaction or other permitted redaction.. Except as outlined below in sections 5 – 21, the redacted document shall be rendered to TIFF image format, and accompanied by an Opticon/Concordance® Image Cross Reference file. Paper documents shall also be imaged pursuant to the requirements below.

All applicable metadata/database (see section 3 below) shall be extracted and provided in Concordance® load file format.

a. **Image File Format:** All imaged documents shall be produced in black and white TIFF format unless the image requires color. An image requires color when color in the document adds emphasis to information in the document or is itself information that would not be readily apparent on the face of a black and white image.

b. When producing black and white paper documents scanned to images, or rendered ESI, they shall be produced as 300 dpi, 1 bit, single-page TIFF files, CCITT

Group IV (2D Compression). When producing in *color,* paper documents scanned to images, or rendered ESI, they shall be produced as 300 dpi single-page JPG. Images should be uniquely and sequentially Bates numbered and unless otherwise specified, Bates numbers should be an endorsement on each image.

i. All TIFF file names shall include the unique Bates number burned into the image. (See section 22, below, regarding Bates number instructions.)
ii. All TIFF image files shall be stored with the ".tif" extension.
iii. Images without corresponding extracted text shall be OCR'd using standard COTS products.
    1. An exception report shall be provided when limitations of paper digitization software/hardware or attribute conversion do not allow for OCR text conversion of certain images. The report shall include the DOCID or Bates number(s) corresponding to each such image.
iv. All pages of a document or all pages of a collection of documents that comprise a folder or other logical grouping, including a box, shall be delivered on a single piece of media.
v. No image folder shall contain more than 2,000 images.

c. **Opticon/Concordance® Image Cross Reference file:** Images should be accompanied by an Opticon load file that associates each Bates number with its corresponding single-page TIFF image file. The Cross Reference file should also contain the relative image file path for each Bates numbered page. The Opticon/Concordance® Image Cross Reference file is a page level load file, with each line representing one image.

Below is a sample:

```
REL000000001,,.\IMAGES\001\REL000000001.TIF,Y,,,
REL000000002,,.\IMAGES\001\REL000000002.TIF,,,,
REL000000003,,.\IMAGES\001\REL000000003.TIF,,,,
REL000000004,,.\IMAGES\001\REL000000004.TIF,Y,,,
REL000000005,,.\IMAGES\001\REL000000005.TIF,,,,
```

The fields are, from left to right:

- Field One – (REL000000001) – the Bates Number. This value must be unique for each row in the OPT file. The first page of each document must match the DOCID or BEGDOC# value of the respective document.
- Field Two – (blank) – the volume identifier. This field is not required.
- Field Three – (.\IMAGES\001\REL000000001.TIF) – The relative file path to the image to be loaded.
- Field Four – (Y) – the document marker. A "Y" indicates the start of a unique document.
- Field Five – (blank) – The folder indicator. This field is not required, and typically is not used.

- Field Six – (blank) – The box indicator. This field is not required, and typically is not used.
- Field Seven – (blank) – The page count. This field is not required.

d. **Concordance® Load File**: Images should also be accompanied by a flat, document-level load file to provide the metadata and native files containing delimited text that will populate fields in a searchable, flat database environment. The file encoding must be one of four types: Western European (Windows), Unicode (UTF16), Big-Endian Unicode or UTF8. The file should contain the required fields listed below in section 3.

1. Text delimited load files are defined using the standard Concordance delimiters. For example:

Field Separator	*¶ or Code 020*
Text Qualifier	*þ or Code 254*
Newline	*® or Code 174*
Multi-value	*; or Code 059*
Nested values	*\ or Code 092*

2. This load file should contain the relative file path to the individual multi-page, document level text files.
3. This load file should also contain the relative file path to all provided native files, such as Microsoft Excel or PowerPoint files.
4. There should be one line for every record in a collection.
5. The load file must contain a header listing the metadata/database fields contained within. For example, if the data file consists of a First Page of a Record (BegDoc#), Last Page of a Record (ending Bates / ENDDOC#), DOCID, DOCDate, File Name, and a Title, then the structure may appear as follows:

   þBEGDOCþ¶þENDDOCþ¶þDOCIDþ¶þDOCDATEþ¶þFILENAME þ¶þTITLEþ

d. **The extracted/OCR** text should be provided for each document as a separate single text file. The file name should match the BEGDOC# or DOCID for that specific record and be accompanied by the .txt extension.

e. **Directory and folder structure:** The directory structure for productions should be:

*CaseName***LoadFiles**
*CaseName***Images** < For supporting images (can include subfolders as needed, should not include more than 2,000 files per folder)
*CaseName***Natives** <Native Files location (can include subfolders as needed, should not include more than 2,000 files per folder)
*CaseName***Text** <Extracted Text files location (can include subfolders as needed, should not include more than 2,000 files per folder)

*CaseName***Translated Images** < For supporting images of translated documents (as needed for rendered translated documents; can include subfolders as needed, should not include more than 2,000 files per folder) *CaseName***Translated Text** <Translated Text files location (as needed for translated text; can include subfolders as needed, should not include more than 2,000 files per folder).

3. Required Metadata/Database Fields

A "✓" denotes that the indicated field should be present in the load file produced. "Other ESI" includes data discussed in sections 5 – 21 below, but does not include email, email repositories (section 11), "stand alone" items (section 12), imaged hard copy material (section 9) and production from ESI collected from Smart Phones, Mobile Devices and Other Technology (section 13). Email, email repositories, and "stand alone" materials (section 12) should comply with "Email" column below. Imaged hard copy materials should comply with the "Hard Copy" column. Production from ESI collected from Smart Phones, Mobile Devices and Other Technology should comply with the requirements of section 13. The parties will meet and confer about any field which cannot be populated automatically (i.e. would require manual population of information).

Field name	Field Description	Field Type	Field Value	Hard Copy	E-mail	Other ESI
COLLECTION SOURCE	Name of the Company/Organization data was collected from	Text	160	✓	✓	✓
SOURCE ID (BOX #)	Submission/volume/box number	Text	10	✓	✓	✓
CUSTODIAN	Custodian/Source - format: Last, First or ABC Dept.	Text	160	✓	✓	✓
DUPECUSTODIAN	Custodian/Source – all custodians who had the document before de-duplication; format: Last, First or ABC Dept.	Text – semicolon delimited	Unlimited		✓	✓
DUPECUSTODIAN FILE PATH	Listing of all the file locations of the document before de-duplication	Text – semicolon delimited	Unlimited		✓	✓
AUTHOR	Creator of the document	Text	500			✓
BEGDOC#	Start Bates (including prefix) - No spaces	Text	60	✓	✓	✓
ENDDOC#	End Bates (including prefix) - No spaces	Text	60	✓	✓	✓
DOCID	Unique document Bates # or populate with the same value as Start Bates (DOCID = BEGDOC#)	Text	60	✓	✓	✓

Field name	Field Description	Field Type	Field Value	Hard Copy	E-mail	Other ESI
PGCOUNT	Page Count	Number	10	✓	✓	✓
GROUPID	Contains the Group Identifier for the family, in order to group files with their attachments	Text	60		✓	✓
PARENTID	Contains the Document Identifier of an attachment's parent	Text	60		✓	✓
ATTACHIDS	Child document list; Child DOCID or Child Start Bates	Text – semicolon delimited	Unlimited	✓	✓	✓
ATTACHLIST	List of Attachment filenames	Text – semicolon delimited	Unlimited		✓	✓
BEGATTACH	Start Bates number of parent	Text	60	✓	✓	✓
ENDATTACH	End Bates number of last attachment	Text	60	✓	✓	✓
RECORD TYPE	Use the following choices: Image, Loose E-mail, E-mail, E-Doc, Attachment, Hard Copy or Other. If using Other, please specify what type after Other	Text	60	✓	✓	✓
FROM	Sender (i.e.: e-mail address, Last name, First name)	Text	160		✓	✓
TO	Recipient (i.e.: e-mail address, Last name, First name)	Text – semicolon delimited	Unlimited		✓	✓
CC	Carbon Copy Recipients (i.e.: e-mail address, Last name, First name)	Text – semicolon delimited	Unlimited		✓	✓
BCC	Blind Carbon Copy Recipients (i.e.: e-mail address, Last name, First name)	Text – semicolon delimited	Unlimited		✓	✓
SUBJECT	Subject line of email	Text	Unlimited		✓	
TITLE	Document Title	Text	Unlimited			✓
CONVINDEX	E-mail system ID used to track replies, forwards, etc.	Text	Unlimited		✓	

Field name	Field Description	Field Type	Field Value	Hard Copy	E-mail	Other ESI
DOCDATE	Last Modified Date for files and Sent date for e-mail, this field inherits the date for attachments from their parent. Do not provide 00/00/0000.	Date	MM/DD/YYYY		✓	✓
TEXT FILEPATH	Relative file path of the text file associated with either the extracted text or the OCR	Text	Unlimited	✓	✓	✓
DATE TIME SENT	Date and time Sent (USE TIME ZONE OF COLLECTION LOCALITY) Numbers must be populated. If date is unknown, leave blank. Do not provide 00/00/0000	Date and Time	MM/DD/YYYY HH:MM:SS		✓	
DATE TIME CRTD	Date Created (USE TIME ZONE OF COLLECTION LOCALITY) Numbers must be populated. If date is unknown, leave blank. Do not provide 00/00/0000	Date and Time	MM/DD/YYYY HH:MM:SS		✓	✓
DATE TIME SVD	Date Saved (USE TIME ZONE OF COLLECTION LOCALITY) Numbers must be populated. If date is unknown, leave blank. Do not provide 00/00/0000	Date and Time	MM/DD/YYYY HH:MM:SS		✓	✓
DATE TIME MOD	Date Last Modified (USE TIME ZONE OF COLLECTION LOCALITY) Numbers must be populated. If date is unknown, leave blank. Do not provide 00/00/0000	Date and Time	MM/DD/YYYY HH:MM:SS		✓	✓
DATE TIME RCVD	Date Received (USE TIME ZONE OF COLLECTION LOCALITY) Numbers must be populated. If date is unknown, leave blank. Do not provide 00/00/0000	Date and Time	MM/DD/YYYY HH:MM:SS		✓	

Field name	Field Description	Field Type	Field Value	Hard Copy	E-mail	Other ESI
DATE TIME ACCD	Date Accessed (USE TIME ZONE OF COLLECTION LOCALITY) Numbers must be populated. If date is unknown, leave blank. Do not provide 00/00/0000	Date and Time	MM/DD/YYYY HH:MM:SS		✓	✓
TIME ZONE OFFSET	Time zone of collection locality, relative to Coordinated Universal Time (UTC). E.g., for US Central Standard Time (CST), the value for this field should be -6.0	Decimal	10		✓	
FILE SIZE	Native File Size in KBs	Decimal	10			✓
FILE NAME	File name - name of file as it appeared in its original location	Text	Unlimited			✓
APPLICATION	Application used to create native file (e.g. Excel, Outlook, Word)	Text	160		✓	✓
FILE EXTENSION	Extension for the file (e.g. .doc, .pdf, .wpd)	Text	10		✓	✓
FILEPATH	Data's original source full folder path	Text	Unlimited		✓	✓
NATIVE LINK	Relative file path location to the native file	Text	Unlimited		✓	✓
FOLDER ID	Complete E-mail folder path (e.g. Inbox\Active) or Hard Copy container information (e.g. folder or binder name)	Text	Unlimited	✓	✓	
HASH VALUE	Identifying value of an electronic record that is used for deduplication during processing. MD5 or SHA1 hash algorithms may be used, but must be kept consistent throughout all productions and communicated to Government.	Text	Unlimited		✓	✓
MESSAGEHEADER	E-mail header.	Text	Unlimited		✓	
ATTACHMCOUNT	Number of attachments (any level child document) associated with a ParentID	Text	10		✓	

Field name	Field Description	Field Type	Field Value	Hard Copy	E-mail	Other ESI
FILE TYPE	Description that represents the file type to the Windows Operating System. E.g., Adobe Portable Document Format, Microsoft Word 97 – 2003, or Microsoft Office Word Open XML Format.	Text	160		✓	✓
HAS HIDDEN CONTENT	Identifies whether the document has comments, track changes or other hidden content or data associated with it	Text	Yes/No		✓	✓
MESSAGE TYPE	Exchange Message class or equivalent	Text	60		✓	
EXTENDED PROPERTIES		Text	Unlimited		✓	✓
HAS REDACTIONS	Identifies whether a record has been produced with redactions; should be populated with Y for records with redactions and N for records without redactions.	Text	Yes/No	✓	✓	✓
HAS TRANSLATIONS	Identifies whether a document has been produced with translated text or audio contains a transcript	Text	Yes/No	✓	✓	✓

4. Search, De-Duplication, Near-Duplicate Identification, Technology Assisted Review, E-mail Conversation Threading and Other Culling Procedures

a. De-duplication of exact hash copies shall only be permitted if the producing party can meet all the provisions of this section. If a producing party cannot comply with any requirement of this section, it shall not conduct de-duplication of exact hash copies.
b. De-duplication of exact hash copies shall be performed globally – across all custodians. The custodian of each record shall be populated in the DupeCustodian field.
c. All files found on the National Institute of Standards and Technology (NIST) list, commonly referred to as deNISTing, should be excluded from delivery to the Government. All available metadata from files withheld from delivery due to the deNISTing process will be available upon request.
d. All files should be globally de-duplicated with the following conditions:

i. The "DupeCustodian" metadata field (listing of all custodians who had the document before de-duplication) must be provided with the document production.
ii. The "DupeCustodian File Path" metadata field (listing all the file locations of the document before de-duplication) must be provided with the document production.
iii. All files and metadata for the duplicate documents removed during de-duplication must be preserved and available for production upon request.
iv. No customization of hashing may occur without prior express approval by the Government.
v. De-duplication must be done by document family, not by individual document.
vi. A detailed description of the steps taken to de-duplicate (including the process of obtaining hash values) must be provided to the Government. For every production after the first, a separate Unified Custodian overlay shall be provided. If no overlay is necessary due to the fact that no documents de-duped out in connection with previously produced documents, this shall be expressly stated in the cover letter accompanying the subsequent production(s).

e. The Producing Party shall not use any other procedure to cull, filter, group, separate or de-duplicate, or near-deduplicate, etc. (i.e., reduce the volume of) responsive material before discussing with and obtaining the written approval of the government. All objective coding (e.g., near duplicate ID or e-mail thread ID) shall be discussed and produced to the government as additional metadata fields. The Producing Party will not employ analytic software or technology to search, identify, or review potentially responsive material, including but not limited to, technology assisted review or predictive coding, without first discussing with the government.

5. Hidden Text

All hidden text (e.g. track changes, hidden columns, mark-ups, notes) shall be expanded and rendered in the image file. Except for Adobe PDF files, for any files that cannot be expanded, the native files shall be produced with the image file. If an Adobe PDF's hidden text cannot be expanded and rendered in an image file, it need only be produced in native form if individually requested by a specific document identifier or bates number.

6. Embedded Files and File Links

All non-graphic embedded objects (Word documents, Excel spreadsheets, .wav files, etc.) that are found within a file shall be extracted and produced. For purposes of production, the embedded files shall be treated as attachments to the original file, with the parent/child relationship preserved.

The parties shall meet and confer regarding how to treat file links, including links within e-mails to centralized document repositories (e.g. MS OneDrive and Google Drive).

7. Image-Only Files

All image-only files (non-searchable .pdfs, multi-page TIFFs, Snipping Tool and other screenshots, etc., as well as all other images that contain text) shall be produced with OCR text and metadata/database fields identified in section 3 for "Other ESI."

8. Encrypted Files

Any data (whether individual files or digital containers) that is protected by a password, encryption key, digital rights management, or other encryption scheme, shall be decrypted prior to processing for production.

a. The unencrypted text shall be extracted and provided per section 2.d. The unencrypted files shall be used to render images and provided per sections 2.a and 2.b. The unencrypted native file shall be produced pursuant to sections 10-21.
b. If such protected data is encountered but unable to be processed, each file or container shall be reported as an exception in the accompanying Exception Report (pursuant to section 27) and shall include all available metadata associated with the data, including custodian information.

9. Production of Imaged Hard Copy Records

All imaged hard copy material shall reflect accurate document unitization including all attachments and container information (to be reflected in the PARENTID, ATTACHID, BEGATTACH, ENDATTACH and FOLDERID).

a. Unitization in this context refers to identifying and marking the boundaries of documents within the collection, where a document is defined as the smallest physical fastened unit within a bundle. (e.g., staples, paperclips, rubber bands, folders, or tabs in a binder).
b. The first document in the collection represents the parent document and all other documents will represent the children.
c. All imaged hard copy documents shall be produced as 300 dpi single-page TIFF files, CCITT Group IV (2D Compression). All documents shall be produced in black and white TIFF format unless the image requires color. An image requires color when color in the document adds emphasis to information in the document or is itself information that would not be readily apparent on the face of a black and white image. Images identified as requiring color shall be produced as color 300 dpi single-page JPEG files.
d. All objective coding (e.g., document date or document author) should be discussed and could be produced to the government as additional metadata/database fields should they be deemed as necessary.

10. Production of Spreadsheets and Presentation Files

All spreadsheet and presentation files (e.g. Excel, PowerPoint) shall be produced in the unprocessed "as kept in the ordinary course of business" state (i.e., in native format), with an associated placeholder image and endorsed with a unique Bates number. *See* section 22 below.

The file produced should maintain the integrity of all source, custodian, application, embedded and related file system metadata.

11. Production of E-mail Repositories

E-mail repositories, also known as e-mail databases (e.g., Outlook PST, Lotus NSF), can contain a variety of items, including: messages, calendars, contacts, tasks, etc. E-mail database systems should not be produced without consultation with and written consent of the government about the format for the production of such databases.

12. Production of Items Originally Generated in E-mail Repositories but Found and Collected Outside of E-mail Repositories, i.e., "Stand-alone" Items

Any parent e-mail or other parent items (e.g., calendar, contacts, tasks, notes, etc.) found and collected outside of e-mail repositories (e.g., items having extensions .msg, .htm, .mht, etc.), shall be produced with the "Loose E-mail" metadata fields outlined in section 3, including but not limited to any attachments, maintaining the family (parent/child) relationship.

13. Production of ESI Collected from Mobile Devices, Messaging Platforms, Workplace Collaboration Tools and Other Technologies

The responding party shall identify, collect, and produce any and all data which is responsive to the requests, collected from mobile devices, messaging platforms, workspace collaboration tools and other technologies. These technologies include, but are not limited to smart phones, cell phones, tablets, PDAs, Blackberry, smart phone data, tablet data, voicemail messaging data, instant messaging, chat messaging, text messaging, Slack, conference call data, video/audio conferencing, workspace collaboration tools (e.g., GoTo Meeting, WebEx, MS Teams, Zoom), and related/similar technologies. However, such data, logs, metadata or other files related thereto, as well as other less common but similar data types, shall be produced after consultation with and written consent of the government about the format for the production of such data.

The expectation of the government is that all familial relationships for all data will be maintained. Similar to email conversations and families, the expectation is that all messages/texts in a conversation will be provided the same conversation index and groupid data (maintaining the familial relationship) allowing the government to read the entire conversation in context. Messages should be produced to align with the formats listed in section 2 and as individual Unicode text files, and attachments should be produced as native files with images and OCR text.

While the parties shall meet and confer on precise metadata formats, as an example, metadata collected from mobile devices shall be provided in formats such as the following:

Field Name	Field Description	Mobile	Mobile Cellebrite Categories								
			Chats	MMS	SMS	Email	Instant Message	Voicemail	Recordings	Notes	Calendar
TXT-ROWNUMBER	Row number.	✓	#	#	#	#	#	#	#	#	#
TXT-CHATNUMBER	Chat number, identifies chat groups.	✓	Chat #								
TXT-STARTTIME	Start date-time for conversation, calendar item.	✓	Start Time: Date								Start Date: Date
TXT-ENDTIME	End date-time for calendar item.	✓									End Date: Date
TXT-LASTACTIVITYTIME	End date-time for conversation.	✓	Last Activity: Date								
TXT-PARTICIPANTS	Who was involved in the conversation, meeting.	✓	Participants		Party						Attendees
TXT-MESSAGENUMBER	Individual identifier for message.	✓	Instant Message #								
TXT-BODY	Body of the chat, message, item.	✓	Body	Body	Message					Body	
TXT-STATUS	Whether the text was Sent or Read on the device.	✓	Status	Status	Status						Status
TXT-LOCATION	GPS Information.	✓	Location				Location				Location
TXT-TIMESTAMP	Timestamp of item. Equivalent to DateReceived for incoming items or to	✓	Timestamp: Date	Date	Date	Date		Timestamp-Date	Timestamp-Date		

Field Name	Field Description	Mobile	Mobile Cellebrite Categories								
			Chats	MMS	SMS	Email	Instant Message	Voicemail	Recordings	Notes	Calendar
	DateSent for outgoing items.										
TXT-READDATE	Date read	✓	Read: Date		Read-Date		Read-Date				
TXT-DELETED	Indicates whether a message was deleted and recovered by Cellebrite.	✓	Deleted - Chat	Deleted		Deleted	Deleted	Deleted	Deleted	Deleted	Deleted
TXT-STARREDMESSAGE	Notes whether the message was flagged.	✓	Starred message				Starred message				
TXT-THREAD-GROUP	Populate with the DOCID of the first text in the chat conversation to allow the entire chat conversation to be grouped as a family. (Sort each device by Chat Number and then by Row Number to assign TXT-THREAD-GROUP identifier). This is NOT the BEGATTACH field or	✓	Chat #								

Field Name	Field Description	Mobile	Mobile Cellebrite Categories								
			Chats	MMS	SMS	Email	Instant Message	Voicemail	Recordings	Notes	Calendar
	Relativity Group Identifier.										
TXT-SMSC	Short Message Service Center (handles SMS text messages on behalf of phone service provider)	✓			SMSC						
DIRECTION	Direction of communication ; Outgoing or Incoming.	✓		Direction	Direction	Direction	Direction				
IMPORTANCE		✓		Priority		Priority					Priority
ACCOUNT	Account identifier for device user: email address, phone number, account number.	✓		Name		Account		Name			
DURATION	Duration time of call, voice message, audio, video in HH:MM:SS format, e.g. 00:00:32	✓						Duration	Duration		

14. Production of Social Media

Prior to any production of responsive data from social media (e.g., Twitter, Facebook, LinkedIn, etc.), the producing party shall first discuss with the government the potential export formats before collecting the information, to ensure it is collected and produced in a way that preserves the original metadata, has a clear chain of custody, and provides as much information as possible regarding the source and history of each individual communication.

Social media platforms offer different functions, forms of content, and capability for downloading accounts. Because of these differences, prior to collection of social media data, the producing party must discuss with the government the available export and production methods and formats that the producing party is considering. Unless the government agrees to an alternative in writing, regardless of the social media platform, productions of social media content must meet the following general requirements: (1) separate (2) searchable (3) static images of (4) each responsive posting on the social media platform, (5) all related content (e.g., comments, likes, share or re-transmittal information, images, videos, linked documents and content), and (6) associated metadata (e.g., user name(s), date, and time of all posts, comments, likes, share or re-transmittals).

These general requirements are in addition to any more specific requirements in a particular request (e.g., geolocation data), and the producing party must ask the government about any perceived conflict between these requirements and another source of specifications or requirements. If available from the social media platform or through social media data processing software, files that facilitate interactive review of the data (i.e., html files) as well as load files in .csv format must be produced with the associated content.

15. Production of Structured Data

Prior to any production of responsive data from a structured database (e.g., Oracle, SAP, SQL, MySQL, QuickBooks, proprietary timekeeping, accounting, sales rep call notes, CRMs, SharePoint, etc.), the producing party shall first identify the database type and version number, discuss providing the database dictionary (in whole or part) and any user manuals, or any other documentation describing the structure and/or content of the database and a list of all reports that can be generated from the database. Upon consultation with and written consent of the government, if a report is provided, the standard format of that report provided should be in comma separated values (.csv) format. The information contained in any such report must be thoroughly explained to the government before production.

16. Production of Photographs with Native File or Digitized ESI

Photographs shall be produced as single-page JPEG files with a resolution equivalent to the original image as they were captured/created. All JPEG files shall have extracted metadata/database fields provided in a Concordance® load file format as outlined in section 3 for "Other ESI."

17. Production of Images from which Text Cannot be OCR Converted

An exception report shall be provided when limitations of paper digitization software/hardware or attribute conversion do not allow for OCR text conversion of certain images. The report shall include the DOCID or Bates number(s) corresponding to each such image.

18. Production of Translated Text with Non-English Language ESI or Documents

To the extent translated text is available to the producing party through machine language translation, such translations shall be provided to the government with the production. The producing party shall provide the original extracted text as well as the translated extracted text in load ready format. The translated text and images of translated documents shall be provided as a separate folder volume to the main production. The parties shall meet and confer regarding any required translated text redactions.

19. Production of Audio File Transcripts

To the extent audio files are produced and transcripts are available to the producing party through machine transcription, such transcripts shall be provided to the government with the production. The producing party shall provide the audio file transcript as a text file in load ready format like any other text file named by the BEGDOC#. The parties shall meet and confer regarding any required audio file redactions.

20. Production of ESI from Non-PC or Non-Windows-based Systems

If responsive ESI is in non-PC or non-Windows-based Systems (e.g., Apple, IBM mainframes, and UNIX machines, Android device, etc.), the ESI shall be produced after discussion with and written consent of the government about the format for the production of such data.

21. Production of Native Files (When Applicable Pursuant to These Specifications)

Production of native files, as called for in these specifications, shall have extracted metadata/database fields provided in a Concordance® load file format as defined in the field specifications for "Other ESI" as outlined in section 3 as well as a placeholder image which indicates a native file is being produced.

ESI shall be produced in a manner which is functionally usable by the government. The following are examples:

a. AutoCAD data, e.g., DWG and DXF files, shall be processed/converted and produced as single-page JPG image files and accompanied by a Concordance® Image formatted load file as described above. The native files shall be placed in a separate folder on the production media and linked by a hyperlink within the text load file.
b. GIS data shall be produced in its native format and be accompanied by a viewer such that the mapping or other data can be reviewed in a manner that does not detract from its ability to be reasonably understood.

c. Audio and video recordings shall be produced in native format and be accompanied by a viewer if such recordings do not play in a generic application (e.g., Windows Media Player).

22. Bates Number Convention

All images should be assigned Bates numbers before production to the government. Each Bates number shall be a standard length, include leading zeros in the number, and be unique for each produced page. The numbers should be endorsed on the actual images at a location that does not obliterate, conceal, or interfere with any information from the source document. Native files should be assigned a single Bates number for the entire file which will represent the native document in the Opticon/ Concordance® Image Cross Reference file. The load file will include a reference to the native file path and utilize the NATIVELINK metadata field). The Bates number shall not exceed 30 characters in length and shall include leading zeros in the numeric portion. The Bates number shall be a unique number given sequentially (i.e. page one of document is PREFIX0000000001, page two of the same document is PREFIX0000000002) to each page (when assigned to an image) or to each document (when assigned to a native file). If the parties agree to a rolling production, the numbering convention shall remain consistent throughout the entire production. There shall be no spaces between the prefix and numeric value. If suffixes are required, please use "dot notation." Below is a sample of dot notation:

	Document #1	*Document #2*
Page #1	PREFIX00000000001	PREFIX00000000002
Page #2	PREFIX00000000001.002	PREFIX00000000002.002
Page #3	PREFIX00000000001.003	PREFIX00000000002.003

23. Media Formats for Storage and Delivery of Production Data

Electronic documents and data shall be delivered on any of the following media:

a. CD-ROMs and/or DVD-R (+/-) formatted to ISO/IEC 13346 and Universal Disk Format 1.02 specifications; Blu-ray.
b. External hard drives (USB 3.0 or higher, formatted to NTFS format specifications) or flash drives
c. Government approved File Transfer Protocol (FTP) technologies.
d. Storage media used to deliver ESI shall be appropriate to the size of the data in the production.
e. Media should be labeled with the case name, production date, Bates range, and producing party.

24. Virus Protection and Security for Delivery of Production Data

Production data shall be free of computer viruses. Any files found to include a virus shall be quarantined by the producing party and noted in a log to be provided to the government. Password protected or encrypted files or media shall be provided with corresponding passwords and specific decryption instructions. All encryption software shall be used with approval by and with the written consent of the government.

25. Privilege Logs

a. The name and title of the author (and if different, the preparer and signatory);
b. The name(s) and title(s) of the individual(s) to whom the document was addressed;
c. The name(s) and title(s) of the individuals to whom the document or a copy of the document was sent or to whom the document or a copy, or any part thereof, was shown;
d. The date of the document;
e. The number of pages;
f. A brief description of the subject matter;
g. A statement of the specific basis on which privilege is claimed; and
h. The paragraph or subparagraph of the Subpoena to which it is responsive.

26. Compliance and Adherence to Generally Accepted Technical Standards

Production shall be in conformance with standards and practices established by the National Institute of Standards and Technology ("NIST" at www.nist.gov), U.S. National Archives & Records Administration ("NARA" at www.archives.gov), American Records Management Association ("ARMA International" at www.arma.org), American National Standards Institute ("ANSI" at www.ansi.org), International Organization for Standardization ("ISO" at www.iso.org), and/or other U.S. Government or professional organizations.

27. Read Me Text File

All deliverables shall include a "read me" text file at the root directory containing: total number of records, total number of images/pages or files, mapping of fields to plainly identify field names, types, lengths, and formats. The file shall also indicate the field name to which images will be linked for viewing, date and time format, and confirmation that the number of files in load files matches the number of files produced.

28. Exception Report

An exception report, in .csv format, shall be included, documenting any production anomalies during the collection, processing, and production phases. The report shall provide all available BEGDOC# or DOCID values and metadata listed in section 3, including but not limited to file names and file paths for all affected files.

29. Transmittal Letter to Accompany Deliverables

All deliverables should be accompanied by a transmittal letter including the production date, case name and number, producing party name, and Bates range produced. Technical instructions on how to decrypt media should be included in the transmittal letter but the password should be transmitted separately.

-XXX-

EXHIBIT O

THE COLORADO SUN

NEWS: HEALTH

Trump administration subpoenas Children's Hospital Colorado over gender-affirming care

Children's said it is "engaging outside counsel" to decide how to respond to the Department of Justice

John Ingold
3:39 AM MDT on Jul 18, 2025

The exterior of Children's Hospital Colorado in Aurora, photographed on Oct. 18, 2019. (John Ingold, The Colorado Sun)

Children's Hospital Colorado, the state's largest pediatric specialty hospital, has received a subpoena from the U.S. Department of Justice as part of an apparent investigation into gender-affirming care for transgender youth.

The hospital received the subpoena this week. It did not disclose the contents or say whether the subpoena seeks patient records.

"We are engaging outside counsel and evaluating it to determine how we should respond," the hospital wrote in a statement Thursday.

The subpoena comes one month after Fox News, citing an anonymous source, **reported** that the DOJ had opened an investigation into three children's hospitals across the country, including Children's Hospital Colorado. The others were Boston Children's Hospital and Children's Hospital Los Angeles.

The investigation reportedly is looking at gender-affirming surgeries to kids under the age of 18, which the administration of President Donald Trump has suggested could be prosecuted as illegal female genital mutilation.

Fox reported that the DOJ investigation stems from a memo U.S. Attorney General Pam Bondi issued earlier this year instructing prosecutors to use a federal law against female genital mutilation — or FGM, in the memo's terminology — to investigate medical providers offering gender-affirming surgeries.

Attorney General Pam Bondi speaks at a news conference at the Drug Enforcement Administration, Tuesday, July 15, 2025, in Arlington, Va. (AP Photo/Julia Demaree Nikhinson)

"I am directing all U.S. Attorneys to investigate all suspected cases of FGM — under the banner of so-called 'gender-affirming care' or otherwise — and to prosecute all FGM offenses to the fullest extent possible," the memo stated, as reported by Fox.

The **federal law banning female genital mutilation** dates back to 1996, and the debate over it in Congress focused primarily on people from other countries **who had brought the practice to the United States**. The law contains a detailed definition of what constitutes illegal genital mutilation and also contains an exemption if a surgery is "necessary to the health of the person on whom it is performed."

There are **numerous different types** of gender-affirming surgeries, and many do not involve changes to the genitals.

In a statement to The Sun last week, Children's said it has never provided gender-affirming surgeries to patients under the age of 18. It **stopped offering such surgeries to patients 18 and older** in 2023. The hospital continued to provide non-surgical care.

The subpoena adds to the pressure Children's and other pediatric hospitals face over gender-affirming care.

Children's Hospital Colorado was among the nine hospitals that in May **received a letter from federal health authorities** asking for financial information and other details related to gender-affirming care. Children's said it provided a response to that request but did not elaborate.

Children's was one of three Colorado health systems — Denver Health and UCHealth were the others — that **shut down most gender-affirming care for trans youth** in January, when the Trump administration announced it would pull federal funding from hospitals that provided such care. Children's and Denver Health **started their care back up in February** after a federal judge blocked the order.

Like Children's, Denver Heath does not provide gender-affirming surgeries to youth. Both hospitals' care consists of providing hormone therapies, treatments that block the onset of puberty, counseling and other supportive care. UCHealth previously provided care only to patients 18 and older. Earlier this year, it changed the age cutoff to 19 and older.

Denver Health said it had not been contacted by the DOJ.

In its statement Thursday, Children's said it has not made changes to the care it offers as a result of the new subpoena.

"We believe families know what is best for their child and should have the right to access expert medical care to support their child's well-being, including gender-diverse youth," the hospital's statement read. "There is no change to our care model at this time."

EXHIBIT P

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE

SUBPOENA DUCES TECUM

No. 25-1431-014

To: The Children's Hospital of Philadelphia
3401 Civic Center Boulevard
Philadelphia, Pennsylvania 19104

YOU ARE HEREBY COMMANDED TO APPEAR BEFORE Patrick Runkle, Ross Goldstein, and/or Francisco Unger, officials of the United States Department of Justice, and you are hereby required to bring with you and produce the following:

Please see Attachment A

which are necessary in the performance of the responsibility of the United States Department of Justice to investigate Federal health care offenses as defined in 18 U.S.C. § 24(a).

Please contact Assistant Director Patrick Runkle, Assistant Director Ross Goldstein, or Trial Attorney Francisco Unger at 202-616-0295 if you have any questions regarding this Subpoena Duces Tecum.

PLACE AND TIME FOR APPEARANCE:

U.S. Department of Justice, Consumer Protection Branch, 450 Fifth St., NW, Washington, D.C.
on Wednesday, the 9th day of July, 2025, at ten o'clock a.m.

Failure to comply with the requirements of this subpoena will render you liable to proceedings in the district court of the United States to enforce obedience to the requirements of this subpoena, and to punish default or disobedience.

Issued under authority of Section 248 of the Health Insurance Portability & Accountability Act of 1996, Public Law No. 104-91 (18 U.S.C. § 3486)

IN TESTIMONY WHEREOF

Brett A. Shumate, Assistant Attorney General, the undersigned official of the United States Department of Justice, has set his hand this 11th day June, 2025.

BRETT SHUMATE

Digitally signed by BRETT SHUMATE
Date: 2025.06.11 12:05:50 -04'00'

(signature)

ATTACHMENT A TO SUBPOENA TO:

THE CHILDREN'S HOSPITAL OF PHILADELPHIA
3401 CIVIC CENTER BOULEVARD
PHILADELPHIA, PENNSYLVANIA 19146-2305

I. DEFINITIONS

1. "You," "Your Company," "the Company," and "CHOP" means:

   a. The Children's Hospital of Philadelphia, a Pennsylvania nonprofit corporation, whose principal place of business is located at 3401 Civic Center Boulevard, Philadelphia, Pennsylvania, without regard to any name under which it has done business;

   b. All of its predecessors, subsidiaries, affiliates, branches, divisions, groups, business units, business segments, operations, units, parent organizations, successors, assigns, plants, and any joint ventures of which they were or are a part, including, without limitation, CHOP's Gender and Sexuality Development Program; and

   c. Each of its present or former officers, directors, employees, attorneys, representatives, and agents acting or purporting to act or appearing to act on behalf of the Company, whether or not acting within the proper scope of his or her actual authority.

2. "Employee" means any person including, but not limited to, any independent contractor or agent, all past and present directors, officers, agents, representatives, attorneys, accountants, advisors, and consultants who acted or purported to act on behalf of the Company or who have performed any service for the Company or under its name, whether on a full-time, part-time, piece-work, commission, volunteer, or other basis, and whether paid or unpaid.

3. "Document" should be afforded the broadest possible meaning and includes every writing or record of whatever type or description, including but not limited to any electronically stored data or paper document, in the possession, custody, or control of the Company. This includes, but is not limited to:

   a. All material that is handwritten, typed, printed, recorded, transcribed, taped, filmed, in graphic form, or in aural form;

b. Drawings, designs, manuals, memoranda, emails, reports, financial reports, notes, diaries, notations of any sort of conversations, working papers, letters, envelopes, telegrams, messages, studies, analyses, books, articles, notebooks, booklets, circulars, bulletins, notices, instructions, pamphlets, pictures, films, videos, voice recordings, maps, work papers, arithmetical computations, calendars (including electronic calendars), date books, task lists, minutes, all communications of any type (e.g., e-mail, voice mail, text messaging, WhatsApp and similar applications), social media content (including posts, messages, comments, and metadata), audio and video files,

c. Electronically stored data on magnetic or optical storage media as an "active" file or files (readily readable by one or more computer applications or forensics software), including metadata;

d. Any electronic files saved as a backup, including metadata;

e. Any deleted but recoverable electronic files, including metadata;

f. Any electronic file fragments (files that have been deleted and partially overwritten with new data), including metadata;

g. Every copy of every document where such copy is not identical to the original because of any addition, deletion, alteration, or notation; and

h. All attachments, enclosures, or other matter affixed to, transmitted with, or incorporated by reference within documents responsive to this Subpoena including, but not limited to, any pages showing who reviewed, approved, or rejected a particular document.

4. "Relevant Time Period" means January 1, 2020, through the present date. All responsive documents that were prepared, dated, sent, received, altered, in effect, or which came into existence during this period are to be produced pursuant to this Subpoena.

5. "Or" as well as "and" shall be construed interchangeably in a manner that gives this Subpoena the broadest possible meaning.

6. "Any" shall be construed to include the word "all" and the term "all" shall be construed to include the word "any."

7. "Relate to" means to make a statement about, refer to, discuss, describe, reflect, identify, deal with, consist of, or in any way pertain, in whole or in part to the subject.

8. "Communication" means any transmission or exchange of information, statements, ideas, inquiries, or data between two or more persons orally, in writing, digitally, visually, or electronically regardless of the medium or platform used, including social media interactions, voicemails, and virtual meetings (e.g., Zoom, WebEx, Microsoft Teams). The term includes all drafts, versions, replies, responses, forwards, and attachments associated with or forming part of the communication, as well as any records or logs reflecting the time, date, participants, and content of such communications.

9. "Gender-related care" means any medical, surgical, psychological, or social treatment provided to individuals to alter their physical appearance or social presentation to resemble characteristics typically associated with the opposite biological sex.

10. "Puberty blockers" means any gonadotropin-releasing hormone ("GnRH") agonists or related drugs (*e.g.,* leuprolide, triptorelin) used to delay the onset of puberty.

11. "Hormones" includes testosterone, estrogen, and any other hormonal drugs used in hormonal treatments sometimes known as "gender affirming hormone therapy" ("GAHT") or transgender hormone therapy used to induce cross-sex characteristics.

12. "Minor" means any patient under the age of 18 at the time of consultation, treatment, or prescription.

II. GENERAL INSTRUCTIONS

1. You are required to produce the **originals** of each document and other item that is responsive, in whole or in part, to any request set forth in this Subpoena, together with all copies of any such document that exist.

   a. If a copy is identical to the original, you are not required to produce it, but if you choose not to, your records custodian (the "Custodian," as described below) must maintain a written log identifying the location(s) where each identical copy of the original document was located, including all locations, if more than one. This includes, in the case of information stored in electronic form, a description, including drives, directories, and computers of where the document is located.

   b. If a copy differs from the original by virtue of any addition, deletion, alteration, notation, or inscription on any part of the front or back of the document, the original and copy must each be produced.

2. **No document called for by this subpoena shall be destroyed, modified, redacted, removed, or otherwise made inaccessible.** Documents called for by this Subpoena for which a claim of privilege is made, in compliance with the instruction below, shall be retained and protected.

3. Your Company is to designate someone as the person responsible to produce documents on the Subpoena return date (the "Custodian").

   a. Such Custodian shall have personal, direct, and thorough knowledge of, and responsibility for, the search conducted by the Company for documents responsive to this Subpoena.

   b. The Custodian shall be prepared on the return date to submit to examination concerning the method and completeness of the Company's response, the exact location(s) within the Company's premises at which documents produced in response to the Subpoena were found, and other matters pertaining to the search.

   c. The Custodian shall further be prepared to provide a written log identifying the location(s) in which each produced document was located, indicating all locations, if more than one. This includes, in the case of information stored in electronic form, a description, including drives, directories, and computers, of where the document is located.

4. The Company shall identify the paragraph and subparagraph of Section III of this Attachment to the Subpoena ("Documents to Be Produced") to which each document produced pursuant to this Subpoena is responsive.

5. If the Company has knowledge of any document that would be responsive to this Subpoena, but has been lost, destroyed, or discarded, it shall identify the document to the extent possible, and provide an explanation of the loss, destruction or discarding, including identification of each person authorizing or having knowledge of the loss, destruction, or discarding.

6. The singular form of a word shall be construed to include within its meaning the plural form of the word, and *vice versa*, and the use of any tense of any verb shall be considered to include all other tenses in a manner that gives this Subpoena the broadest reading.

7. All electronically stored information must be collected using a forensically sound process. When the image file is produced, the Company must preserve the integrity of the electronic document's contents, including the original formatting of the document, its metadata and, where applicable, its revision history.

8. If the Company withholds any document on the ground of any claimed privilege, it shall provide a statement with respect to each document setting forth

   a. The name and title of the author (and if different, the preparer and signatory);

   b. The name(s) and title(s) of the individual(s) to whom the document was addressed;

   c. The name(s) and title(s) of the individuals to whom the document or a copy of the document was sent or to whom the document or a copy, or any part thereof, was shown;

   d. The date of the document;

   e. The number of pages;

   f. A brief description of the subject matter;

   g. A statement of the specific basis on which privilege is claimed; and

   h. The paragraph or subparagraph in Section III of this Attachment ("Documents to Be Produced") to which it is responsive.

III. DOCUMENTS TO BE PRODUCED

1. Complete personnel files for each employee, contractor, or affiliate of the Company in the following categories: (a) executives, management employees, or board members with authority to direct any aspect of the Company's affairs; (b) employees, contractors, or affiliates who have authority to prescribe medications or perform medical evaluations; and (c) employees, contractors, or affiliates who are engaged in billing activities.

2. All documents, including billing records, insurance claims, internal protocols, or guidance, concerning the use of ICD (*i.e.*, International Classification of Diseases) diagnosis codes in connection with the treatment of minor patients receiving gender-related care.

3. All documents that show or relate to any use of diagnosis codes for minors other than those specifically identifying transsexualism, gender dysphoria, gender incongruence, or gender identity disorder (*e.g.*, codes for endocrine disorder, unspecified hormonal disorders, medication management, etc.).

4. All documents reflecting communications among Company employees (including physicians, billing staff, and administrators), or between the Company and any third party, relating to whether or how to code or bill for treatment of gender dysphoria by using alternative diagnoses or alternative ICD codes.

5. All communications with public or private health care benefit programs or plans regarding the use of ICD codes for gender-related care, including any inquiries, denials, or appeals related to claims for such care.

6. Any training materials, coding manuals, presentations, or communications relating to billing or coding practices for gender-related care, puberty blockers, or hormone therapy.

7. All documents relating to communications between You and any pharmaceutical manufacturer of puberty blockers or hormones, or any compounding pharmacy providing puberty blockers or hormones, relating to the use of such drugs in gender-related care for minors.

8. All documents relating to communications with pharmaceutical sales representatives, marketing departments, or medical science liaisons regarding the use of puberty blockers or hormones for gender-related care or the treatment of gender dysphoria, including with regard to the safety and efficacy of such drugs for those uses.

9. All documents, including presentations and promotional materials, received from pharmaceutical manufacturers or compounding pharmacies concerning uses of their products in minors for gender-related care or for the treatment of gender dysphoria, including so-called "scientific exchange" materials.

10. All documents relating to contracts, sponsorships, speaking engagements, consulting agreements, grants, or financial or promotional arrangements between You and any manufacturer or compounder of puberty blockers or hormones.

11. Documents sufficient to identify each patient (by name, date of birth, social security number, address, and parent/guardian information) who was prescribed puberty blockers or hormone therapy.

12. For each such patient identified in Subpoena specification 11, *supra*, documents relating to the clinical indications, diagnoses, or assessments that formed the basis for prescribing puberty blockers or hormone therapy.

13. All documents relating to informed consent, patient intake, and parent or guardian authorization for minor patients identified in Subpoena specification 11, *supra*, including any disclosures about off-label use (*i.e.,* uses not

approved by the United States Food and Drug Administration) and potential risks.

14. All documents reflecting communications with pharmaceutical manufacturers, compounding pharmacies, or government agencies relating to the safety of puberty blockers or hormones used in the treatment of minor patients.

15. All documents relating to any adverse event, side effect, or medically unfavorable consequence or outcome in a minor patient with regard to gender-related care.

IV. FORM OF PRODUCTION

Documents responsive to this Subpoena should be produced in the format specified in the "Production Specifications," attached as ATTACHMENT B to this Subpoena.

Specifications for Production of ESI and Digitized ("Scanned") Images ("Production Specifications")

Collection of Electronically Stored Information (ESI)

Careful consideration should be given to the methodology, implementation and documentation of ESI collection to ensure that all responsive data and metadata are preserved in the collection process. Consideration should also be given as to whether production media should be encrypted when producing to the government when required by law (i.e. Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA), etc. *See* Section 24 below.

1. Specification Modifications

Any modifications or deviations from the Production Specifications may be done only with the express permission of the government and these modifications or deviations should be communicated to the government and approved by the government in written form. Any responsive data or documents that exist in locations or native forms not discussed in these Production Specifications remain responsive and, therefore, arrangements should be made with the government to facilitate their production.

2. Production Format of ESI and Imaged Hard Copy Documents

Responsive ESI shall be produced in its unprocessed form (i.e., in its native format), without altering native electronic file formats and maintains the integrity of all source, custodian, application, embedded and metadata related thereto. The native electronic file formats provided shall be of a type and nature which is functionally useable by all parties. No alteration shall be made to file names or extensions for responsive native electronic files. If a producing party is converting native files to image files for its own purposes, the Government requests a copy of that image file along with production of the native file.

For ESI, a producing party may provide an image file without a native file only if the affected document requires a privilege redaction or other permitted redaction.. Except as outlined below in sections 5 – 21, the redacted document shall be rendered to TIFF image format, and accompanied by an Opticon/Concordance® Image Cross Reference file. Paper documents shall also be imaged pursuant to the requirements below.

All applicable metadata/database (see section 3 below) shall be extracted and provided in Concordance® load file format.

a. **Image File Format:** All imaged documents shall be produced in black and white TIFF format unless the image requires color. An image requires color when color in the document adds emphasis to information in the document or is itself information that would not be readily apparent on the face of a black and white image.

b. When producing black and white paper documents scanned to images, or rendered ESI, they shall be produced as 300 dpi, 1 bit, single-page TIFF files, CCITT

Group IV (2D Compression). When producing in *color*, paper documents scanned to images, or rendered ESI, they shall be produced as 300 dpi single-page JPG. Images should be uniquely and sequentially Bates numbered and unless otherwise specified, Bates numbers should be an endorsement on each image.

i. All TIFF file names shall include the unique Bates number burned into the image. (See section 22, below, regarding Bates number instructions.)
ii. All TIFF image files shall be stored with the ".tif" extension.
iii. Images without corresponding extracted text shall be OCR'd using standard COTS products.
    1. An exception report shall be provided when limitations of paper digitization software/hardware or attribute conversion do not allow for OCR text conversion of certain images. The report shall include the DOCID or Bates number(s) corresponding to each such image.
iv. All pages of a document or all pages of a collection of documents that comprise a folder or other logical grouping, including a box, shall be delivered on a single piece of media.
v. No image folder shall contain more than 2,000 images.

c. **Opticon/Concordance® Image Cross Reference file:** Images should be accompanied by an Opticon load file that associates each Bates number with its corresponding single-page TIFF image file. The Cross Reference file should also contain the relative image file path for each Bates numbered page. The Opticon/Concordance® Image Cross Reference file is a page level load file, with each line representing one image.

Below is a sample:

```
REL000000001,,.\IMAGES\001\REL000000001.TIF,Y,,,
REL000000002,,.\IMAGES\001\REL000000002.TIF,,,,
REL000000003,,.\IMAGES\001\REL000000003.TIF,,,,
REL000000004,,.\IMAGES\001\REL000000004.TIF,Y,,,
REL000000005,,.\IMAGES\001\REL000000005.TIF,,,,
```

The fields are, from left to right:

- Field One – (REL000000001) – the Bates Number. This value must be unique for each row in the OPT file. The first page of each document must match the DOCID or BEGDOC# value of the respective document.
- Field Two – (blank) – the volume identifier. This field is not required.
- Field Three – (.\IMAGES\001\REL000000001.TIF) – The relative file path to the image to be loaded.
- Field Four – (Y) – the document marker. A "Y" indicates the start of a unique document.
- Field Five – (blank) – The folder indicator. This field is not required, and typically is not used.

- Field Six – (blank) – The box indicator. This field is not required, and typically is not used.
- Field Seven – (blank) – The page count. This field is not required.

d. **Concordance® Load File**: Images should also be accompanied by a flat, document-level load file to provide the metadata and native files containing delimited text that will populate fields in a searchable, flat database environment. The file encoding must be one of four types: Western European (Windows), Unicode (UTF16), Big-Endian Unicode or UTF8. The file should contain the required fields listed below in section 3.

1. Text delimited load files are defined using the standard Concordance delimiters. For example:

Field Separator	*¶ or Code 020*
Text Qualifier	*þ or Code 254*
Newline	*® or Code 174*
Multi-value	*; or Code 059*
Nested values	*\ or Code 092*

2. This load file should contain the relative file path to the individual multi-page, document level text files.
3. This load file should also contain the relative file path to all provided native files, such as Microsoft Excel or PowerPoint files.
4. There should be one line for every record in a collection.
5. The load file must contain a header listing the metadata/database fields contained within. For example, if the data file consists of a First Page of a Record (BegDoc#), Last Page of a Record (ending Bates / ENDDOC#), DOCID, DOCDate, File Name, and a Title, then the structure may appear as follows:

þBEGDOCþ¶þENDDOCþ¶þDOCIDþ¶þDOCDATEþ¶þFILENAMEþ¶þTITLEþ

d. **The extracted/OCR** text should be provided for each document as a separate single text file. The file name should match the BEGDOC# or DOCID for that specific record and be accompanied by the .txt extension.

e. **Directory and folder structure:** The directory structure for productions should be:

*CaseName***LoadFiles**
*CaseName***Images** < For supporting images (can include subfolders as needed, should not include more than 2,000 files per folder)
*CaseName***Natives** <Native Files location (can include subfolders as needed, should not include more than 2,000 files per folder)
*CaseName***Text** <Extracted Text files location (can include subfolders as needed, should not include more than 2,000 files per folder)

*CaseName***Translated Images** <For supporting images of translated documents (as needed for rendered translated documents; can include subfolders as needed, should not include more than 2,000 files per folder)
*CaseName***Translated Text** <Translated Text files location (as needed for translated text; can include subfolders as needed, should not include more than 2,000 files per folder).

3. Required Metadata/Database Fields

A "✓" denotes that the indicated field should be present in the load file produced. "Other ESI" includes data discussed in sections 5 – 21 below, but does not include email, email repositories (section 11), "stand alone" items (section 12), imaged hard copy material (section 9) and production from ESI collected from Smart Phones, Mobile Devices and Other Technology (section 13). Email, email repositories, and "stand alone" materials (section 12) should comply with "Email" column below. Imaged hard copy materials should comply with the "Hard Copy" column. Production from ESI collected from Smart Phones, Mobile Devices and Other Technology should comply with the requirements of section 13. The parties will meet and confer about any field which cannot be populated automatically (i.e. would require manual population of information).

Field name	Field Description	Field Type	Field Value	Hard Copy	E-mail	Other ESI
COLLECTION SOURCE	Name of the Company/Organization data was collected from	Text	160	✓	✓	✓
SOURCE ID (BOX #)	Submission/volume/box number	Text	10	✓	✓	✓
CUSTODIAN	Custodian/Source - format: Last, First or ABC Dept.	Text	160	✓	✓	✓
DUPECUSTODIAN	Custodian/Source – all custodians who had the document before de-duplication; format: Last, First or ABC Dept.	Text – semicolon delimited	Unlimited		✓	✓
DUPECUSTODIAN FILE PATH	Listing of all the file locations of the document before de-duplication	Text – semicolon delimited	Unlimited		✓	✓
AUTHOR	Creator of the document	Text	500			✓
BEGDOC#	Start Bates (including prefix) - No spaces	Text	60	✓	✓	✓
ENDDOC#	End Bates (including prefix) - No spaces	Text	60	✓	✓	✓
DOCID	Unique document Bates # or populate with the same value as Start Bates (DOCID = BEGDOC#)	Text	60	✓	✓	✓

Field name	Field Description	Field Type	Field Value	Hard Copy	E-mail	Other ESI
PGCOUNT	Page Count	Number	10	✓	✓	✓
GROUPID	Contains the Group Identifier for the family, in order to group files with their attachments	Text	60		✓	✓
PARENTID	Contains the Document Identifier of an attachment's parent	Text	60		✓	✓
ATTACHIDS	Child document list; Child DOCID or Child Start Bates	Text – semicolon delimited	Unlimited	✓	✓	✓
ATTACHLIST	List of Attachment filenames	Text – semicolon delimited	Unlimited		✓	✓
BEGATTACH	Start Bates number of parent	Text	60	✓	✓	✓
ENDATTACH	End Bates number of last attachment	Text	60	✓	✓	✓
RECORD TYPE	Use the following choices: Image, Loose E-mail, E-mail, E-Doc, Attachment, Hard Copy or Other. If using Other, please specify what type after Other	Text	60	✓	✓	✓
FROM	Sender (i.e.: e-mail address, Last name, First name)	Text	160		✓	✓
TO	Recipient (i.e.: e-mail address, Last name, First name)	Text – semicolon delimited	Unlimited		✓	✓
CC	Carbon Copy Recipients (i.e.: e-mail address, Last name, First name)	Text – semicolon delimited	Unlimited		✓	✓
BCC	Blind Carbon Copy Recipients (i.e.: e-mail address, Last name, First name)	Text – semicolon delimited	Unlimited		✓	✓
SUBJECT	Subject line of email	Text	Unlimited		✓	
TITLE	Document Title	Text	Unlimited			✓
CONVINDEX	E-mail system ID used to track replies, forwards, etc.	Text	Unlimited		✓	

Field name	Field Description	Field Type	Field Value	Hard Copy	E-mail	Other ESI
DOCDATE	Last Modified Date for files and Sent date for e-mail, this field inherits the date for attachments from their parent. Do not provide 00/00/0000.	Date	MM/DD/YYYY		✓	✓
TEXT FILEPATH	Relative file path of the text file associated with either the extracted text or the OCR	Text	Unlimited	✓	✓	✓
DATE TIME SENT	Date and time Sent (USE TIME ZONE OF COLLECTION LOCALITY) Numbers must be populated. If date is unknown, leave blank. Do not provide 00/00/0000	Date and Time	MM/DD/YYYY HH:MM:SS		✓	
DATE TIME CRTD	Date Created (USE TIME ZONE OF COLLECTION LOCALITY) Numbers must be populated. If date is unknown, leave blank. Do not provide 00/00/0000	Date and Time	MM/DD/YYYY HH:MM:SS		✓	✓
DATE TIME SVD	Date Saved (USE TIME ZONE OF COLLECTION LOCALITY) Numbers must be populated. If date is unknown, leave blank. Do not provide 00/00/0000	Date and Time	MM/DD/YYYY HH:MM:SS		✓	✓
DATE TIME MOD	Date Last Modified (USE TIME ZONE OF COLLECTION LOCALITY) Numbers must be populated. If date is unknown, leave blank. Do not provide 00/00/0000	Date and Time	MM/DD/YYYY HH:MM:SS		✓	✓
DATE TIME RCVD	Date Received (USE TIME ZONE OF COLLECTION LOCALITY) Numbers must be populated. If date is unknown, leave blank. Do not provide 00/00/0000	Date and Time	MM/DD/YYYY HH:MM:SS		✓	

Field name	Field Description	Field Type	Field Value	Hard Copy	E-mail	Other ESI
DATE TIME ACCD	Date Accessed (USE TIME ZONE OF COLLECTION LOCALITY) Numbers must be populated. If date is unknown, leave blank. Do not provide 00/00/0000	Date and Time	MM/DD/YYYY HH:MM:SS		✓	✓
TIME ZONE OFFSET	Time zone of collection locality, relative to Coordinated Universal Time (UTC). E.g., for US Central Standard Time (CST), the value for this field should be -6.0	Decimal	10		✓	
FILE SIZE	Native File Size in KBs	Decimal	10			✓
FILE NAME	File name - name of file as it appeared in its original location	Text	Unlimited			✓
APPLICATION	Application used to create native file (e.g. Excel, Outlook, Word)	Text	160		✓	✓
FILE EXTENSION	Extension for the file (e.g. .doc, .pdf, .wpd)	Text	10		✓	✓
FILEPATH	Data's original source full folder path	Text	Unlimited		✓	✓
NATIVE LINK	Relative file path location to the native file	Text	Unlimited		✓	✓
FOLDER ID	Complete E-mail folder path (e.g. Inbox\Active) or Hard Copy container information (e.g. folder or binder name)	Text	Unlimited	✓	✓	
HASH VALUE	Identifying value of an electronic record that is used for deduplication during processing. MD5 or SHA1 hash algorithms may be used, but must be kept consistent throughout all productions and communicated to Government.	Text	Unlimited		✓	✓
MESSAGEHEADER	E-mail header.	Text	Unlimited		✓	
ATTACHMCOUNT	Number of attachments (any level child document) associated with a ParentID	Text	10		✓	

Field name	Field Description	Field Type	Field Value	Hard Copy	E-mail	Other ESI
FILE TYPE	Description that represents the file type to the Windows Operating System. E.g., Adobe Portable Document Format, Microsoft Word 97 – 2003, or Microsoft Office Word Open XML Format.	Text	160		✓	✓
HAS HIDDEN CONTENT	Identifies whether the document has comments, track changes or other hidden content or data associated with it	Text	Yes/No		✓	✓
MESSAGE TYPE	Exchange Message class or equivalent	Text	60		✓	
EXTENDED PROPERTIES		Text	Unlimited		✓	✓
HAS REDACTIONS	Identifies whether a record has been produced with redactions; should be populated with Y for records with redactions and N for records without redactions.	Text	Yes/No	✓	✓	✓
HAS TRANSLATIONS	Identifies whether a document has been produced with translated text or audio contains a transcript	Text	Yes/No	✓	✓	✓

4. Search, De-Duplication, Near-Duplicate Identification, Technology Assisted Review, E-mail Conversation Threading and Other Culling Procedures

a. De-duplication of exact hash copies shall only be permitted if the producing party can meet all the provisions of this section. If a producing party cannot comply with any requirement of this section, it shall not conduct de-duplication of exact hash copies.

b. De-duplication of exact hash copies shall be performed globally – across all custodians. The custodian of each record shall be populated in the DupeCustodian field.

c. All files found on the National Institute of Standards and Technology (NIST) list, commonly referred to as deNISTing, should be excluded from delivery to the Government. All available metadata from files withheld from delivery due to the deNISTing process will be available upon request.

d. All files should be globally de-duplicated with the following conditions:

i. The "DupeCustodian" metadata field (listing of all custodians who had the document before de-duplication) must be provided with the document production.
ii. The "DupeCustodian File Path" metadata field (listing all the file locations of the document before de-duplication) must be provided with the document production.
iii. All files and metadata for the duplicate documents removed during de-duplication must be preserved and available for production upon request.
iv. No customization of hashing may occur without prior express approval by the Government.
v. De-duplication must be done by document family, not by individual document.
vi. A detailed description of the steps taken to de-duplicate (including the process of obtaining hash values) must be provided to the Government. For every production after the first, a separate Unified Custodian overlay shall be provided. If no overlay is necessary due to the fact that no documents de-duped out in connection with previously produced documents, this shall be expressly stated in the cover letter accompanying the subsequent production(s).

e. The Producing Party shall not use any other procedure to cull, filter, group, separate or de-duplicate, or near-deduplicate, etc. (i.e., reduce the volume of) responsive material before discussing with and obtaining the written approval of the government. All objective coding (e.g., near duplicate ID or e-mail thread ID) shall be discussed and produced to the government as additional metadata fields. The Producing Party will not employ analytic software or technology to search, identify, or review potentially responsive material, including but not limited to, technology assisted review or predictive coding, without first discussing with the government.

5. Hidden Text

All hidden text (e.g. track changes, hidden columns, mark-ups, notes) shall be expanded and rendered in the image file. Except for Adobe PDF files, for any files that cannot be expanded, the native files shall be produced with the image file. If an Adobe PDF's hidden text cannot be expanded and rendered in an image file, it need only be produced in native form if individually requested by a specific document identifier or bates number.

6. Embedded Files and File Links

All non-graphic embedded objects (Word documents, Excel spreadsheets, .wav files, etc.) that are found within a file shall be extracted and produced. For purposes of production, the embedded files shall be treated as attachments to the original file, with the parent/child relationship preserved.

The parties shall meet and confer regarding how to treat file links, including links within e-mails to centralized document repositories (e.g. MS OneDrive and Google Drive).

7. Image-Only Files

All image-only files (non-searchable .pdfs, multi-page TIFFs, Snipping Tool and other screenshots, etc., as well as all other images that contain text) shall be produced with OCR text and metadata/database fields identified in section 3 for "Other ESI."

8. Encrypted Files

Any data (whether individual files or digital containers) that is protected by a password, encryption key, digital rights management, or other encryption scheme, shall be decrypted prior to processing for production.

a. The unencrypted text shall be extracted and provided per section 2.d. The unencrypted files shall be used to render images and provided per sections 2.a and 2.b. The unencrypted native file shall be produced pursuant to sections 10-21.
b. If such protected data is encountered but unable to be processed, each file or container shall be reported as an exception in the accompanying Exception Report (pursuant to section 27) and shall include all available metadata associated with the data, including custodian information.

9. Production of Imaged Hard Copy Records

All imaged hard copy material shall reflect accurate document unitization including all attachments and container information (to be reflected in the PARENTID, ATTACHID, BEGATTACH, ENDATTACH and FOLDERID).

a. Unitization in this context refers to identifying and marking the boundaries of documents within the collection, where a document is defined as the smallest physical fastened unit within a bundle. (e.g., staples, paperclips, rubber bands, folders, or tabs in a binder).
b. The first document in the collection represents the parent document and all other documents will represent the children.
c. All imaged hard copy documents shall be produced as 300 dpi single-page TIFF files, CCITT Group IV (2D Compression). All documents shall be produced in black and white TIFF format unless the image requires color. An image requires color when color in the document adds emphasis to information in the document or is itself information that would not be readily apparent on the face of a black and white image. Images identified as requiring color shall be produced as color 300 dpi single-page JPEG files.
d. All objective coding (e.g., document date or document author) should be discussed and could be produced to the government as additional metadata/database fields should they be deemed as necessary.

10. Production of Spreadsheets and Presentation Files

All spreadsheet and presentation files (e.g. Excel, PowerPoint) shall be produced in the unprocessed "as kept in the ordinary course of business" state (i.e., in native format), with an associated placeholder image and endorsed with a unique Bates number. *See* section 22 below.

The file produced should maintain the integrity of all source, custodian, application, embedded and related file system metadata.

11. Production of E-mail Repositories

E-mail repositories, also known as e-mail databases (e.g., Outlook PST, Lotus NSF), can contain a variety of items, including: messages, calendars, contacts, tasks, etc. E-mail database systems should not be produced without consultation with and written consent of the government about the format for the production of such databases.

12. Production of Items Originally Generated in E-mail Repositories but Found and Collected Outside of E-mail Repositories, i.e., "Stand-alone" Items

Any parent e-mail or other parent items (e.g., calendar, contacts, tasks, notes, etc.) found and collected outside of e-mail repositories (e.g., items having extensions .msg, .htm, .mht, etc.), shall be produced with the "Loose E-mail" metadata fields outlined in section 3, including but not limited to any attachments, maintaining the family (parent/child) relationship.

13. Production of ESI Collected from Mobile Devices, Messaging Platforms, Workplace Collaboration Tools and Other Technologies

The responding party shall identify, collect, and produce any and all data which is responsive to the requests, collected from mobile devices, messaging platforms, workspace collaboration tools and other technologies. These technologies include, but are not limited to smart phones, cell phones, tablets, PDAs, Blackberry, smart phone data, tablet data, voicemail messaging data, instant messaging, chat messaging, text messaging, Slack, conference call data, video/audio conferencing, workspace collaboration tools (e.g., GoTo Meeting, WebEx, MS Teams, Zoom), and related/similar technologies. However, such data, logs, metadata or other files related thereto, as well as other less common but similar data types, shall be produced after consultation with and written consent of the government about the format for the production of such data.

The expectation of the government is that all familial relationships for all data will be maintained. Similar to email conversations and families, the expectation is that all messages/texts in a conversation will be provided the same conversation index and groupid data (maintaining the familial relationship) allowing the government to read the entire conversation in context. Messages should be produced to align with the formats listed in section 2 and as individual Unicode text files, and attachments should be produced as native files with images and OCR text.

While the parties shall meet and confer on precise metadata formats, as an example, metadata collected from mobile devices shall be provided in formats such as the following:

Field Name	Field Description	Mobile	Mobile Cellebrite Categories								
			Chats	MMS	SMS	Email	Instant Message	Voicemail	Recordings	Notes	Calendar
TXT-ROWNUMBER	Row number.	✓	#	#	#	#	#	#	#	#	#
TXT-CHATNUMBER	Chat number, identifies chat groups.	✓	Chat #								
TXT-STARTTIME	Start date-time for conversation, calendar item.	✓	Start Time: Date								Start Date: Date
TXT-ENDTIME	End date-time for calendar item.	✓									End Date: Date
TXT-LASTACTIVITYTIME	End date-time for conversation.	✓	Last Activity: Date								
TXT-PARTICIPANTS	Who was involved in the conversation, meeting.	✓	Participants		Party						Attendees
TXT-MESSAGENUMBER	Individual identifier for message.	✓	Instant Message #								
TXT-BODY	Body of the chat, message, item.	✓	Body	Body	Message					Body	
TXT-STATUS	Whether the text was Sent or Read on the device.	✓	Status	Status	Status						Status
TXT-LOCATION	GPS Information.	✓	Location				Location				Location
TXT-TIMESTAMP	Timestamp of item. Equivalent to DateReceived for incoming items or to	✓	Timestamp: Date	Date	Date	Date		Timestamp-Date	Timestamp-Date		

Field Name	Field Description	Mobile	Mobile Cellebrite Categories								
			Chats	MMS	SMS	Email	Instant Message	Voicemail	Recordings	Notes	Calendar
	DateSent for outgoing items.										
TXT-READDATE	Date read	✓	Read: Date		Read-Date		Read-Date				
TXT-DELETED	Indicates whether a message was deleted and recovered by Cellebrite.	✓	Deleted - Chat	Deleted		Deleted	Deleted	Deleted	Deleted	Deleted	Deleted
TXT-STARREDMESSAGE	Notes whether the message was flagged.	✓	Starred message				Starred message				
TXT-THREAD-GROUP	Populate with the DOCID of the first text in the chat conversation to allow the entire chat conversation to be grouped as a family. (Sort each device by Chat Number and then by Row Number to assign TXT-THREAD-GROUP identifier). This is NOT the BEGATTACH field or	✓	Chat #								

Field Name	Field Description	Mobile	Mobile Cellebrite Categories								
			Chats	MMS	SMS	Email	Instant Message	Voicemail	Recordings	Notes	Calendar
	Relativity Group Identifier.										
TXT-SMSC	Short Message Service Center (handles SMS text messages on behalf of phone service provider)	✓			SMSC						
DIRECTION	Direction of communication ; Outgoing or Incoming.	✓		Direction	Direction	Direction	Direction				
IMPORTANCE		✓		Priority		Priority					Priority
ACCOUNT	Account identifier for device user: email address, phone number, account number.	✓		Name		Account		Name			
DURATION	Duration time of call, voice message, audio, video in HH:MM:SS format, e.g. 00:00:32	✓						Duration	Duration		

14. Production of Social Media

Prior to any production of responsive data from social media (e.g., Twitter, Facebook, LinkedIn, etc.), the producing party shall first discuss with the government the potential export formats before collecting the information, to ensure it is collected and produced in a way that preserves the original metadata, has a clear chain of custody, and provides as much information as possible regarding the source and history of each individual communication.

Social media platforms offer different functions, forms of content, and capability for downloading accounts. Because of these differences, prior to collection of social media data, the producing party must discuss with the government the available export and production methods and formats that the producing party is considering. Unless the government agrees to an alternative in writing, regardless of the social media platform, productions of social media content must meet the following general requirements: (1) separate (2) searchable (3) static images of (4) each responsive posting on the social media platform, (5) all related content (e.g., comments, likes, share or re-transmittal information, images, videos, linked documents and content), and (6) associated metadata (e.g., user name(s), date, and time of all posts, comments, likes, share or re-transmittals).

These general requirements are in addition to any more specific requirements in a particular request (e.g., geolocation data), and the producing party must ask the government about any perceived conflict between these requirements and another source of specifications or requirements. If available from the social media platform or through social media data processing software, files that facilitate interactive review of the data (i.e., html files) as well as load files in .csv format must be produced with the associated content.

15. Production of Structured Data

Prior to any production of responsive data from a structured database (e.g., Oracle, SAP, SQL, MySQL, QuickBooks, proprietary timekeeping, accounting, sales rep call notes, CRMs, SharePoint, etc.), the producing party shall first identify the database type and version number, discuss providing the database dictionary (in whole or part) and any user manuals, or any other documentation describing the structure and/or content of the database and a list of all reports that can be generated from the database. Upon consultation with and written consent of the government, if a report is provided, the standard format of that report provided should be in comma separated values (.csv) format. The information contained in any such report must be thoroughly explained to the government before production.

16. Production of Photographs with Native File or Digitized ESI

Photographs shall be produced as single-page JPEG files with a resolution equivalent to the original image as they were captured/created. All JPEG files shall have extracted metadata/database fields provided in a Concordance® load file format as outlined in section 3 for "Other ESI."

17. Production of Images from which Text Cannot be OCR Converted

An exception report shall be provided when limitations of paper digitization software/hardware or attribute conversion do not allow for OCR text conversion of certain images. The report shall include the DOCID or Bates number(s) corresponding to each such image.

18. Production of Translated Text with Non-English Language ESI or Documents

To the extent translated text is available to the producing party through machine language translation, such translations shall be provided to the government with the production. The producing party shall provide the original extracted text as well as the translated extracted text in load ready format. The translated text and images of translated documents shall be provided as a separate folder volume to the main production. The parties shall meet and confer regarding any required translated text redactions.

19. Production of Audio File Transcripts

To the extent audio files are produced and transcripts are available to the producing party through machine transcription, such transcripts shall be provided to the government with the production. The producing party shall provide the audio file transcript as a text file in load ready format like any other text file named by the BEGDOC#. The parties shall meet and confer regarding any required audio file redactions.

20. Production of ESI from Non-PC or Non-Windows-based Systems

If responsive ESI is in non-PC or non-Windows-based Systems (e.g., Apple, IBM mainframes, and UNIX machines, Android device, etc.), the ESI shall be produced after discussion with and written consent of the government about the format for the production of such data.

21. Production of Native Files (When Applicable Pursuant to These Specifications)

Production of native files, as called for in these specifications, shall have extracted metadata/database fields provided in a Concordance® load file format as defined in the field specifications for "Other ESI" as outlined in section 3 as well as a placeholder image which indicates a native file is being produced.

ESI shall be produced in a manner which is functionally usable by the government. The following are examples:

a. AutoCAD data, e.g., DWG and DXF files, shall be processed/converted and produced as single-page JPG image files and accompanied by a Concordance® Image formatted load file as described above. The native files shall be placed in a separate folder on the production media and linked by a hyperlink within the text load file.
b. GIS data shall be produced in its native format and be accompanied by a viewer such that the mapping or other data can be reviewed in a manner that does not detract from its ability to be reasonably understood.

c. Audio and video recordings shall be produced in native format and be accompanied by a viewer if such recordings do not play in a generic application (e.g., Windows Media Player).

22. Bates Number Convention

All images should be assigned Bates numbers before production to the government. Each Bates number shall be a standard length, include leading zeros in the number, and be unique for each produced page. The numbers should be endorsed on the actual images at a location that does not obliterate, conceal, or interfere with any information from the source document. Native files should be assigned a single Bates number for the entire file which will represent the native document in the Opticon/ Concordance® Image Cross Reference file. The load file will include a reference to the native file path and utilize the NATIVELINK metadata field). The Bates number shall not exceed 30 characters in length and shall include leading zeros in the numeric portion. The Bates number shall be a unique number given sequentially (i.e. page one of document is PREFIX0000000001, page two of the same document is PREFIX0000000002) to each page (when assigned to an image) or to each document (when assigned to a native file). If the parties agree to a rolling production, the numbering convention shall remain consistent throughout the entire production. There shall be no spaces between the prefix and numeric value. If suffixes are required, please use "dot notation." Below is a sample of dot notation:

	Document #1	*Document #2*
Page #1	PREFIX00000000001	PREFIX00000000002
Page #2	PREFIX00000000001.002	PREFIX00000000002.002
Page #3	PREFIX00000000001.003	PREFIX00000000002.003

23. Media Formats for Storage and Delivery of Production Data

Electronic documents and data shall be delivered on any of the following media:

a. CD-ROMs and/or DVD-R (+/-) formatted to ISO/IEC 13346 and Universal Disk Format 1.02 specifications; Blu-ray.
b. External hard drives (USB 3.0 or higher, formatted to NTFS format specifications) or flash drives
c. Government approved File Transfer Protocol (FTP) technologies.
d. Storage media used to deliver ESI shall be appropriate to the size of the data in the production.
e. Media should be labeled with the case name, production date, Bates range, and producing party.

24. Virus Protection and Security for Delivery of Production Data

Production data shall be free of computer viruses. Any files found to include a virus shall be quarantined by the producing party and noted in a log to be provided to the government. Password protected or encrypted files or media shall be provided with corresponding passwords and specific decryption instructions. All encryption software shall be used with approval by and with the written consent of the government.

25. Privilege Logs

a. The name and title of the author (and if different, the preparer and signatory);
b. The name(s) and title(s) of the individual(s) to whom the document was addressed;
c. The name(s) and title(s) of the individuals to whom the document or a copy of the document was sent or to whom the document or a copy, or any part thereof, was shown;
d. The date of the document;
e. The number of pages;
f. A brief description of the subject matter;
g. A statement of the specific basis on which privilege is claimed; and
h. The paragraph or subparagraph of the Subpoena to which it is responsive.

26. Compliance and Adherence to Generally Accepted Technical Standards

Production shall be in conformance with standards and practices established by the National Institute of Standards and Technology ("NIST" at www.nist.gov), U.S. National Archives & Records Administration ("NARA" at www.archives.gov), American Records Management Association ("ARMA International" at www.arma.org), American National Standards Institute ("ANSI" at www.ansi.org), International Organization for Standardization ("ISO" at www.iso.org), and/or other U.S. Government or professional organizations.

27. Read Me Text File

All deliverables shall include a "read me" text file at the root directory containing: total number of records, total number of images/pages or files, mapping of fields to plainly identify field names, types, lengths, and formats. The file shall also indicate the field name to which images will be linked for viewing, date and time format, and confirmation that the number of files in load files matches the number of files produced.

28. Exception Report

An exception report, in .csv format, shall be included, documenting any production anomalies during the collection, processing, and production phases. The report shall provide all available BEGDOC# or DOCID values and metadata listed in section 3, including but not limited to file names and file paths for all affected files.

29. Transmittal Letter to Accompany Deliverables

All deliverables should be accompanied by a transmittal letter including the production date, case name and number, producing party name, and Bates range produced. Technical instructions on how to decrypt media should be included in the transmittal letter but the password should be transmitted separately.

-XXX-

EXHIBIT Q

Print Close

FBI launches probes into 3 children's hospitals for alleged genital mutilation of minors

By Alec Schemmel

Published June 24, 2025

Fox News

FIRST ON FOX: The FBI has initiated criminal investigations of three children's hospitals after commitments from Attorney General Pam Bondi that the Trump administration would enforce federal statutes outlawing female genital mutilation to protect children from often irreversible sex-change surgeries.

The investigations target providers who work at Boston Children's Hospital, Children's Hospital Colorado and Children's Hospital Los Angeles, according to a source familiar with the investigation who spoke to Fox News Digital on the condition of anonymity. These hospitals have been among some of the foremost providers of sex change procedures for minors in America over the last several years, according to the source.

Just days after taking office, President Donald Trump issued an executive order directing all federal agencies to work toward terminating the ability for children under 18 to receive "irreversible medical interventions" as a treatment for gender dysphoria. Part of that effort included Attorney General Bondi issuing a memorandum several weeks later, directing Justice Department personnel to enforce 18 U.S.C. § 116, which is a federal statute that makes female genital mutilation against the law.

FBI CALLS FOR PUBLIC TIPS ON CHILDREN HURT IN 'GENDER-AFFIRMING' SURGERIES

Attorney General Pam Bondi issued a memorandum in April instructing Justice Department personnel to enforce a federal statute that makes female genital mutilation against the law. (AP Photo/J. Scott Applewhite)

"I am putting medical practitioners, hospitals and clinics on notice: In the United States, it is a felony to perform, attempt to perform or conspire to perform female genital mutilation ("FGM") on any person under the age of 18," Bondi's memo said. "That crime carries a maximum prison sentence of 10 years per count. I am directing all U.S. Attorneys to investigate all suspected cases of FGM — under the banner of so-called 'gender-affirming care' or otherwise — and to prosecute all FGM offenses to the fullest extent possible."

Bondi also said in the memo that the Justice Department would be launching a new Coalition Against Child Mutilation, which will partner with state attorneys general to build cases against hospitals and practitioners violating federal or state laws banning female genital mutilation. The memo added that the Justice Department's Office of Legislative Affairs is drafting legislation establishing a private right of action for children and parents of children "whose healthy body parts have been damaged by medical professionals through chemical and surgical mutilation" so they can hold hospitals and providers retroactively liable.

The FBI is launching new investigations of three children's hospitals for potential violations of federal female genital mutilation laws.

(Getty Images)

Amid the Trump administration's focus on banning irreversible transgender medical treatments for minors, numerous hospitals have amended their policies for who can obtain gender transition treatments and surgeries.

MARJORIE TAYLOR GREENE PUSHES BILL TO PUNISH THOSE WHO PERFORM GENDER TRANSITION MEASURES ON MINORS

Earlier this month, Children's Hospital Los Angeles announced it would permanently close its Center for Transyouth Health and Development, effective July 22, 2025. The decision was attributed to "significant operational, legal and financial risks stemming from the shifting policy landscape at both the state and federal levels," according to CBS News.

Children's Hospital Los Angeles did not respond to Fox News Digital's repeated requests for comment.

Children's Hospital Los Angeles announced this month it would permanently close its Center for Transyouth Health and Development. (Robyn Beck/AFP via Getty Images)

Children's Hospital Colorado initially suspended its transgender medical treatments for patients under 19 in response to the president's executive order directing hospitals to halt irreversible transgender treatments for minors. But after a judge's ruling blocking Trump's order, the hospital announced it would resume providing puberty blockers and hormone-based treatments to minors.

In a statement to Fox News Digital, a spokesperson for Children's Hospital Colorado noted that it has "never" provided transgender surgeries for those under 18, adding that, two years ago, the hospital stopped providing these surgeries for patients over 18. Instead, starting in 2023, the hospital decided to begin referring patients to outside providers for such services, according to Colorado Newsline.

CLICK HERE TO GET THE FOX NEWS APP

Boston Children's Hospital continues to operate its Gender Multispecialty Service program, according to publicly available information. (Lane Turner/The Boston Globe via Getty Images)

Boston Children's Hospital continues to operate its Gender Multispecialty Service (GeMS) program, according to publicly available information. While the hospital only provides gender-change surgeries for patients over 18, its GeMS program does offer transgender hormone therapy, puberty blockers and social transitioning for patients under 18. It also provides referrals for gender-transition surgeries to minors as well.

In a statement to Fox News Digital, Boston Children's said it had not yet received any notice from the FBI regarding alleged

violations of federal law. The FBI said that, as a matter of policy, it "declines to confirm or comment on investigations."

EXHIBIT R

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF PENNSYLVANIA

In Re 2025 UPMC Subpoena	Civil Action No. 2:25-mc-01069 A. et al

MOTION TO QUASH SUBPOENA DUCES TECUM

1. Upon information and belief, in or around June of 2025, an administrative Subpoena was issued by Requester, The United States of America Department of Justice ("Requester"), upon Respondent, University of Pittsburgh Medical Center ("Respondent" or "UPMC"), pursuant to 18 U.S.C. § 3486. The presence of such Subpoena has been publicly reported and confirmed by counsel for UPMC.

2. Upon information and belief, the Subpoena issued to UPMC is identical or substantially similar to the subpoenas issued to Children's Hospital of Philadelphia and Boston Children's Hospital.[1]

3. Movants are patients and former patients who received gender-affirming care from UPMC, along with their parents. Upon information and belief, the Subpoena seeks Movants' identities and medical records and the intimate personal details therein. In requesting such records, the Subpoena violates the privacy rights of patients and their parents. The Requester also issued the Subpoena for an improper purpose.

[1] See In Re: Subpoena No. 25-1431-014, 2:25-mc-00039 (E.D. Pa. July 8, 2025), Dkt. No. 1; In Re: Administrative Subpoena No. 25-1431-019, 1:25-mc-91324 (D. Mass. July 8, 2025), Dkt. No. 5-1.

4. Movants hereby move this Court for an order quashing requests for patient records demanded in the Subpoena, more specifically identified below. Movants seek to quash the Subpoena as to the following requests:

a. Request 11: "Documents sufficient to identify each patient (by name, date of birth, social security number, address, and parent/guardian information) who was prescribed puberty blockers or hormone therapy."

b. Request 12: "For each such patient identified in Subpoena [Request 11], documents relating to the clinical indications, diagnoses, or assessments that formed the basis for prescribing puberty blockers or hormone therapy."

c. Request 13: "All documents relating to informed consent, patient intake, and parent or guardian authorization for minor patients identified in [Request 11], including any disclosures about off-label use (i.e., uses not approved by the United States Food and Drug Administration) and potential risks."[2]

d. Any and all other Requests enumerated in the Subpoena (Request 1 through Request 15) to the extent that such Requests or sub-Requests call for the production of the identities or health information of patients and their parents or guardians.

5. In support of this Motion, Movants incorporate an accompanying memorandum of law and declarations.

WHEREFORE, Movants respectfully request that this Court quash the Subpoena as requested in this motion.

[2] *In Re: Subpoena No. 25-1431-014*, 2:25-mc-00039 (E.D. Pa. July 8, 2025), Dkt. No. 1 at 40–41.

Dated: September 24, 2025

Respectfully submitted,

By: /s/ Jill Steinberg
Jill Steinberg* (PA 82127)
J. Chesley Burruss* (PA 331521)
Kevin M. Hayne* (NY 5967526)
Elizabeth A. Lilly* (PA 336185)
BALLARD SPAHR LLP
1735 Market Street, 51st Floor
Philadelphia, PA 19103
215-665-8500
steinbergj@ballardspahr.com
burrussc@ballardspahr.com
haynek@ballardspahr.com
lillye@ballarspahr.com

By: /s/ Alison Gutierrez
Rachael L. Dizard (PA 315482)
Alison Gutierrez (PA 330738)
FOX ROTHSCHILD LLP
Six PPG Place
Suite 1000
Pittsburgh, PA 15222
RDizard@foxrothschild.com
agutierrez@foxrothschild.com

By: /s/ Mary M. McKenzie
Mary M. McKenzie* (PA 47434)
Daniel Urevick-Ackelsberg* (PA 307758)
Meghan Binford* (PA 321212)
Olivia Mania* (PA 336161)
PUBLIC INTEREST LAW CENTER
2 Penn Center
1500 JFK Blvd., Suite 802
Philadelphia, PA 19102
267-546-1316
mmckenzie@pubintlaw.org
dackelsberg@pubintlaw.org
mbinford@pubintlaw.org
omania@pubintlaw.org

Counsel for Movants
**Pro hac vice forthcoming*

EXHIBIT S

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE

SUBPOENA DUCES TECUM

No. 25-1431-012

To: Queer Doc PLLC, c/o Registered Agent: Sharon K. Coggins
348 17th Avenue
Seattle, Washington 98122-5707

YOU ARE HEREBY COMMANDED TO APPEAR BEFORE Patrick Runkle, Ross Goldstein, and/or Francisco Unger, officials of the United States Department of Justice, and you are hereby required to bring with you and produce the following:

Please see Attachment A

which are necessary in the performance of the responsibility of the United States Department of Justice to investigate Federal health care offenses as defined in 18 U.S.C. § 24(a).

Please contact Assistant Director Patrick Runkle, Assistant Director Ross Goldstein, or Trial Attorney Francisco Unger at 202-616-0295 if you have any questions regarding this Subpoena Duces Tecum.

PLACE AND TIME FOR APPEARANCE:

United States Attorney's Office, 700 Stewart Street, Suite 5220, Seattle, Washington
on Wednesday, the 9th day of July, 2025, at ten o'clock a.m.

Failure to comply with the requirements of this subpoena will render you liable to proceedings in the district court of the United States to enforce obedience to the requirements of this subpoena, and to punish default or disobedience.

Issued under authority of Section 248 of the Health Insurance Portability & Accountability Act of 1996, Public Law No. 104-91 (18 U.S.C. § 3486)

IN TESTIMONY WHEREOF

Brett A. Shumate, Assistant Attorney General, the undersigned official of the United States Department of Justice, has set his hand this 11th day June, 2025.

BRETT SHUMATE

Digitally signed by BRETT SHUMATE
Date: 2025.06.11 12:07:35 -04'00'

(signature)

RETURN OF SERVICE

I, being a person over 18 years of age, hereby certify that a copy of this subpoena was duly served on the person named herein by means of:

1. *Personal delivery to an individual, to wit:*

_____
(name)

_____
(title)

_____
(address)

2. *Personal delivery to an address, to wit:*

_____
(description of premises)

_____

_____
(address)

3. *Registered or certified mailing to:*

_____
(name)

_____

_____
(address)

At _____ a.m. | p.m. on

_____
(date)

_____
(signature)

_____
(title)

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE

SUBPOENA DUCES TECUM

Upon contumacy or refusal to obey, this subpoena shall be enforced by order of the appropriate United States District Court.

ATTACHMENT A TO SUBPOENA TO:

QUEER DOC PLLC
C/O REGISTERED AGENT: SHARON K. COGGINS
348 17TH AVENUE
SEATTLE, WASHINGTON 98122-5707

I. DEFINITIONS

1. "You," "Your Company," "the Company," and "Queer Doc" means:

   a. Queer Doc PLLC., a Washington professional limited liability company, whose principal mailing address is: 113 Cherry Street, Seattle, Washington, 98104-2205, without regard to any name under which it has done business;

   b. All of its predecessors, subsidiaries, affiliates, branches, divisions, groups, business units, business segments, operations, units, parent organizations, successors, assigns, plants, and any joint ventures of which they were or are a part; and

   c. Each of its present or former officers, directors, employees, attorneys, representatives, and agents acting or purporting to act or appearing to act on behalf of the Company, whether or not acting within the proper scope of his or her actual authority, including without limitation: Crystal Joy Beal; Stetson Jo Aman; Lin-Fan Wang; Courtney Lee Rawls; Nora Gause; and Kai Mai.

2. "Employee" means any person including, but not limited to, any independent contractor or agent, all past and present directors, officers, agents, representatives, attorneys, accountants, advisors, and consultants who acted or purported to act on behalf of the Company or who have performed any service for the Company or under its name, whether on a full-time, part-time, piece-work, commission, volunteer, or other basis, and whether paid or unpaid.

3. "Document" should be afforded the broadest possible meaning and includes every writing or record of whatever type or description, including but not limited to any electronically stored data or paper document, in the possession, custody, or control of the Company. This includes, but is not limited to:

   a. All material that is handwritten, typed, printed, recorded, transcribed, taped, filmed, in graphic form, or in aural form;

b. Drawings, designs, manuals, memoranda, emails, reports, financial reports, notes, diaries, notations of any sort of conversations, working papers, letters, envelopes, telegrams, messages, studies, analyses, books, articles, notebooks, booklets, circulars, bulletins, notices, instructions, pamphlets, pictures, films, videos, voice recordings, maps, work papers, arithmetical computations, calendars (including electronic calendars), date books, task lists, minutes, all communications of any type (e.g., e-mail, voice mail, text messaging, WhatsApp and similar applications), social media content (including posts, messages, comments, and metadata), audio and video files,

c. Electronically stored data on magnetic or optical storage media as an "active" file or files (readily readable by one or more computer applications or forensics software), including metadata;

d. Any electronic files saved as a backup, including metadata;

e. Any deleted but recoverable electronic files, including metadata;

f. Any electronic file fragments (files that have been deleted and partially overwritten with new data), including metadata;

g. Every copy of every document where such copy is not identical to the original because of any addition, deletion, alteration, or notation; and

h. All attachments, enclosures, or other matter affixed to, transmitted with, or incorporated by reference within documents responsive to this Subpoena including, but not limited to, any pages showing who reviewed, approved, or rejected a particular document.

4. "Relevant Time Period" means January 1, 2020, through the present date. All responsive documents that were prepared, dated, sent, received, altered, in effect, or which came into existence during this period are to be produced pursuant to this Subpoena.

5. "Or" as well as "and" shall be construed interchangeably in a manner that gives this Subpoena the broadest possible meaning.

6. "Any" shall be construed to include the word "all" and the term "all" shall be construed to include the word "any."

7. "Relate to" means to make a statement about, refer to, discuss, describe, reflect, identify, deal with, consist of, or in any way pertain, in whole or in part to the subject.

8. "Communication" means any transmission or exchange of information, statements, ideas, inquiries, or data between two or more persons orally, in writing, digitally, visually, or electronically regardless of the medium or platform used, including social media interactions, voicemails, and virtual meetings (e.g., Zoom, WebEx, Microsoft Teams). The term includes all drafts, versions, replies, responses, forwards, and attachments associated with or forming part of the communication, as well as any records or logs reflecting the time, date, participants, and content of such communications.

9. "Gender-related care" means any medical, surgical, psychological, or social treatment provided to individuals to alter their physical appearance or social presentation to resemble characteristics typically associated with the opposite biological sex.

10. "Puberty blockers" means any gonadotropin-releasing hormone ("GnRH") agonists or related drugs (*e.g.,* leuprolide, triptorelin) used to delay the onset of puberty.

11. "Hormones" includes testosterone, estrogen, and any other hormonal drugs (*e.g.,* estradiol, testosterone) used in hormonal treatments sometimes known as "gender affirming hormone therapy" ("GAHT") or transgender hormone therapy used to induce cross-sex characteristics.

12. "Minor" means any patient under the age of 18 at the time of consultation, treatment, or prescription.

II. GENERAL INSTRUCTIONS

1. You are required to produce the **originals** of each document and other item that is responsive, in whole or in part, to any request set forth in this Subpoena, together with all copies of any such document that exist.

   a. If a copy is identical to the original, you are not required to produce it, but if you choose not to, your records custodian (the "Custodian," as described below) must maintain a written log identifying the location(s) where each identical copy of the original document was located, including all locations, if more than one. This includes, in the case of information stored in electronic form, a description, including drives, directories, and computers of where the document is located.

   b. If a copy differs from the original by virtue of any addition, deletion, alteration, notation, or inscription on any part of the front or back of the document, the original and copy must each be produced.

2. **No document called for by this subpoena shall be destroyed, modified, redacted, removed, or otherwise made inaccessible.** Documents called for by this Subpoena for which a claim of privilege is made, in compliance with the instruction below, shall be retained and protected.

3. Your Company is to designate someone as the person responsible to produce documents on the Subpoena return date (the "Custodian").

   a. Such Custodian shall have personal, direct, and thorough knowledge of, and responsibility for, the search conducted by the Company for documents responsive to this Subpoena.

   b. The Custodian shall be prepared on the return date to submit to examination concerning the method and completeness of the Company's response, the exact location(s) within the Company's premises at which documents produced in response to the Subpoena were found, and other matters pertaining to the search.

   c. The Custodian shall further be prepared to provide a written log identifying the location(s) in which each produced document was located, indicating all locations, if more than one. This includes, in the case of information stored in electronic form, a description, including drives, directories, and computers, of where the document is located.

4. The Company shall identify the paragraph and subparagraph of Section III of this Attachment to the Subpoena ("Documents to Be Produced") to which each document produced pursuant to this Subpoena is responsive.

5. If the Company has knowledge of any document that would be responsive to this Subpoena, but has been lost, destroyed, or discarded, it shall identify the document to the extent possible, and provide an explanation of the loss, destruction or discarding, including identification of each person authorizing or having knowledge of the loss, destruction, or discarding.

6. The singular form of a word shall be construed to include within its meaning the plural form of the word, and *vice versa*, and the use of any tense of any verb shall be considered to include all other tenses in a manner that gives this Subpoena the broadest reading.

7. All electronically stored information must be collected using a forensically sound process. When the image file is produced, the Company must preserve the integrity of the electronic document's contents, including the original formatting of the document, its metadata and, where applicable, its revision history.

8. If the Company withholds any document on the ground of any claimed privilege, it shall provide a statement with respect to each document setting forth

   a. The name and title of the author (and if different, the preparer and signatory);

   b. The name(s) and title(s) of the individual(s) to whom the document was addressed;

   c. The name(s) and title(s) of the individuals to whom the document or a copy of the document was sent or to whom the document or a copy, or any part thereof, was shown;

   d. The date of the document;

   e. The number of pages;

   f. A brief description of the subject matter;

   g. A statement of the specific basis on which privilege is claimed; and

   h. The paragraph or subparagraph in Section III of this Attachment ("Documents to Be Produced") to which it is responsive.

III. DOCUMENTS TO BE PRODUCED

1. Complete personnel files for each employee, contractor, or affiliate of the Company in the following categories: (a) executives, management employees, or board members with authority to direct any aspect of the Company's affairs; (b) employees, contractors, or affiliates who have authority to prescribe medications or perform medical evaluations; and (c) employees, contractors, or affiliates who are engaged in billing activities.

2. All documents, including billing records, insurance claims, internal protocols, or guidance, concerning the use of ICD (*i.e.*, International Classification of Diseases) diagnosis codes in connection with the treatment of minor patients receiving gender-related care.

3. All documents that show or relate to any use of diagnosis codes for minors other than those specifically identifying transsexualism, gender dysphoria, gender incongruence, or gender identity disorder (*e.g.*, codes for endocrine disorder, unspecified hormonal disorders, medication management, etc.).

4. All documents reflecting communications among Company employees (including physicians, billing staff, and administrators), or between the Company and any third party, relating to whether or how to code or bill for treatment of gender dysphoria by using alternative diagnoses or alternative ICD codes.

5. All communications with public or private health care benefit programs or plans regarding the use of ICD codes for gender-related care, including any inquiries, denials, or appeals related to claims for such care.

6. Any training materials, coding manuals, presentations, or communications relating to billing or coding practices for gender-related care, puberty blockers, or hormone therapy.

7. All documents relating to communications between You and any pharmaceutical manufacturer of puberty blockers or hormones, or any compounding pharmacy providing puberty blockers or hormones, relating to the use of such drugs in gender-related care for minors.

8. All documents relating to communications with pharmaceutical sales representatives, marketing departments, or medical science liaisons regarding the use of puberty blockers or hormones for gender-related care or the treatment of gender dysphoria, including with regard to the safety and efficacy of such drugs for those uses.

9. All documents, including presentations and promotional materials, received from pharmaceutical manufacturers or compounding pharmacies concerning uses of their products in minors for gender-related care or for the treatment of gender dysphoria, including so-called "scientific exchange" materials.

10. All documents relating to contracts, sponsorships, speaking engagements, consulting agreements, grants, or financial or promotional arrangements between You and any manufacturer or compounder of puberty blockers or hormones.

11. Documents sufficient to identify each patient (by name, date of birth, social security number, address, and parent/guardian information) who was prescribed puberty blockers or hormone therapy.

12. For each such patient identified in Subpoena specification 11, *supra*, documents relating to the clinical indications, diagnoses, or assessments that formed the basis for prescribing puberty blockers or hormone therapy.

13. All documents relating to informed consent, patient intake, and parent or guardian authorization for minor patients identified in Subpoena specification 11, *supra*, including any disclosures about off-label use (*i.e.,* uses not

approved by the United States Food and Drug Administration) and potential risks.

14. All documents reflecting communications with pharmaceutical manufacturers, compounding pharmacies, or government agencies relating to the safety of puberty blockers or hormones used in the treatment of minor patients.

15. All documents relating to any adverse event, side effect, or medically unfavorable consequence or outcome in a minor patient with regard to gender-related care.

IV. FORM OF PRODUCTION

Documents responsive to this Subpoena should be produced in the format specified in the "Production Specifications," attached as ATTACHMENT B to this Subpoena.

SUBPOENA ATTACHMENT B

Specifications for Production of ESI and Digitized ("Scanned") Images ("Production Specifications")

Collection of Electronically Stored Information (ESI)

Careful consideration should be given to the methodology, implementation and documentation of ESI collection to ensure that all responsive data and metadata are preserved in the collection process. Consideration should also be given as to whether production media should be encrypted when producing to the government when required by law (i.e. Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA), etc. *See* Section 24 below.

1. Specification Modifications

Any modifications or deviations from the Production Specifications may be done only with the express permission of the government and these modifications or deviations should be communicated to the government and approved by the government in written form. Any responsive data or documents that exist in locations or native forms not discussed in these Production Specifications remain responsive and, therefore, arrangements should be made with the government to facilitate their production.

2. Production Format of ESI and Imaged Hard Copy Documents

Responsive ESI shall be produced in its unprocessed form (i.e., in its native format), without altering native electronic file formats and maintains the integrity of all source, custodian, application, embedded and metadata related thereto. The native electronic file formats provided shall be of a type and nature which is functionally useable by all parties. No alteration shall be made to file names or extensions for responsive native electronic files. If a producing party is converting native files to image files for its own purposes, the Government requests a copy of that image file along with production of the native file.

For ESI, a producing party may provide an image file without a native file only if the affected document requires a privilege redaction or other permitted redaction.. Except as outlined below in sections 5 – 21, the redacted document shall be rendered to TIFF image format, and accompanied by an Opticon/Concordance® Image Cross Reference file. Paper documents shall also be imaged pursuant to the requirements below.

All applicable metadata/database (see section 3 below) shall be extracted and provided in Concordance® load file format.

a. **Image File Format:** All imaged documents shall be produced in black and white TIFF format unless the image requires color. An image requires color when color in the document adds emphasis to information in the document or is itself information that would not be readily apparent on the face of a black and white image.

b. When producing black and white paper documents scanned to images, or rendered ESI, they shall be produced as 300 dpi, 1 bit, single-page TIFF files, CCITT

Group IV (2D Compression). When producing in *color,* paper documents scanned to images, or rendered ESI, they shall be produced as 300 dpi single-page JPG. Images should be uniquely and sequentially Bates numbered and unless otherwise specified, Bates numbers should be an endorsement on each image.

i. All TIFF file names shall include the unique Bates number burned into the image. (See section 22, below, regarding Bates number instructions.)
ii. All TIFF image files shall be stored with the ".tif" extension.
iii. Images without corresponding extracted text shall be OCR'd using standard COTS products.
    1. An exception report shall be provided when limitations of paper digitization software/hardware or attribute conversion do not allow for OCR text conversion of certain images. The report shall include the DOCID or Bates number(s) corresponding to each such image.
iv. All pages of a document or all pages of a collection of documents that comprise a folder or other logical grouping, including a box, shall be delivered on a single piece of media.
v. No image folder shall contain more than 2,000 images.

c. **Opticon/Concordance® Image Cross Reference file:** Images should be accompanied by an Opticon load file that associates each Bates number with its corresponding single-page TIFF image file. The Cross Reference file should also contain the relative image file path for each Bates numbered page. The Opticon/Concordance® Image Cross Reference file is a page level load file, with each line representing one image.

Below is a sample:

```
REL000000001,,.\IMAGES\001\REL000000001.TIF,Y,,,
REL000000002,,.\IMAGES\001\REL000000002.TIF,,,,
REL000000003,,.\IMAGES\001\REL000000003.TIF,,,,
REL000000004,,.\IMAGES\001\REL000000004.TIF,Y,,,
REL000000005,,.\IMAGES\001\REL000000005.TIF,,,,
```

The fields are, from left to right:

- Field One – (REL000000001) – the Bates Number. This value must be unique for each row in the OPT file. The first page of each document must match the DOCID or BEGDOC# value of the respective document.
- Field Two – (blank) – the volume identifier. This field is not required.
- Field Three – (.\IMAGES\001\REL000000001.TIF) – The relative file path to the image to be loaded.
- Field Four – (Y) – the document marker. A "Y" indicates the start of a unique document.
- Field Five – (blank) – The folder indicator. This field is not required, and typically is not used.

- Field Six – (blank) – The box indicator. This field is not required, and typically is not used.
- Field Seven – (blank) – The page count. This field is not required.

d. **Concordance® Load File**: Images should also be accompanied by a flat, document-level load file to provide the metadata and native files containing delimited text that will populate fields in a searchable, flat database environment. The file encoding must be one of four types: Western European (Windows), Unicode (UTF16), Big-Endian Unicode or UTF8. The file should contain the required fields listed below in section 3.

1. Text delimited load files are defined using the standard Concordance delimiters. For example:

Field Separator	*¶ or Code 020*
Text Qualifier	*þ or Code 254*
Newline	*® or Code 174*
Multi-value	*; or Code 059*
Nested values	*\ or Code 092*

2. This load file should contain the relative file path to the individual multi-page, document level text files.
3. This load file should also contain the relative file path to all provided native files, such as Microsoft Excel or PowerPoint files.
4. There should be one line for every record in a collection.
5. The load file must contain a header listing the metadata/database fields contained within. For example, if the data file consists of a First Page of a Record (BegDoc#), Last Page of a Record (ending Bates / ENDDOC#), DOCID, DOCDate, File Name, and a Title, then the structure may appear as follows:

þBEGDOCþ¶þENDDOCþ¶þDOCIDþ¶þDOCDATEþ¶þFILENAMEþ¶þTITLEþ

d. **The extracted/OCR** text should be provided for each document as a separate single text file. The file name should match the BEGDOC# or DOCID for that specific record and be accompanied by the .txt extension.

e. **Directory and folder structure:** The directory structure for productions should be:

*CaseName***LoadFiles**
*CaseName***Images** < For supporting images (can include subfolders as needed, should not include more than 2,000 files per folder)
*CaseName***Natives** <Native Files location (can include subfolders as needed, should not include more than 2,000 files per folder)
*CaseName***Text** <Extracted Text files location (can include subfolders as needed, should not include more than 2,000 files per folder)

*CaseName***Translated Images** < For supporting images of translated documents (as needed for rendered translated documents; can include subfolders as needed, should not include more than 2,000 files per folder)
*CaseName***Translated Text** <Translated Text files location (as needed for translated text; can include subfolders as needed, should not include more than 2,000 files per folder).

3. Required Metadata/Database Fields

A "✓" denotes that the indicated field should be present in the load file produced. "Other ESI" includes data discussed in sections 5 – 21 below, but does not include email, email repositories (section 11), "stand alone" items (section 12), imaged hard copy material (section 9) and production from ESI collected from Smart Phones, Mobile Devices and Other Technology (section 13). Email, email repositories, and "stand alone" materials (section 12) should comply with "Email" column below. Imaged hard copy materials should comply with the "Hard Copy" column. Production from ESI collected from Smart Phones, Mobile Devices and Other Technology should comply with the requirements of section 13. The parties will meet and confer about any field which cannot be populated automatically (i.e. would require manual population of information).

Field name	Field Description	Field Type	Field Value	Hard Copy	E-mail	Other ESI
COLLECTION SOURCE	Name of the Company/Organization data was collected from	Text	160	✓	✓	✓
SOURCE ID (BOX #)	Submission/volume/box number	Text	10	✓	✓	✓
CUSTODIAN	Custodian/Source - format: Last, First or ABC Dept.	Text	160	✓	✓	✓
DUPECUSTODIAN	Custodian/Source – all custodians who had the document before de-duplication; format: Last, First or ABC Dept.	Text – semicolon delimited	Unlimited		✓	✓
DUPECUSTODIAN FILE PATH	Listing of all the file locations of the document before de-duplication	Text – semicolon delimited	Unlimited		✓	✓
AUTHOR	Creator of the document	Text	500			✓
BEGDOC#	Start Bates (including prefix) - No spaces	Text	60	✓	✓	✓
ENDDOC#	End Bates (including prefix) - No spaces	Text	60	✓	✓	✓
DOCID	Unique document Bates # or populate with the same value as Start Bates (DOCID = BEGDOC#)	Text	60	✓	✓	✓

Field name	Field Description	Field Type	Field Value	Hard Copy	E-mail	Other ESI
PGCOUNT	Page Count	Number	10	✓	✓	✓
GROUPID	Contains the Group Identifier for the family, in order to group files with their attachments	Text	60		✓	✓
PARENTID	Contains the Document Identifier of an attachment's parent	Text	60		✓	✓
ATTACHIDS	Child document list; Child DOCID or Child Start Bates	Text – semicolon delimited	Unlimited	✓	✓	✓
ATTACHLIST	List of Attachment filenames	Text – semicolon delimited	Unlimited		✓	✓
BEGATTACH	Start Bates number of parent	Text	60	✓	✓	✓
ENDATTACH	End Bates number of last attachment	Text	60	✓	✓	✓
RECORD TYPE	Use the following choices: Image, Loose E-mail, E-mail, E-Doc, Attachment, Hard Copy or Other. If using Other, please specify what type after Other	Text	60	✓	✓	✓
FROM	Sender (i.e.: e-mail address, Last name, First name)	Text	160		✓	✓
TO	Recipient (i.e.: e-mail address, Last name, First name)	Text – semicolon delimited	Unlimited		✓	✓
CC	Carbon Copy Recipients (i.e.: e-mail address, Last name, First name)	Text – semicolon delimited	Unlimited		✓	✓
BCC	Blind Carbon Copy Recipients (i.e.: e-mail address, Last name, First name)	Text – semicolon delimited	Unlimited		✓	✓
SUBJECT	Subject line of email	Text	Unlimited		✓	
TITLE	Document Title	Text	Unlimited			✓
CONVINDEX	E-mail system ID used to track replies, forwards, etc.	Text	Unlimited		✓	

Field name	Field Description	Field Type	Field Value	Hard Copy	E-mail	Other ESI
DOCDATE	Last Modified Date for files and Sent date for e-mail, this field inherits the date for attachments from their parent. Do not provide 00/00/0000.	Date	MM/DD/YY YY		✓	✓
TEXT FILEPATH	Relative file path of the text file associated with either the extracted text or the OCR	Text	Unlimited	✓	✓	✓
DATE TIME SENT	Date and time Sent (USE TIME ZONE OF COLLECTION LOCALITY) Numbers must be populated. If date is unknown, leave blank. Do not provide 00/00/0000	Date and Time	MM/DD/YY YY HH:MM:SS		✓	
DATE TIME CRTD	Date Created (USE TIME ZONE OF COLLECTION LOCALITY) Numbers must be populated. If date is unknown, leave blank. Do not provide 00/00/0000	Date and Time	MM/DD/YY YY HH:MM:SS		✓	✓
DATE TIME SVD	Date Saved (USE TIME ZONE OF COLLECTION LOCALITY) Numbers must be populated. If date is unknown, leave blank. Do not provide 00/00/0000	Date and Time	MM/DD/YY YY HH:MM:SS		✓	✓
DATE TIME MOD	Date Last Modified (USE TIME ZONE OF COLLECTION LOCALITY) Numbers must be populated. If date is unknown, leave blank. Do not provide 00/00/0000	Date and Time	MM/DD/YY YY HH:MM:SS		✓	✓
DATE TIME RCVD	Date Received (USE TIME ZONE OF COLLECTION LOCALITY) Numbers must be populated. If date is unknown, leave blank. Do not provide 00/00/0000	Date and Time	MM/DD/YY YY HH:MM:SS		✓	

Field name	Field Description	Field Type	Field Value	Hard Copy	E-mail	Other ESI
DATE TIME ACCD	Date Accessed (USE TIME ZONE OF COLLECTION LOCALITY) Numbers must be populated. If date is unknown, leave blank. Do not provide 00/00/0000	Date and Time	MM/DD/YY YY HH:MM:SS		✓	✓
TIME ZONE OFFSET	Time zone of collection locality, relative to Coordinated Universal Time (UTC). E.g., for US Central Standard Time (CST), the value for this field should be -6.0	Decimal	10		✓	
FILE SIZE	Native File Size in KBs	Decimal	10			✓
FILE NAME	File name - name of file as it appeared in its original location	Text	Unlimited			✓
APPLICATION	Application used to create native file (e.g. Excel, Outlook, Word)	Text	160		✓	✓
FILE EXTENSION	Extension for the file (e.g. .doc, .pdf, .wpd)	Text	10		✓	✓
FILEPATH	Data's original source full folder path	Text	Unlimited		✓	✓
NATIVE LINK	Relative file path location to the native file	Text	Unlimited		✓	✓
FOLDER ID	Complete E-mail folder path (e.g. Inbox\Active) or Hard Copy container information (e.g. folder or binder name)	Text	Unlimited	✓	✓	
HASH VALUE	Identifying value of an electronic record that is used for deduplication during processing. MD5 or SHA1 hash algorithms may be used, but must be kept consistent throughout all productions and communicated to Government.	Text	Unlimited		✓	✓
MESSAGEHEADER	E-mail header.	Text	Unlimited		✓	
ATTACHMCOUNT	Number of attachments (any level child document) associated with a ParentID	Text	10		✓	

Field name	Field Description	Field Type	Field Value	Hard Copy	E-mail	Other ESI
FILE TYPE	Description that represents the file type to the Windows Operating System. E.g., Adobe Portable Document Format, Microsoft Word 97 – 2003, or Microsoft Office Word Open XML Format.	Text	160		✓	✓
HAS HIDDEN CONTENT	Identifies whether the document has comments, track changes or other hidden content or data associated with it	Text	Yes/No		✓	✓
MESSAGE TYPE	Exchange Message class or equivalent	Text	60		✓	
EXTENDED PROPERTIES		Text	Unlimited		✓	✓
HAS REDACTIONS	Identifies whether a record has been produced with redactions; should be populated with Y for records with redactions and N for records without redactions.	Text	Yes/No	✓	✓	✓
HAS TRANSLATIONS	Identifies whether a document has been produced with translated text or audio contains a transcript	Text	Yes/No	✓	✓	✓

4. Search, De-Duplication, Near-Duplicate Identification, Technology Assisted Review, E-mail Conversation Threading and Other Culling Procedures

a. De-duplication of exact hash copies shall only be permitted if the producing party can meet all the provisions of this section. If a producing party cannot comply with any requirement of this section, it shall not conduct de-duplication of exact hash copies.

b. De-duplication of exact hash copies shall be performed globally – across all custodians. The custodian of each record shall be populated in the DupeCustodian field.

c. All files found on the National Institute of Standards and Technology (NIST) list, commonly referred to as deNISTing, should be excluded from delivery to the Government. All available metadata from files withheld from delivery due to the deNISTing process will be available upon request.

d. All files should be globally de-duplicated with the following conditions:

i. The "DupeCustodian" metadata field (listing of all custodians who had the document before de-duplication) must be provided with the document production.
ii. The "DupeCustodian File Path" metadata field (listing all the file locations of the document before de-duplication) must be provided with the document production.
iii. All files and metadata for the duplicate documents removed during de-duplication must be preserved and available for production upon request.
iv. No customization of hashing may occur without prior express approval by the Government.
v. De-duplication must be done by document family, not by individual document.
vi. A detailed description of the steps taken to de-duplicate (including the process of obtaining hash values) must be provided to the Government. For every production after the first, a separate Unified Custodian overlay shall be provided. If no overlay is necessary due to the fact that no documents de-duped out in connection with previously produced documents, this shall be expressly stated in the cover letter accompanying the subsequent production(s).

e. The Producing Party shall not use any other procedure to cull, filter, group, separate or de-duplicate, or near-deduplicate, etc. (i.e., reduce the volume of) responsive material before discussing with and obtaining the written approval of the government. All objective coding (e.g., near duplicate ID or e-mail thread ID) shall be discussed and produced to the government as additional metadata fields. The Producing Party will not employ analytic software or technology to search, identify, or review potentially responsive material, including but not limited to, technology assisted review or predictive coding, without first discussing with the government.

5. Hidden Text

All hidden text (e.g. track changes, hidden columns, mark-ups, notes) shall be expanded and rendered in the image file. Except for Adobe PDF files, for any files that cannot be expanded, the native files shall be produced with the image file. If an Adobe PDF's hidden text cannot be expanded and rendered in an image file, it need only be produced in native form if individually requested by a specific document identifier or bates number.

6. Embedded Files and File Links

All non-graphic embedded objects (Word documents, Excel spreadsheets, .wav files, etc.) that are found within a file shall be extracted and produced. For purposes of production, the embedded files shall be treated as attachments to the original file, with the parent/child relationship preserved.

The parties shall meet and confer regarding how to treat file links, including links within e-mails to centralized document repositories (e.g. MS OneDrive and Google Drive).

7. Image-Only Files

All image-only files (non-searchable .pdfs, multi-page TIFFs, Snipping Tool and other screenshots, etc., as well as all other images that contain text) shall be produced with OCR text and metadata/database fields identified in section 3 for "Other ESI."

8. Encrypted Files

Any data (whether individual files or digital containers) that is protected by a password, encryption key, digital rights management, or other encryption scheme, shall be decrypted prior to processing for production.

a. The unencrypted text shall be extracted and provided per section 2.d. The unencrypted files shall be used to render images and provided per sections 2.a and 2.b. The unencrypted native file shall be produced pursuant to sections 10-21.
b. If such protected data is encountered but unable to be processed, each file or container shall be reported as an exception in the accompanying Exception Report (pursuant to section 27) and shall include all available metadata associated with the data, including custodian information.

9. Production of Imaged Hard Copy Records

All imaged hard copy material shall reflect accurate document unitization including all attachments and container information (to be reflected in the PARENTID, ATTACHID, BEGATTACH, ENDATTACH and FOLDERID).

a. Unitization in this context refers to identifying and marking the boundaries of documents within the collection, where a document is defined as the smallest physical fastened unit within a bundle. (e.g., staples, paperclips, rubber bands, folders, or tabs in a binder).
b. The first document in the collection represents the parent document and all other documents will represent the children.
c. All imaged hard copy documents shall be produced as 300 dpi single-page TIFF files, CCITT Group IV (2D Compression). All documents shall be produced in black and white TIFF format unless the image requires color. An image requires color when color in the document adds emphasis to information in the document or is itself information that would not be readily apparent on the face of a black and white image. Images identified as requiring color shall be produced as color 300 dpi single-page JPEG files.
d. All objective coding (e.g., document date or document author) should be discussed and could be produced to the government as additional metadata/database fields should they be deemed as necessary.

10. Production of Spreadsheets and Presentation Files

All spreadsheet and presentation files (e.g. Excel, PowerPoint) shall be produced in the unprocessed "as kept in the ordinary course of business" state (i.e., in native format), with an associated placeholder image and endorsed with a unique Bates number. *See* section 22 below.

The file produced should maintain the integrity of all source, custodian, application, embedded and related file system metadata.

11. Production of E-mail Repositories

E-mail repositories, also known as e-mail databases (e.g., Outlook PST, Lotus NSF), can contain a variety of items, including: messages, calendars, contacts, tasks, etc. E-mail database systems should not be produced without consultation with and written consent of the government about the format for the production of such databases.

12. Production of Items Originally Generated in E-mail Repositories but Found and Collected Outside of E-mail Repositories, i.e., "Stand-alone" Items

Any parent e-mail or other parent items (e.g., calendar, contacts, tasks, notes, etc.) found and collected outside of e-mail repositories (e.g., items having extensions .msg, .htm, .mht, etc.), shall be produced with the "Loose E-mail" metadata fields outlined in section 3, including but not limited to any attachments, maintaining the family (parent/child) relationship.

13. Production of ESI Collected from Mobile Devices, Messaging Platforms, Workplace Collaboration Tools and Other Technologies

The responding party shall identify, collect, and produce any and all data which is responsive to the requests, collected from mobile devices, messaging platforms, workspace collaboration tools and other technologies. These technologies include, but are not limited to smart phones, cell phones, tablets, PDAs, Blackberry, smart phone data, tablet data, voicemail messaging data, instant messaging, chat messaging, text messaging, Slack, conference call data, video/audio conferencing, workspace collaboration tools (e.g., GoTo Meeting, WebEx, MS Teams, Zoom), and related/similar technologies. However, such data, logs, metadata or other files related thereto, as well as other less common but similar data types, shall be produced after consultation with and written consent of the government about the format for the production of such data.

The expectation of the government is that all familial relationships for all data will be maintained. Similar to email conversations and families, the expectation is that all messages/texts in a conversation will be provided the same conversation index and groupid data (maintaining the familial relationship) allowing the government to read the entire conversation in context. Messages should be produced to align with the formats listed in section 2 and as individual Unicode text files, and attachments should be produced as native files with images and OCR text.

While the parties shall meet and confer on precise metadata formats, as an example, metadata collected from mobile devices shall be provided in formats such as the following:

Field Name	Field Description	Mobile	Mobile Cellebrite Categories								
			Chats	MMS	SMS	Email	Instant Message	Voicemail	Recordings	Notes	Calendar
TXT-ROWNUMBER	Row number.	✓	#	#	#	#	#	#	#	#	#
TXT-CHATNUMBER	Chat number, identifies chat groups.	✓	Chat #								
TXT-STARTTIME	Start date-time for conversation, calendar item.	✓	Start Time: Date								Start Date: Date
TXT-ENDTIME	End date-time for calendar item.	✓									End Date: Date
TXT-LASTACTIVITYTIME	End date-time for conversation.	✓	Last Activity: Date								
TXT-PARTICIPANTS	Who was involved in the conversation, meeting.	✓	Participants		Party						Attendees
TXT-MESSAGENUMBER	Individual identifier for message.	✓	Instant Message #								
TXT-BODY	Body of the chat, message, item.	✓	Body	Body	Message					Body	
TXT-STATUS	Whether the text was Sent or Read on the device.	✓	Status	Status	Status						Status
TXT-LOCATION	GPS Information.	✓	Location				Location				Location
TXT-TIMESTAMP	Timestamp of item. Equivalent to DateReceived for incoming items or to	✓	Timestamp: Date	Date	Date	Date		Timestamp-Date	Timestamp-Date		

Field Name	Field Description	Mobile	Mobile Cellebrite Categories								
			Chats	MMS	SMS	Email	Instant Message	Voicemail	Recordings	Notes	Calendar
	DateSent for outgoing items.										
TXT-READDATE	Date read	✓	Read: Date		Read-Date		Read-Date				
TXT-DELETED	Indicates whether a message was deleted and recovered by Cellebrite.	✓	Deleted - Chat	Deleted		Deleted	Deleted	Deleted	Deleted	Deleted	Deleted
TXT-STARREDMESSAGE	Notes whether the message was flagged.	✓	Starred message				Starred message				
TXT-THREAD-GROUP	Populate with the DOCID of the first text in the chat conversation to allow the entire chat conversation to be grouped as a family. (Sort each device by Chat Number and then by Row Number to assign TXT-THREAD-GROUP identifier). This is NOT the BEGATTACH field or	✓	Chat #								

Field Name	Field Description	Mobile	Mobile Cellebrite Categories								
			Chats	MMS	SMS	Email	Instant Message	Voicemail	Recordings	Notes	Calendar
	Relativity Group Identifier.										
TXT-SMSC	Short Message Service Center (handles SMS text messages on behalf of phone service provider)	✓			SMSC						
DIRECTION	Direction of communication ; Outgoing or Incoming.	✓		Direction	Direction	Direction	Direction				
IMPORTANCE		✓		Priority		Priority					Priority
ACCOUNT	Account identifier for device user: email address, phone number, account number.	✓		Name		Account		Name			
DURATION	Duration time of call, voice message, audio, video in HH:MM:SS format, e.g. 00:00:32	✓						Duration	Duration		

14. Production of Social Media

Prior to any production of responsive data from social media (e.g., Twitter, Facebook, LinkedIn, etc.), the producing party shall first discuss with the government the potential export formats before collecting the information, to ensure it is collected and produced in a way that preserves the original metadata, has a clear chain of custody, and provides as much information as possible regarding the source and history of each individual communication.

Social media platforms offer different functions, forms of content, and capability for downloading accounts. Because of these differences, prior to collection of social media data, the producing party must discuss with the government the available export and production methods and formats that the producing party is considering. Unless the government agrees to an alternative in writing, regardless of the social media platform, productions of social media content must meet the following general requirements: (1) separate (2) searchable (3) static images of (4) each responsive posting on the social media platform, (5) all related content (e.g., comments, likes, share or re-transmittal information, images, videos, linked documents and content), and (6) associated metadata (e.g., user name(s), date, and time of all posts, comments, likes, share or re-transmittals).

These general requirements are in addition to any more specific requirements in a particular request (e.g., geolocation data), and the producing party must ask the government about any perceived conflict between these requirements and another source of specifications or requirements. If available from the social media platform or through social media data processing software, files that facilitate interactive review of the data (i.e., html files) as well as load files in .csv format must be produced with the associated content.

15. Production of Structured Data

Prior to any production of responsive data from a structured database (e.g., Oracle, SAP, SQL, MySQL, QuickBooks, proprietary timekeeping, accounting, sales rep call notes, CRMs, SharePoint, etc.), the producing party shall first identify the database type and version number, discuss providing the database dictionary (in whole or part) and any user manuals, or any other documentation describing the structure and/or content of the database and a list of all reports that can be generated from the database. Upon consultation with and written consent of the government, if a report is provided, the standard format of that report provided should be in comma separated values (.csv) format. The information contained in any such report must be thoroughly explained to the government before production.

16. Production of Photographs with Native File or Digitized ESI

Photographs shall be produced as single-page JPEG files with a resolution equivalent to the original image as they were captured/created. All JPEG files shall have extracted metadata/database fields provided in a Concordance® load file format as outlined in section 3 for "Other ESI."

17. Production of Images from which Text Cannot be OCR Converted

An exception report shall be provided when limitations of paper digitization software/hardware or attribute conversion do not allow for OCR text conversion of certain images. The report shall include the DOCID or Bates number(s) corresponding to each such image.

18. Production of Translated Text with Non-English Language ESI or Documents

To the extent translated text is available to the producing party through machine language translation, such translations shall be provided to the government with the production. The producing party shall provide the original extracted text as well as the translated extracted text in load ready format. The translated text and images of translated documents shall be provided as a separate folder volume to the main production. The parties shall meet and confer regarding any required translated text redactions.

19. Production of Audio File Transcripts

To the extent audio files are produced and transcripts are available to the producing party through machine transcription, such transcripts shall be provided to the government with the production. The producing party shall provide the audio file transcript as a text file in load ready format like any other text file named by the BEGDOC#. The parties shall meet and confer regarding any required audio file redactions.

20. Production of ESI from Non-PC or Non-Windows-based Systems

If responsive ESI is in non-PC or non-Windows-based Systems (e.g., Apple, IBM mainframes, and UNIX machines, Android device, etc.), the ESI shall be produced after discussion with and written consent of the government about the format for the production of such data.

21. Production of Native Files (When Applicable Pursuant to These Specifications)

Production of native files, as called for in these specifications, shall have extracted metadata/database fields provided in a Concordance® load file format as defined in the field specifications for "Other ESI" as outlined in section 3 as well as a placeholder image which indicates a native file is being produced.

ESI shall be produced in a manner which is functionally usable by the government. The following are examples:

a. AutoCAD data, e.g., DWG and DXF files, shall be processed/converted and produced as single-page JPG image files and accompanied by a Concordance® Image formatted load file as described above. The native files shall be placed in a separate folder on the production media and linked by a hyperlink within the text load file.
b. GIS data shall be produced in its native format and be accompanied by a viewer such that the mapping or other data can be reviewed in a manner that does not detract from its ability to be reasonably understood.

c. Audio and video recordings shall be produced in native format and be accompanied by a viewer if such recordings do not play in a generic application (e.g., Windows Media Player).

22. Bates Number Convention

All images should be assigned Bates numbers before production to the government. Each Bates number shall be a standard length, include leading zeros in the number, and be unique for each produced page. The numbers should be endorsed on the actual images at a location that does not obliterate, conceal, or interfere with any information from the source document. Native files should be assigned a single Bates number for the entire file which will represent the native document in the Opticon/ Concordance® Image Cross Reference file. The load file will include a reference to the native file path and utilize the NATIVELINK metadata field). The Bates number shall not exceed 30 characters in length and shall include leading zeros in the numeric portion. The Bates number shall be a unique number given sequentially (i.e. page one of document is PREFIX0000000001, page two of the same document is PREFIX0000000002) to each page (when assigned to an image) or to each document (when assigned to a native file). If the parties agree to a rolling production, the numbering convention shall remain consistent throughout the entire production. There shall be no spaces between the prefix and numeric value. If suffixes are required, please use "dot notation." Below is a sample of dot notation:

	Document #1	*Document #2*
Page #1	PREFIX00000000001	PREFIX00000000002
Page #2	PREFIX00000000001.002	PREFIX00000000002.002
Page #3	PREFIX00000000001.003	PREFIX00000000002.003

23. Media Formats for Storage and Delivery of Production Data

Electronic documents and data shall be delivered on any of the following media:

a. CD-ROMs and/or DVD-R (+/-) formatted to ISO/IEC 13346 and Universal Disk Format 1.02 specifications; Blu-ray.
b. External hard drives (USB 3.0 or higher, formatted to NTFS format specifications) or flash drives
c. Government approved File Transfer Protocol (FTP) technologies.
d. Storage media used to deliver ESI shall be appropriate to the size of the data in the production.
e. Media should be labeled with the case name, production date, Bates range, and producing party.

24. Virus Protection and Security for Delivery of Production Data

Production data shall be free of computer viruses. Any files found to include a virus shall be quarantined by the producing party and noted in a log to be provided to the government. Password protected or encrypted files or media shall be provided with corresponding passwords and specific decryption instructions. All encryption software shall be used with approval by and with the written consent of the government.

25. Privilege Logs

a. The name and title of the author (and if different, the preparer and signatory);
b. The name(s) and title(s) of the individual(s) to whom the document was addressed;
c. The name(s) and title(s) of the individuals to whom the document or a copy of the document was sent or to whom the document or a copy, or any part thereof, was shown;
d. The date of the document;
e. The number of pages;
f. A brief description of the subject matter;
g. A statement of the specific basis on which privilege is claimed; and
h. The paragraph or subparagraph of the Subpoena to which it is responsive.

26. Compliance and Adherence to Generally Accepted Technical Standards

Production shall be in conformance with standards and practices established by the National Institute of Standards and Technology ("NIST" at www.nist.gov), U.S. National Archives & Records Administration ("NARA" at www.archives.gov), American Records Management Association ("ARMA International" at www.arma.org), American National Standards Institute ("ANSI" at www.ansi.org), International Organization for Standardization ("ISO" at www.iso.org), and/or other U.S. Government or professional organizations.

27. Read Me Text File

All deliverables shall include a "read me" text file at the root directory containing: total number of records, total number of images/pages or files, mapping of fields to plainly identify field names, types, lengths, and formats. The file shall also indicate the field name to which images will be linked for viewing, date and time format, and confirmation that the number of files in load files matches the number of files produced.

28. Exception Report

An exception report, in .csv format, shall be included, documenting any production anomalies during the collection, processing, and production phases. The report shall provide all available BEGDOC# or DOCID values and metadata listed in section 3, including but not limited to file names and file paths for all affected files.

29. Transmittal Letter to Accompany Deliverables

All deliverables should be accompanied by a transmittal letter including the production date, case name and number, producing party name, and Bates range produced. Technical instructions on how to decrypt media should be included in the transmittal letter but the password should be transmitted separately.

-XXX-

EXHIBIT T

NEWS

Exclusive: The University of Michigan Will End Gender-Affirming Care for Minors Amid Trump Admin Legal Onslaught

by Josh Kovensky and Kate Riga

08.25.25 | 6:08 pm

U.S. President Donald Trump talks to the media at Trump Turnberry golf club on July 28, 2025 in Turnberry, Scotland. (Photo by Christopher Furlong/Getty Images)

77

The Trump administration has strong-armed the University of Michigan's statewide hospital system over its provision of transgender health care services for minors, sending a subpoena in recent weeks to University of Michigan Health, TPM has learned.

The investigation has prompted the university to suspend gender-affirming care at its hospitals for those under 19, the university told TPM in an exclusive statement.

"The University of Michigan, including Michigan Medicine, is one of multiple institutions across the country that has received a federal subpoena as part of a criminal and civil investigation into gender-affirming care for minors," the statement reads. "In light of that investigation, and given escalating external threats and risks, we will no

longer provide gender affirming hormonal therapies and puberty blocker medications for minors."

For the Trump administration, University of Michigan Health's decision is a win. In this case, federal officials have used the prospect of a lengthy civil or criminal investigation to pressure the hospital system.

One source familiar with the university's decision-making told TPM that University of Michigan Health's leadership interpreted the subpoena as a threat that could portend criminal prosecution. Per the source, individual doctors received a hold order not to destroy documents.

The demand came in the form of an administrative subpoena, per the source. The demand is similar to a subpoena received by the Children's Hospital of Philadelphia and entered as an exhibit into a lawsuit earlier this month, the source said.

The Department of Justice did not respond to a request for comment.

Per an internal university memo obtained by TPM, University of Michigan Health first received a subpoena on July 14 that indicated the DOJ was pursuing a civil and criminal investigation.

DOJ attorneys had indicated they were investigating the doctors on suspicion of abusing their authority to prescribe medication, among other potential charges, the source said. The source said that those at the University of Michigan Health system had heard for a few weeks that they were next in line.

"We recognize the gravity and impact of this decision for our patients and our community. We are working closely with all those impacted, and we will continuously support the well-being of our patients, their families, and our teams," the hospital system added in its statement to TPM. "We

are deeply grateful to our clinicians for their unyielding commitment to providing the highest quality care, and to all of our team members for their dedication to helping our patients, and to supporting each other, as we navigate these changes together."

The targeting of the health system appears to be part of a broader salvo from the Trump administration, as it takes further steps to threaten hospitals into backing away from providing gender-affirming care.

The FBI posted a tipline on X in early June, seeking names of "any hospitals, clinics, or practitioners" "mutilating children under the guise of gender-affirming care."

Trump's DOJ announced on July 9 that it had sent more than 20 subpoenas to doctors and clinics "involved in performing transgender medical procedures on children." University of Michigan Health received its subpoena a few days later. The Children's Hospital of Philadelphia, the University of Pittsburgh Medical Center and UChicago Medicine have been reported to be among the institutions that received subpoenas.

Michigan Attorney General Dana Nessel joined a multistate lawsuit on August 1 — two weeks after the University of Michigan health system received its subpoena — to block the administration from using threats of criminal prosecution to restrict care.

Significant evidence has emerged in recent weeks that the Trump administration is aggressively pursuing investigations into other providers of transgender health care, particularly for minors. The administrative subpoena to the Children's Hospital of Philadelphia, filed this month in a lawsuit brought by state attorneys general, seeks a broad range of documents relating to "puberty blockers," "gender-related care," and other

topics related to transgender care. In that case, the subpoena directed the hospital to appear before the DOJ's consumer protection branch.

It cited a statute that allows investigators to issue administrative subpoenas for investigations into federal health care-related offenses for use in either civil or criminal cases.

For the University of Michigan hospital system's administrators and clinicians, the subpoena left little clarity on how to fight back: There's no criminal charge that they can defend against, no new law or federal rule interpretation to challenge in court, the person familiar emphasized. All they have, the person said, is the prospect of heavy legal fees and, for the doctors, a looming fear of potentially losing their medical licenses while under the cloud of an endless investigation.

The University of Michigan may have been in the Trump administration's sights already, as it had targeted the hospital system over a separate gender-affirming care-related issue earlier in the summer.

Back in June, Trump's HHS launched an investigation into the case of a physician's assistant in University of Michigan Health system who claimed that she was fired after refusing to perform gender-affirming care or use patients' preferred pronouns under a religious exemption. Valerie Kloosterman's case was taken up by the First Liberty Institute, a right-wing law firm that sits on the advisory board of Project 2025.

"The investigation will probe whether the health system has policies consistent with the Church Amendments for accommodating health care workers with religious beliefs or moral convictions that are contrary to certain procedures or certain health service programs," HHS' Office for Civil Rights said in a press release.

A federal judge dismissed Kloosterman's lawsuit, ruling she had to proceed to arbitration. Her attorneys appealed, and the case is currently before the 6th Circuit.

Rachel Crandall Crocker, co-founder of TransGender Michigan, told TPM that the university's medical system is one of two transgender health care providers in the state. Losing it will massively complicate the lives of transgender Michiganders, she said.

"It would leave a big hole in services," Crocker told TPM. "A lot of people would be out of luck."

The focus on Michigan is just one front in an onslaught from an administration fixated on making health care, legal protection and self-identification much more fraught for the trans community. Its right-wing media allies have derived hours of content from the skirmishes, contributing to the souring of public opinion on trans rights.

"The approach now can best be described as misleading, punitive, and invasive of adults' ability to make their own healthcare decisions in consultation with their providers and, for young people, of the privacy of parents, youth, and their healthcare providers, all informed by experience and expertise in the field," Suzanne Goldberg, cofounder of Columbia Law School's Center for Gender and Sexuality Law, told TPM.

Send Tips

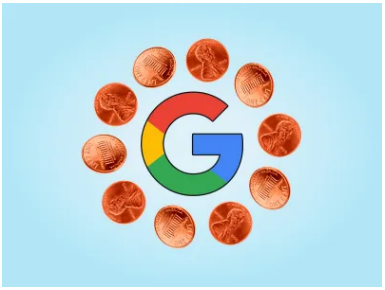
Josh Kovensky is an investigative reporter for Talking Points Memo, based in New York. He previously worked for the Kyiv Post in Ukraine, covering politics, business, and corruption there.

Kate Riga is a D.C. reporter for TPM and cohost of the Josh Marshall Podcast.

Includes: Department of Justice Donald Trump featured gender-affirming care transgender rights

University of Michigan

LATES



TPM 25

We Tried to Get Big Tech to Pay for Wrecking Journalism. It Didn't Work Out.

11.13.25 | 11:24 am

MEMO MORNING

The Corrupt Roots of America's Elite Run Deep

11.13.25 | 7:44 am

NEWS

How the Trump Admin Has Sown Fear Among Progressive Nonprofits

11.13.25 | 7:00 am

Talking Points Memo

EXHIBIT U

Children's National

MENU

Get Care › Departments

LGBTQ+ Care and Support

Menu

A Message for Existing and New Patients

In light of escalating legal and regulatory risks to Children's National, our providers, and the families we serve, we are discontinuing the prescription of gender-affirming medications. This

change went into effect on August 30, 2025.

Mental health and other support services for LGBT patients remain available. You are always welcome at Children's National for your other medical needs.

We know this change will have a significant impact on affected patients, families and staff. Our care teams are working directly with families of current patients to support them.

If you have questions or need further assistance, please contact us directly.

At Children's National Hospital, we support our LGBTQ+ (lesbian, gay, bisexual, transgender and questioning/queer) patients through a variety of programs and services:

- The Youth Pride Clinic provides comprehensive primary, specialty and mental healthcare to youth and young adults between the ages of 12 to 21. We also provide high-quality health and wellness care in a safe and affirming environment for transgender and gender-nonconforming youth.
- The Gender Development Program is our multidisciplinary program for transgender and gender-diverse youth and their families. Psychiatry, psychology, speech therapy, endocrinology and gynecology collaborate to help parents and gender-diverse youth navigate gender development through personalized assessments and care.
- Children and teens who have gender dysphoria and autism spectrum characteristics (or related conditions) have access to our Gender and Autism Program.

If you are unsure of what services you need to seek for your child, contact our **patient navigator** at 202-476-5744.

Career Opportunities at Children's National

Donate

Pay Your Bill

About Us

Careers

Contact Us

Departments

In the Community

News and Events

Price Transparency

Residencies and Fellowships

Children's National Hospital Foundation

Español

International Patients

Research News

Wellness Advice

111 Michigan Avenue NW, Washington DC 20010

202-476-5000

Terms of Use | Patient Family Rights | Report a Compliance Concern | Web Accessibility

EXHIBIT V

Gender Development Program

Call 202-476-5744

Menu

A Message for Existing and New Patients

In light of escalating legal and regulatory risks to Children's National, our providers, and the families we serve, we are discontinuing the prescription of gender-affirming medications. This change went into effect on August 30, 2025.

Mental health and other support services for LGBT patients remain available. You are always

welcome at Children's National for your other medical needs.

We know this change will have a significant impact on affected patients, families and staff. Our care teams are working directly with families of current patients to support them.

If you have questions or need further assistance, please contact us directly.

Some young people feel, sense or know they are a gender different than the one they were assumed at birth. They may live and dress in ways typical of another gender (gender non-conformity), and some may experience the need to live and be affirmed as this gender in some or all settings. This can be an urgent need, or for others, there may be experimentation and exploration. There are also some young people who show gender non-conformity in their everyday behaviors, but may not yet have the self-advocacy skills to discuss their gender identity and their gender-related needs.

The Gender Development Program at Children's National recognizes that each child's gender journey is unique. Our team has been supporting the gender needs of youth and their families for the past 20 years, providing essential care at a time they need it most. Care is individualized for each patient and always involves families making decisions in coordination with a team of highly trained pediatric specialists.

Our Providers

Our pediatric specialists provide personalized care for your child's physical, mental and emotional health needs.

Meet the Team

Contact Information

For appointments, please call 1-888-884-BEAR (2327) and for information, call 202-476-5744.

Appointments

Information

Programs Related to Gender Development

We collaborate with departments throughout Children's National to provide the best possible care to children with gender development needs.

Gender and Autism Program

Positive Reevaluation of Urogenital Differences (PROUD) Clinic

Youth Pride Clinic

Caring for Gender-Diverse Youth and Their Families

Our multidisciplinary Gender Development Program team understands that the gender development of a child may be confusing to parents and families, providers and sometimes young people themselves. Parents may wonder:

- How can my child's gender-related needs best be supported?
- How do we navigate our child's gender diversity in everyday life (e.g., with family, in school, when moving into adulthood, etc.)?
- Is my child transgender?
- Will my child's gender and gender-related needs change over time?

The needs of gender-diverse youth are often complex, requiring a multidisciplinary team approach and ongoing care supports over time.

About Us

As one of the earliest founded youth gender programs, we are a multidisciplinary team of specialists who work in the assessment and broad care needs of youth on the gender spectrum and their families. We also conduct cutting-edge research to move forward our understanding of youth gender development and ways to best support gender-diverse and transgender youth. Research findings inform all of our clinical care.

We work with gender exploring, gender non-conforming, gender dysphoric, gender non-binary, transgender and gender-questioning young people, and we see children and adolescents of all ages. We also work with youth who have genetic and other conditions in which gender variation is common.

We offer:

Personalized Evaluations and Tailored Care

Comprehensive Services and Collaboration with Multiple Specialties

Unique Programs for Diverse Needs

Evaluation and Ongoing Supports

Your child's care will start with an initial evaluation by our team. During this two to three-hour visit, you will meet the team together with your child and also separately. The goals of these visits vary from family to family and may include:

- Understanding the various aspects of your child's gender development
- Screening for any mental health concerns/risks

- Support for parenting a gender diverse child
- Support for families navigating issues related to siblings, friends, school, etc.

We may ask you and your child to return for periodic follow-up visits. These visits can help us make a more extended evaluation. Your team also may suggest treatments or supportive services through Children's National or in the community such as:

- Individual supports for youth and/or parents
- Family-specific supports
- School supports/interventions
- Support groups for you and/or your child

Recognized for Excellence

Our colleagues and peers have recognized the important care our Gender Development Program provides. Our advocacy and education efforts have been honored with the following national awards recognizing our commitment to providing compassionate, patient- and family-centered care:

- The Skylight Project Ma Vie En Rose Children's Advocate Award, San Francisco, California
- The D.C. Youth Pride Alliance's 10 Year Anniversary Award
- The Stuart Nichols Award for outstanding achievements in gay, lesbian, bisexual and transgender community mental health

Frequently Asked Questions About Our Gender Development Program

At Children's National, we understand that families have many questions about their child's condition and care. Review our frequently asked questions regarding the Gender Development Program to learn more.

Read our FAQs

Locations

Main Hospital

111 Michigan Avenue, NW
Washington, DC 20010

1-888-884-2327

Emergency Department Info

Specialty Care | Emergency Care

Montgomery County

9850 Key West Avenue
Rockville, Maryland 20850

301-765-5400

301-294-0897

Specialty Care

All Gender Development Program Locations

Family Resources

Learn about the support groups we offer for parents and children, and explore our other family resources.

View family resources

Visiting Children's National

We're here to help make your trip to Children's National as easy as possible. Discover information about transportation and parking, visiting hours, where to stay during your visit, spending the night at the hospital and things to do in the area.

Plan Your Visit

Children's National

Donate

Pay Your Bill

About Us

Careers

Contact Us

Departments

In the Community

News and Events

Price Transparency

Residencies and Fellowships

Children's National Hospital Foundation

Español

International Patients

Research News

Wellness Advice

111 Michigan Avenue NW, Washington DC 20010

202-476-5000

EXHIBIT W

Outlook

RE: Challenge to Subpoena to Children's National Hospital regarding gender transition treatment

From Goldstein, Ross <Ross.Goldstein@usdoj.gov>
Date Fri 11/14/2025 4:43 PM
To Eve Hill <EHill@browngold.com>; Runkle, Patrick <Patrick.R.Runkle@usdoj.gov>; Dahlquist, Scott B. <Scott.B.Dahlquist@usdoj.gov>
Cc Jennifer Levi <jlevi@gladlaw.org>; Donovan Bendana <dbendana@gladlaw.org>

Good afternoon, Ms. Hill:

Thank you for reaching out. In response to your queries:

- Yes, the subpoena to Children's National is substantively identical to those served on Boston Children's and CHOP.
- [redacted]
- [redacted]

Of course, please feel free to call if you wish to discuss further.

Regards,
Ross

Ross S. Goldstein | Assistant Director
United States Department of Justice
Enforcement & Affirmative Litigation Branch
450 Fifth Street, NW #6400
Washington, D.C. 20001

Tel: (202) 353-4218
Fax: (202) 514-8742
ross.goldstein@usdoj.gov

[redacted]