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JEFFREY P. COLWELL, CLERK

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO**

Misc. Case No.

In re: Department of Justice Administrative Subpoena No. 25-1431-030

CHILDREN'S HOSPITAL COLORADO'S MOTION TO QUASH SUBPOENA

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I. INTRODUCTION

The United States Department of Justice (“DOJ”) has served a sprawling, fifteen-category administrative subpoena (the “Subpoena”) on Children’s Hospital Colorado (“Children’s Hospital”) seeking vast quantities of information regarding gender-affirming care. The provision of that care is lawful in Colorado and Children’s Hospital provides it responsibly, pursuant to strict guidelines, in full compliance with Colorado law, and consistent with the recommendations of the American Medical Association and the American Academy of Pediatrics. In meet and confer calls, the DOJ attorneys handling this matter acknowledged that they have no reason to suspect any form of wrongdoing by Children’s Hospital, or any evidence of misconduct by Children’s Hospital or anyone connected with it. They also acknowledged that the Subpoena was served to further the objectives of two enjoined presidential Executive Orders that were found to be motivated by purposeful discrimination, and a memorandum from the Attorney General deriding gender-affirming care as “mutilation” and “abuse” and promising to use the DOJ’s vast resources to eliminate it.

Against this backdrop, the Subpoena’s purpose is transparent. It is designed to intimidate and harass Children’s Hospital into stopping its lawful provision of gender-affirming care to transgender youth and was issued because the Administration disagrees with Colorado’s decision to support that form of healthcare. The Subpoena is also clearly designed to strike fear in patients and providers who are receiving and administering gender-affirming care by sending them the message that “the government is watching them.” But Colorado’s decision to support gender-affirming care is entitled to the same deference that the U.S. Supreme Court has decreed that courts must give to states that preclude gender-affirming care. *See United States v. Skrmetti*,

145 S. Ct. 1816, 1836–37 (2025). And there is no federal law that prohibits or criminalizes the receipt or provision of gender-affirming care. Children’s Hospital cannot properly be subject to a burdensome and harassing subpoena for providing care that is safe, effective, and allowed under Colorado law.

Mindful of these facts, fifteen states and the District of Columbia recently sued to invalidate the memoranda underlying the Subpoena because the “DOJ’s actions [] reflect an unconstitutional attempt to infringe on the States’ power to regulate medicine” and the “DOJ’s intent in issuing the subpoenas is not enforcement of the specific prohibitions of [any federal] laws but the chilling of medical care with which the administration disagrees ideologically.”

ECF No. 1, *Commonwealth of Mass. et al. v. Donald J. Trump et al.*, No. 1:25-cv-12162 (D. Mass. Aug. 1, 2025) ¶¶ 132, 190. The instant Subpoena is an object of that lawsuit.

Separate and apart from the Subpoena’s improper purpose, it was not properly authorized and its sweeping requests for production—seeking the identity and records of every patient that received puberty blockers or hormone treatments since 2020, the complete personnel files of hundreds of employees, and virtually every internal and external communication relating to gender-affirming treatment, to name a few—confirm that the Subpoena is a form of harassment and provide independent bases to quash it. The Subpoena is not “within the [] authority of the agency” nor “sufficiently limited in scope, relevant in purpose, and specific in directive” to require compliance. *United States v. Wilson*, 98 F.4th 1204, 1221 (10th Cir. 2024).

In sum, the Subpoena should be quashed in its entirety because it lacks a proper purpose, was not properly authorized, and is overbroad and unduly burdensome.

II. FACTUAL BACKGROUND

A. Gender-affirming health care is critical to the transgender community.

The term “gender identity” is used “to describe a person’s sense of being male, female, neither, or some combination of both.” Joshua D. Safer & Vin Tangpricha, *Care of Transgender Persons*, 381 N. Eng. J. Med. 2451, 2451 (2019) (cleaned up). “A ‘transgender’ individual’s gender identity does not correspond to their sex assigned at birth[.]” *Id.* Gender-affirming care is care designed to support and affirm an individual’s gender identity. *See Standards of Care for the Health of Transgender and Gender Diverse People*, Version 8, 23 Int’l J. of Transgender Health S1, S13 (2022). As relevant here, puberty blockers are a medical intervention that can postpone puberty changes that do not align with one’s gender identity. *Id.* at S64. Hormone therapy allows transgender and gender-diverse patients to undergo the physical puberty changes that align with their gender identity. *Id.* at S110. Gender-related care is safe and effective. *See Washington v. Trump*, 768 F. Supp. 3d 1239, 1273 (W.D. Wash. 2025).

B. The State of Colorado has codified into law its support for the transgender community and the safe provision of gender-affirming care.

The State of Colorado codified into law support for its transgender community. *See* Colo. Rev. Stat. Ann. §§ 25-2-113.8 (simplifying the process for transgender individuals to change the gender marker on their birth certificates); 24-34-300.7 (bolstering protections for parents who help their children access gender-affirming care). The “Protect Access to Gender-Affirming Health Care Act,” for example, prohibits health insurance plans from denying or limiting coverage for medically necessary gender-affirming health care as determined by a qualified provider. *See id.* § 10-16-104(30); *see also* 10 Code Colo. Regs. § 2505-10:8.735.5.A (including transgender care as covered services for Medicaid).

C. Children’s Hospital provides critical care, including to transgender minors.

Children’s Hospital is one of the preeminent healthcare institutions in Colorado. The Children’s Hospital healthcare system consists of four hospitals and thirteen additional sites within Colorado. Declaration of David Brumbaugh, M.D. (“Brumbaugh Decl.”) ¶ 5. More than 9,500 people work at Children’s Hospital and more than 3,000 additional people volunteer. *Id.* ¶ 7. Children’s Hospital’s medical staff comprises more than 2,900 people, and there are also more than 300 additional residents and fellows who are training in pediatric medical fields. *Id.* Children’s Hospital’s revenue cycle staff consists of more than 600 people, including more than 40 coders. *Id.* ¶ 8. Children’s Hospital’s managers number into the thousands and run the gamut from the Director of Food Personnel to the Chief Executive Officer. *Id.* ¶ 9. Everyone at Children’s Hospital communicates using company-assigned email, among other things. *Id.* ¶ 37. In 2024, Children’s Hospital hosted 196,987 emergency and urgent care visits; 697,194 outpatient visits; and 19,448 inpatient admissions. *Id.* ¶ 11. The vast majority (more than 95%) of Children’s Hospital’s patients are minors under the age of 18, and almost half of the patient population are Medicaid beneficiaries. *Id.* ¶ 12. Children’s Hospital often provides care to gender-diverse children, adolescents, and their families through its TRUE Center for Gender Diversity, which has hosted over 3,000 patients since 2020. *Id.* ¶ 16. In addition to behavioral health services and counseling, the TRUE Center’s services include puberty-delaying treatments and hormone therapy in appropriate circumstances. *Id.* ¶¶ 15-24.

D. The Administration has launched a campaign to deny the existence of transgender people and prohibit their access to critical care.

On January 20, 2025, the President issued Executive Order 14,168 (the “Gender Ideology EO”), announcing that “[i]t is the policy of the United States to recognize two sexes, male and

female[,]” Declaration of Cody Gray (“Gray Decl.”), Ex. 6 at 1-2, even though no United States law affords the President the authority to designate the gender of anyone located in the United States, much less all persons seeking medical care in Colorado. The Gender Ideology EO declares the lived experience of transgender individuals to be a “false claim” under the moniker of “gender ideology” and purports to deny the reality that transgender people exist. *Id.*

On January 28, 2025, the President issued Executive Order 14,187 (the “Medical Services EO”), announcing that “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.” *Id.* Ex. 7 at 1. This EO uses the medically inaccurate and debasing term “chemical and surgical mutilation” to reference the use of puberty blockers and sex hormones. *Id.*

Shortly after these executive orders were issued, several parties, including the State of Colorado, challenged the constitutionality of the orders and two federal courts preliminarily enjoined implementation of them on the basis that the orders unlawfully discriminate on the basis of sex and transgender status and violate the Separation of Powers. *See Washington*, 768 F. Supp. 3d at 1252; *PFLAG, Inc. v. Trump*, 769 F. Supp. 3d 405, 418 (D. Md. 2025).

The *Washington* court explained that the Gender Ideology EO “reflects a bare desire to harm a politically unpopular group[.]” 768 F. Supp. 3d at 1277. And the decisions rejected the Administration’s justification for the Medical Services EO, finding that it “simply dismisses the Standards of Care as ‘junk science’ and conclusorily pronounces that they ‘lack[] scientific integrity[,]’” even though “almost every court and medical organization to address the issue has disagreed with that view.” *Id.* at 1273.

E. The Administration continued its campaign of vilification and intimidation.

Undeterred by court-ordered prohibitions on enforcement of the Gender Ideology EO and Medical Services EO, Attorney General Pam Bondi issued a memorandum in April 2025 expressly instructing DOJ employees to enforce the terms of the Medical Services EO. *See* Gray Decl., Ex. 8 (“Bondi Memo”) at 3. The Bondi Memo directs DOJ employees to pursue investigations of medical service providers who provide gender-related treatment to minors and repeats the same language disparaging transgender people that courts found to evince purposeful discrimination. *See, e.g., id.* at 4. In June 2025, Assistant Attorney General Brett A. Shumate issued a memorandum declaring that the DOJ Civil Division “will use all available resources to prioritize the investigations of doctors, hospitals, [and] pharmaceutical companies” to enforce the enjoined Gender Ideology and Medical Services EOs and the Bondi Memo. *See* Gray Decl., Ex. 9 (“Shumate Memo”) at 2. The memorandum states that the Civil Division will follow through on the Bondi Memo’s directives to pursue investigations for violations of the Food, Drug and Cosmetic Act (“FDCA”) and the False Claims Act (“FCA”). *Id.* at 2-3.

Shortly after these Memos were disseminated, the DOJ issued a press release announcing that “it has sent more than 20 subpoenas to doctors and clinics involved in performing transgender medical procedures on children.” Gray Decl., Ex. 10. On July 14, 2025, Children’s Hospital was served with the instant Subpoena. *Id.* ¶ 3.

F. The Subpoena consists of sweeping requests for information.

The Subpoena seeks the identity and medical records of every patient that received puberty blockers or hormone treatments since 2020, the billing and insurance records for thousands of minor patients, the complete personnel files of scores of Children’s Hospital

employees, and virtually every internal and external communication Children’s Hospital has had relating to gender-affirming care. *See* Gray Decl., Ex. 1 (“Subpoena”).

G. The Administration boasted about coercing hospitals to cease providing care.

Just over two weeks after the DOJ publicly announced its campaign to subpoena dozens of hospitals serving transgender youth and mere days after the DOJ served the Subpoena at issue here, the White House issued a Press Release entitled, “President Trump Promised to End Child Sexual Mutilation – and He Delivered.” Gray Decl., Ex. 11. The release crows about the “growing list of health systems across the country” that limited or ended gender-affirming care to youth “following President Trump’s [Medical Services] executive action.” *Id.*

H. Children’s Hospital is already experiencing the Subpoena’s intended effect.

After Children’s Hospital was served, word of the Subpoena spread rapidly within the organization, in part because Children’s Hospital was forced by the Subpoena’s scope to implement a broad legal hold. Brumbaugh Decl. ¶ 27. To quell growing fears within the community, Children’s Hospital acknowledged receipt of the Subpoena but assured patients and providers that it was evaluating the Subpoena and was not making changes to its care model at the present time. *Id.* Children’s Hospital set up a call center to be able to receive comments from the TRUE Center’s patients and their families. *Id.* ¶ 28. Children’s Hospital also received comments from its healthcare providers. *Id.*

Based on that feedback, the Subpoena is already having its intended effect. A significant number of patients contacted Children’s Hospital to demand that Children’s Hospital not transmit to the Administration their confidential medical records. *Id.* ¶¶ 29-30. Patients have also expressed that they are scared about losing access to critical care, about their physical

safety, and about being further stigmatized and targeted by those who do not support the transgender community. *Id.* ¶ 32. Children’s Hospital’s providers have expressed similar fears. Several providers have expressed anxiety and fear about the possibility of being prosecuted—notwithstanding that the provision of gender-affirming care is lawful in Colorado. *Id.* ¶ 34. The combined effect of the EO’s and the DOJ’s actions has also reduced the number of patients who are seeking care. *Id.* ¶ 36. The TRUE Center had a six-month waitlist for an appointment in January; now, there is no waitlist. *Id.*

I. The parties’ meet and confers did not meaningfully narrow the Subpoena.

On July 29, 2025, Children’s Hospital’s counsel met and conferred via Zoom with DOJ attorneys about the Subpoena. Gray Decl. ¶ 5. The DOJ confirmed that it does not have any individualized suspicion of wrongdoing by anyone at Children’s Hospital and is not aware of any facts or allegations suggesting any form of wrongdoing at Children’s Hospital. *Id.* ¶ 6. The DOJ also confirmed that the Subpoena was a product of the directives set forth in the Bondi and Shumate Memos. *Id.* ¶ 7. The DOJ further explained that the Subpoena was issued as part of a broader strategy to investigate hospitals that provide gender-related care to minors. *Id.* The DOJ said Children’s Hospital received the Subpoena because it provides such care. *Id.* The DOJ limited certain document requests, but not others. *See id.* ¶ 8; *id.*, Ex. 2. After DOJ extended the response deadline, the parties met and conferred again on August 7, 2025. Gray Decl. ¶¶ 13-15.

III. LEGAL STANDARD

An administrative subpoena is valid only if “the inquiry is within the [] authority of the agency,” and the subpoena is “sufficiently limited in scope, relevant in purpose, and specific in directive so that compliance will not be unreasonably burdensome.” *Wilson*, 98 F.4th at 1221. A

subpoena is invalid if it is issued for an “illegitimate purpose[.]” *U.S. Imm. & Cus. En. v. Gomez*, 445 F. Supp. 3d 1213, 1215 (D. Colo. 2020); *United States v. Powell*, 379 U.S. 48, 58 (1964).

IV. ARGUMENT

A. The Subpoena should be quashed because it lacks a factual basis and was not issued for a legitimate purpose.

1. *The DOJ has no suspicion or evidence of wrongdoing.*

An agency “may seek information” through an administrative subpoena when “it has an articulable suspicion of wrongdoing.” *In re Sealed Case (Admin. Subpoena)*, 42 F.3d 1412, 1420 (D.C. Cir. 1994). “[An agency] is without statutory authority to subpoena information for the general purpose of uncovering ‘other wrongdoing, as yet unknown.’” *Id.* (citation omitted).

Here, the Subpoena should be quashed because the DOJ confirmed it does not have any individualized suspicion of wrongdoing by anyone at Children’s Hospital and is not aware of any facts or allegations suggesting any form of wrongdoing at Children’s Hospital. Gray Decl. ¶¶ 5, 7. To the contrary, the DOJ confirmed that its investigation relates solely to a category of medical care (gender-affirming care for minors) that is expressly protected by statute in Colorado. *Id.*, Ex. 2. Colorado’s decision to support gender-affirming care is not a valid basis for a subpoena. *See Skrmetti*, 145 S. Ct. at 1836–37 (states are entitled to “wide discretion” to regulate the provision of gender-affirming medical care to minors). As such, this is precisely the type of “general purpose” investigation that is impermissible. *In re Sealed Case*, 42 F.3d at 1420; *Freese v. F.D.I.C.*, 837 F. Supp. 22, 25 (D.N.H. 1993) *vacated on appeal as moot*, 70 F.3d 1252 (1st Cir. 1994) (“allow[ing] the FDIC to conduct a fishing expedition through the plaintiff’s private papers in the hope that some evidence of wrongdoing will surface flies in the face of the spirit, if not the letter, of the Fourth Amendment.”).

2. *The Subpoena lacks a legitimate purpose.*

An administrative investigation must “be conducted pursuant to a legitimate purpose” and any attempt to enforce a subpoena for an “improper purpose,” such as to “harass” a recipient, “pressure” a recipient, or to pursue any other motive lacking “good faith[,]” constitutes an “abuse” of the “court’s process[.]” *See Powell*, 379 U.S. at 57–58.

Here, the Subpoena lacks a legitimate purpose. DOJ confirmed it does not have any individualized suspicion of wrongdoing and is not aware of any facts or allegations suggesting any form of misconduct at Children’s Hospital. Gray Decl. ¶¶ 4, 6. And it is clear from the Administration’s public statements that the Subpoena is part of an improper effort to intimidate medical providers to forego providing gender-affirming care.

The DOJ has admitted that the Subpoena was issued to effectuate directives set forth in the Bondi and Shumate Memos. *Id.* ¶ 7. Those Memos parrot the language of the EOs disparaging transgender people and baselessly characterizing gender-affirming care for minors as “abuse” and “mutilation.” *See supra* §§ II.D, E. Those Memos were also issued after two federal district courts enjoined implementation of the EOs for evincing purposeful discrimination. *See Washington*, 768 F. Supp. 3d at 1252; *PFLAG, Inc.*, 769 F. Supp. 3d at 418. As *Washington* explained, the EOs reflect “a bare desire to harm a politically unpopular group” and “caus[e] the discontinuation of [gender-affirming] care at medical institutions around the country[.]” 768 F. Supp. 3d at 1277, 1279.

So too with the instant Subpoena. In seeking to enforce the enjoined executive orders without any individualized suspicion—and notwithstanding that gender-affirming care is entirely lawful in Colorado—the DOJ is plainly seeking to intimidate and harass Children’s Hospital into

suspending or limiting its provision of critical gender-affirming care to a politically unpopular group that the Administration apparently disfavors. The Subpoena also appears designed to strike fear in patients and providers who are lawfully seeking and administering gender-affirming care: the DOJ disclosed the existence and substance of its investigation—in contravention of DOJ policy, Justice Manual 1-7.400(B)—so that patients and providers know that the DOJ is “watching them.” On July 25th, the Administration publicly boasted about its success in coercing hospitals across the country to suspend their provision of gender-affirming care to minors. Gray Decl., Ex. 11. These actions confirm that the investigation is designed to cause providers to forego providing gender-affirming care—or else face a prolonged and burdensome fight with the DOJ over a facially overbroad and unreasonable administrative subpoena.

The fact that gender-affirming medical care for minors is lawful in Colorado and covered by Medicaid also undermines any argument the DOJ may assert that its pursuit of priorities set forth in the Shumate Memo demonstrates a legitimate purpose. *See* Shumate Memo at 3 (discussing possible false claims scenario). Providers in Colorado would have no reason to code or bill for gender-affirming care in any surreptitious manner because the care is legal. The public statements and actions by the Administration and the DOJ’s admission that the Subpoena lacks a factual basis demonstrate the Subpoena’s improper purpose. It should be quashed in full.

3. *At a minimum, Children’s Hospital is entitled to an evidentiary hearing.*

Recipients of administrative subpoenas are entitled to request an evidentiary hearing to substantiate a claim that a subpoena has been issued for an improper purpose when they can point to “specific facts or circumstances plausibly raising an inference of bad faith.” *See United States v. Clarke*, 573 U.S. 248, 254 (2014). Here, the “specific facts [and] circumstances” raise a

“plausible inference” of bad faith, *id.*, or “doubts about the [DOJ’s] good faith[.]” *SEC v. Dresser Indus., Inc.*, 628 F.2d 1368, 1388 (D.C. Cir. 1980). The DOJ’s behavior and statements prior to and during the investigation, coupled with its admission that it has no suspicion or evidence of wrongdoing by Children’s Hospital, is, at the very least, circumstantial evidence of an improper purpose warranting an evidentiary hearing. *See, e.g., FEC v. Committee to Elect Lyndon La Rouse*, 613 F.2d 849, 863 (D.C. Cir. 1979); *U.S. v. Salter*, 432 F.2d 697, 700 (1st Cir. 1970); *SEC v. Wheeling-Pittsburgh Steel Corp.*, 648 F.2d 118, 128 (3d Cir. 1981).

B. The Subpoena should be quashed because it is not lawfully authorized.

As an independent ground for relief, the Subpoena should be quashed because it was not lawfully authorized. Under 18 U.S.C. § 3486, the Attorney General or her designee may issue subpoenas for legitimate investigations of “a [f]ederal health care offense,” 18 U.S.C. § 3486(a)(1)(A)(i)(I), and that authority has been delegated to “[e]ach United States Attorney” and “[th]e Assistant Attorney General for the Criminal Division.” DOJ Justice Manual § 9-44.201. The Subpoena at issue here, however, was issued by the Assistant Attorney General for the *Civil* Division. *See* Subpoena at 1. It is therefore unauthorized. Further, the Subpoena was issued pursuant to the Bondi Memo, including its directive to pursue investigations under the False Claims Act. But Section 3486 permits investigation into a specific set of defined offenses, and that set does not include the False Claims Act. *See* 18 U.S.C. § 3486(a)(1)(A)(i)(I); *id.* § 24(a).

C. The Subpoena should be quashed because it is overbroad and unduly burdensome.

Finally, the Subpoena should be quashed in its entirety because it requests irrelevant information and is overbroad and unduly burdensome. Compliance would also hinder Children’s Hospital’s operations and improperly invade the privacy interest of patients.

RFPs 11, 12, 13, 15: Patient medical files for anyone who was prescribed puberty blockers or hormone therapy, consent documents, and documents regarding any adverse events. These requests seek extremely sensitive patient health and identifying information without justification or particularized suspicion and should be quashed as improper. Under HIPAA, disclosure of protected medical information to law enforcement is permitted only if, “(1) The information sought is relevant and material to a legitimate law enforcement inquiry; (2) The request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and (3) De-identified information could not reasonably be used.” 45 C.F.R. § 164.512(f)(1)(ii)(C).

Here, the DOJ has no legitimate basis for its investigation and has failed to demonstrate how its sweeping requests for thousands of patient medical files is in any way relevant, specific, or limited. Moreover, these burdensome requests also seek medical information that intrudes on each patient’s constitutional right to privacy in their medical information. *See Herring v. Keenan*, 218 F.3d 1171, 1173 (10th Cir. 2000); Brumbaugh Decl. ¶¶ 30-35 (explaining unique harms of disclosing highly sensitive information contained in records of gender-diverse patients). The DOJ has come nowhere close to justifying its demand for such sensitive patient information.

RFP 1: Children’s Hospital personnel files. After initially seeking thousands of personnel files, the DOJ recently narrowed this request to “each person connected to [the] Children’s Colorado Gender Clinic” and anyone “with decision-making authority governing the Gender Clinic.” Gray Decl., Ex. 2. Even so, the request is improper. The DOJ has never reasonably explained how personnel files are plausibly related to any legitimate investigation, particularly given that gender-affirming care is legal in Colorado and can’t serve as a basis for

any kind of discipline. Moreover, the request continues to seek hundreds of files, which is unduly burdensome. *See* Brumbaugh Decl. ¶¶ 38–39.

RFPs 2 and 3: All documents relating to the use of diagnosis codes to treat minors.

RFPs 2 and 3 initially sought “all documents” related to Children’s Hospital’s care for every one of its minor patients—regardless of whether they received gender-affirming care. The DOJ now maintains that it is seeking those records only for patients who were treated by the TRUE Center. Gray Decl., Ex. 2. That is no solution. This Subpoena cannot be used to investigate potential violations of the False Claims Act. *See supra* § III.B. Moreover, there is no legitimate basis to seek “billing records, insurance claims, internal protocols, or guidance” regarding gender-related care, given that such care is legal in Colorado. The requests are also overbroad to the extent they seek documents about treatments that do *not* pertain to gender-related care, as the DOJ concedes that such treatments are not the subject of its investigation. Gray Decl., Ex. 2.

The requests are unduly burdensome because thousands of patients have received care through the TRUE Center during the relevant time period and the requests unjustifiably call for “all documents” related to those visits. Brumbaugh Decl. ¶¶ 16, 38. Moreover, it would be unduly burdensome to require any form of compliance given that Colorado protects gender-affirming care, so providers have no reason to do anything improper in billing for that care.

Finally, by their very nature, billing records and insurance claims contain protected patient health information. That information is protected from disclosure under HIPAA, and DOJ has made no attempt to justify its desire to intrude on the privacy of Children’s Hospital’s patients. Medical information also qualifies as information over which patients have an even greater constitutional right to privacy. *See, e.g., Herring*, 218 F.3d at 1173.

RFPs 4, 5 6: Communications about the use of ICD codes for gender-related care.

These requests should be quashed. The investigative theory underlying the requests is beyond the scope of the DOJ's authority pursuant to the Subpoena and non-sensical because it is lawful to bill and code for gender-affirming care in Colorado. The requests are also overbroad and unduly burdensome because they would require reviewing the communications of potentially thousands of Children's Hospital personnel—without any legitimate law enforcement purpose or particularized suspicion of wrongdoing to support such a costly and time-consuming intrusion. The DOJ's narrowing of RFP 5 to communications bearing on gender-related care for “minors” doesn't change the calculus because virtually all of Children's Hospital's patients are minors (and there are thousands of them). In addition, as discussed above, the requests improperly call for the disclosure of protected patient information.

RFPs 7, 8, 9, 10, 14: Communications with, and materials received from, third parties regarding puberty blockers, hormones, and gender-related care. These requests should be quashed for the reasons articulated above. They are overbroad, unjustifiably sweep in hundreds of potential custodians, and target communications about medication and care that is lawfully administered in Colorado and widely recognized as safe and effective for transgender patients. *Washington*, 768 F. Supp. 3d at 1273. The requests also intrude on the privacy interests of third parties and patients without justification.

V. CONCLUSION

For the foregoing reasons, the Subpoena should be quashed in its entirety. Alternatively, the Court should hold an evidentiary hearing to assess the DOJ's purpose for the Subpoena.

Respectfully submitted,

Dated: August 8, 2025

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Alexandra Melendez

Rcpt. No: 115105

Trans. Date: Aug 11, 2025 9:07AM

Cashier ID: #EL (6907)

CD	Purpose	Case/Party/Defendant	Qty	Price	Amt
205	Miscellaneous Filing Fees		1	52.00	52.00

CD	Tender	Amt
CC	Credit Card	\$52.00
	Total Due Prior to Payment:	\$52.00
	Total Tendered:	\$52.00
	Total Cash Received:	\$0.00
	Cash Change Amount:	\$0.00

Comments: 25-mc-63 filing fee

Only when the bank clears the check, money order, or verifies credit of funds, is the fee or debt officially paid or discharged. A \$53 fee will be charged for a returned check.

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Children's Hospital Colorado

(b) County of Residence of First Listed Plaintiff Adams County
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

Elliot R. Peters, Cody Gray, Aseem Mehta, Katherine Folly
Keker, Van Nest & Peters LLP
633 Battery Street San Francisco, CA 94111 (415) 391-5400

DEFENDANTS

United States Department of Justice

County of Residence of First Listed Defendant _____
(IN U.S. PLAINTIFF CASES ONLY)NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF
THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

<input type="checkbox"/> 1 U.S. Government Plaintiff	<input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)
<input checked="" type="checkbox"/> 2 U.S. Government Defendant	<input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

	PTF	DEF	PTF	DEF
Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4 <input type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5 <input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6 <input type="checkbox"/> 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	PERSONAL INJURY	PERSONAL INJURY	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881	<input type="checkbox"/> 375 False Claims Act
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 365 Personal Injury - Product Liability	<input type="checkbox"/> 690 Other	<input type="checkbox"/> 423 Withdrawal 28 USC 157
<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury		INTELLECTUAL PROPERTY RIGHTS
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 820 Copyrights	<input type="checkbox"/> 400 State Reapportionment
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 340 Marine	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<input type="checkbox"/> 830 Patent	<input type="checkbox"/> 410 Antitrust
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 370 Other Fraud	<input type="checkbox"/> 835 Patent - Abbreviated New Drug Application	<input type="checkbox"/> 430 Banks and Banking
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)	<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 371 Truth in Lending	<input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 450 Commerce
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 355 Motor Vehicle	<input type="checkbox"/> 380 Other Personal Property Damage	<input type="checkbox"/> 880 Defend Trade Secrets Act of 2016	<input type="checkbox"/> 460 Deportation
<input type="checkbox"/> 160 Stockholders' Suits	<input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 385 Property Damage Product Liability		<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations
<input type="checkbox"/> 190 Other Contract	<input type="checkbox"/> 362 Personal Injury - Medical Malpractice			<input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692)
<input type="checkbox"/> 195 Contract Product Liability				<input type="checkbox"/> 485 Telephone Consumer Protection Act
<input type="checkbox"/> 196 Franchise				<input type="checkbox"/> 490 Cable/Sat TV
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS		
<input type="checkbox"/> 210 Land Condemnation	<input type="checkbox"/> 440 Other Civil Rights	Habeas Corpus:	<input type="checkbox"/> 791 Employee Retirement Income Security Act	<input type="checkbox"/> 850 Securities/Commodities/ Exchange
<input type="checkbox"/> 220 Foreclosure	<input type="checkbox"/> 441 Voting	<input type="checkbox"/> 463 Alien Detainee		<input checked="" type="checkbox"/> 890 Other Statutory Actions
<input type="checkbox"/> 230 Rent Lease & Ejectment	<input type="checkbox"/> 442 Employment	<input type="checkbox"/> 510 Motions to Vacate Sentence		<input type="checkbox"/> 891 Agricultural Acts
<input type="checkbox"/> 240 Torts to Land	<input type="checkbox"/> 443 Housing/ Accommodations	<input type="checkbox"/> 530 General		<input type="checkbox"/> 893 Environmental Matters
<input type="checkbox"/> 245 Tort Product Liability	<input type="checkbox"/> 445 Amer. w/Disabilities - Employment	<input type="checkbox"/> 535 Death Penalty		<input type="checkbox"/> 895 Freedom of Information Act
<input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 446 Amer. w/Disabilities - Other	Other:	<input type="checkbox"/> 462 Naturalization Application	<input type="checkbox"/> 896 Arbitration
	<input type="checkbox"/> 448 Education	<input type="checkbox"/> 540 Mandamus & Other	<input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision
		<input type="checkbox"/> 550 Civil Rights		<input type="checkbox"/> 950 Constitutionality of State Statutes
		<input type="checkbox"/> 555 Prison Condition		
		<input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement		
IMMIGRATION				

V. ORIGIN (Place an "X" in One Box Only)

<input checked="" type="checkbox"/> 1 Original Proceeding	<input type="checkbox"/> 2 Removed from State Court	<input type="checkbox"/> 3 Remanded from Appellate Court	<input type="checkbox"/> 4 Reinstated or Reopened	<input type="checkbox"/> 5 Transferred from Another District (specify) _____	<input type="checkbox"/> 6 Multidistrict Litigation - Transfer	<input type="checkbox"/> 8 Multidistrict Litigation - Direct File
---	---	--	---	--	--	---

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):
18 U.S.C. 3486

VI. CAUSE OF ACTION

Brief description of cause:
Motion to quash improper administrative subpoena

VII. REQUESTED IN COMPLAINT:

 CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:
JURY DEMAND: Yes No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE _____

DOCKET NUMBER _____

DATE 08/08/2025

SIGNATURE OF ATTORNEY OF RECORD

Cody Gray

MAG. JUDGE _____

FOR OFFICE USE ONLY

RECEIPT # _____

AMOUNT _____

APPLYING IFP _____

JUDGE _____

MAG. JUDGE _____

INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44

Authority For Civil Cover Sheet

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

- I.(a) Plaintiffs-Defendants.** Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.
- (b) County of Residence.** For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)
- (c) Attorneys.** Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".
- II. Jurisdiction.** The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.
 - United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.
 - United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.
 - Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.
 - Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; **NOTE: federal question actions take precedence over diversity cases.**)
- III. Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.
- IV. Nature of Suit.** Place an "X" in the appropriate box. If there are multiple nature of suit codes associated with the case, pick the nature of suit code that is most applicable. Click here for: [Nature of Suit Code Descriptions](#).
- V. Origin.** Place an "X" in one of the seven boxes.
 - Original Proceedings. (1) Cases which originate in the United States district courts.
 - Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441.
 - Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.
 - Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.
 - Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.
 - Multidistrict Litigation – Transfer. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407.
 - Multidistrict Litigation – Direct File. (8) Check this box when a multidistrict case is filed in the same district as the Master MDL docket.

PLEASE NOTE THAT THERE IS NOT AN ORIGIN CODE 7. Origin Code 7 was used for historical records and is no longer relevant due to changes in statute.
- VI. Cause of Action.** Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.** Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service.
- VII. Requested in Complaint.** Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.
 - Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction.
 - Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.
- VIII. Related Cases.** This section of the JS 44 is used to reference related cases, if any. If there are related cases, insert the docket numbers and the corresponding judge names for such cases.

Date and Attorney Signature. Date and sign the civil cover sheet.

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO**

Misc. Case No.

In re: Department of Justice Administrative Subpoena No. 25-1431-030

**DECLARATION OF CODY GRAY IN SUPPORT OF CHILDREN'S HOSPITAL
COLORADO'S MOTION TO QUASH SUBPOENA AND MOTION TO RESTRICT**

I, Cody Gray, declare as follows:

1. I am an attorney licensed to practice law in the State of California. I am also admitted to practice before the United States District Court for the District of Colorado. I am a partner at Keker, Van Nest and Peters LLP, and I represent Children's Hospital Colorado ("Children's Hospital") in this action.
2. I submit this declaration in support of Children's Hospital's Motion to Quash Subpoena and Motion to Restrict. I have personal knowledge of the facts set forth herein, and if called to testify as a witness thereto under oath, I could competently do so.
3. Attached hereto as **Exhibit 1** is a true and correct copy of United States Department of Justice ("DOJ") Subpoena Duces Tecum No. 25-1431-030 ("the Subpoena") and Attachment A. The face of the Subpoena indicates that it was signed by Assistant Attorney General Brett A. Shumate on July 3, 2025. I understand that Children's Hospital was served with the Subpoena on July 14, 2025.
4. Shortly after Children's Hospital was served, I understand that Patrick O'Rourke, the Senior Vice President and Chief Legal Officer for Children's Hospital, participated in a telephonic conference with Scott B. Dahlquist, a DOJ attorney, regarding the Subpoena. During that call, I understand that Mr. Dahlquist stated that the Subpoena was not served in connection with any evidence of wrongdoing by Children's Hospital or anyone affiliated with Children's Hospital. I also understand that Mr. Dahlquist stated that he would consider extending the compliance date if Children's Hospital was inclined to produce documents and comply with the requests set forth in the Subpoena and Attachment A.

5. On July 25, 2025, my partner, Elliot Peters, and I e-mailed Mr. Dahlquist on behalf of our client, Children's Hospital, to request a meet and confer with the DOJ to discuss the Subpoena. Thereafter, on July 29, 2025, my colleagues and I conferred over video and phone with counsel for the DOJ; namely, Scott Dahlquist, David Gunn, Ross Goldstein, and Jordan Campbell, regarding the Subpoena.
6. During the meet and confer, the DOJ re-confirmed that it does not have any individualized suspicion of wrongdoing by anyone at Children's Hospital and is not aware of any facts or allegations suggesting any form of wrongdoing at Children's Hospital.
7. The DOJ also confirmed that the Subpoena was issued in response to recent memoranda that the DOJ issued, including directives the DOJ received in a memorandum from Attorney General Pam Bondi to investigate whether there may have been any violations of federal law in connection with gender-affirming care for minors. The DOJ explained that the Subpoena was issued to Children's Hospital because Children's Hospital provides such care, including care for gender dysphoria. The DOJ also stated that the Subpoena was part of a broader strategy to investigate hospitals that provide gender-related care to minors.
8. During the meet and confer, the parties discussed the document requests ("RFPs"). Mr. Peters and I explained our position that certain requests were overbroad and unduly burdensome based on what we understood about Children's Hospital's personnel and operations. The parties discussed certain narrowing proposals related to RFPs 1-3 and 5. At my request, the DOJ agreed to memorialize in a follow-up email various limitations it agreed to during the conversation.

9. The parties also discussed the Subpoena's request for confidential patient information.

The DOJ explained its view that it is entitled to confidential patient information. The DOJ also explained that, in the event Children's Hospital attempted to produce de-identified patient records, the DOJ would insist on maintaining a right to "unmask" and identify any patient it desired.

10. Toward the end of the meet and confer, the DOJ acknowledged the eleven-day delay between the date the Subpoena was signed and when it was served on Children's Hospital. The DOJ acknowledged that the delay was brought about solely by the DOJ's conduct.

11. On July 30, 2025, Mr. Dahlquist e-mailed my colleagues and I to confirm the Subpoena limitations discussed on the prior meet-and-confer call. A true and correct copy of Mr. Dahlquist's email is attached hereto as **Exhibit 2**.

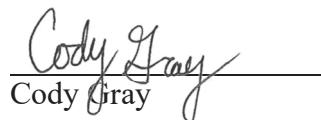
12. On August 1, 2025, I responded to Mr. Dahlquist's email. Among other things, due to the DOJ's delay in serving the Subpoena, I requested on behalf of Children's Hospital a commensurate extension to the response deadline, which would move Children's Hospital's response date from August 7 to August 18, 2025. A true and correct copy of my August 1, 2025 email to Mr. Dahlquist and his colleagues is attached hereto as **Exhibit 3**.

13. On August 5, 2025, Mr. Dahlquist responded to my August 1 email and agreed to extend Children's Hospital's subpoena response deadline to August 18. A true and correct copy of Mr. Dahlquist's email is attached hereto as **Exhibit 4**.

14. On August 6, 2025, I responded to Mr. Dahlquist's email and requested a further meet and confer. A true and correct copy of my August 6, 2025 email to Mr. Dahlquist and his colleagues is attached hereto as **Exhibit 5**.
15. On August 7, 2025, my colleagues and I conferred over video and phone with counsel for the DOJ; specifically, Scott Dahlquist, Jordan Campbell, David Gunn, Ross Goldstein, and Steve Scott. Mr. Peters informed counsel for the DOJ that Children's Hospital would be moving to quash the Subpoena and to restrict the filings, and provided the expected bases for the motion to quash. We asked the DOJ attorneys if the DOJ was willing to withdraw the Subpoena. Counsel for the DOJ, including Mr. Dahlquist and Mr. Campell, stated that they were not willing to withdraw the Subpoena and would oppose both the motion to quash and the motion to restrict.
16. Attached hereto as **Exhibit 6** is a true and correct copy of Presidential Executive Order No. 14168, dated January 20, 2025, entitled "Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government."
17. Attached hereto as **Exhibit 7** is a true and correct copy of Presidential Executive Order No. 14187, dated January 28, 2025, entitled "Protecting Children From Chemical and Surgical Mutilation."
18. Attached hereto as **Exhibit 8** is a true and correct copy of a memorandum from Attorney General Pam Bondi to the Department of Justice, dated April 22, 2025, entitled "Preventing the Mutilation of American Children."
19. Attached hereto as **Exhibit 9** is a true and correct copy of a memorandum from Assistant Attorney General Brett A. Shumate to all Department of Justice Civil Division Employees, dated June 11, 2025, entitled "Civil Division Enforcement Priorities."

20. Attached hereto as **Exhibit 10** is a true and correct copy of a press release issued by the Department of Justice on July 9, 2025, entitled “Department of Justice Subpoenas Doctors and Clinics Involved in Performing Transgender Medical Procedures on Children.”
21. Attached hereto as **Exhibit 11** is a true and correct copy of a press release issued by The White House on July 25, 2025, entitled “President Trump Promised to End Child Sexual Mutilation—and He Delivered.”

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and that this declaration was executed on August 8, 2025, in Berkeley, California.



Cody Gray

Exhibit 1

to the Declaration of Cody Gray in Support of
Children's Hospital's Motion to Quash Subpoena
and Motion to Restrict

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE

SUBPOENA DUCES TECUM

No. 25-1431-030

To: Children's Hospital Colorado
13123 East 16th Avenue
Aurora, Colorado 80045

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, 1801 California Street, Suite 1600, Denver, Colorado
on Thursday, the 7th day of August, 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 3rd day of July, 2025.



(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)

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:

CHILDREN'S HOSPITAL COLORADO
13123 EAST 16TH AVENUE
AURORA, COLORADO 80045

I. DEFINITIONS

1. "You," "Your Company," and "the Company," means:
 - a. Children's Hospital Colorado, a Colorado nonprofit corporation, whose principal place of business is located at 13123 East 16th Avenue, Aurora, Colorado, 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 but not limited to the TRUE Center for Gender Diversity; 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

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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.

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- 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:

<i>Field Separator</i>	¶ or Code 020
<i>Text Qualifier</i>	þ or Code 254
<i>Newline</i>	® or Code 174
<i>Multi-value</i>	; or Code 059
<i>Nested values</i>	\ 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:

þBEGDOCþþENDDOCþþDOCIDþþDOCDATEþþFILENAM
EþþTITLEþ

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)

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\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	✓	✓	✓

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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		✓	

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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		✓	

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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		✓	

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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:

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- 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 deduped 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).

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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.*

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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:

Mobile Cellebrite Categories										Notes	Calendar
Field Name	Description	Mobile	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	Date	Timestamp-Date	Timestamp-Date		

Mobile Cellebrite Categories											
Field Name	Field Description	Mobile	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
TXT-STARREDMESSAGE	Notes whether the message was flagged.		✓				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		Mobile Cellebrite Categories									
Field	Description	Mobile	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	Direction			
IMPORTANCE		✓		Priority		Priority		Priority		Priority	
ACCOUNT	Account identifier for device user: email address, phone number, account number.		Name	Name	Account	Name					
DURATION	Duration time of call, voice message, audio, video in HH:MM:SS format, e.g. 00:00:32						Duration	Duration			

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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.”

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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.

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- 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:

	<u>Document #1</u>	<u>Document #2</u>
<i>Page #1</i>	PREFIX0000000001	PREFIX000000000002
<i>Page #2</i>	PREFIX0000000001.002	PREFIX000000000002.002
<i>Page #3</i>	PREFIX0000000001.003	PREFIX000000000002.003

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.

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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 2

to the Declaration of Cody Gray in Support of
Children's Hospital's Motion to Quash Subpoena
and Motion to Restrict

From: Dahlquist, Scott B. <Scott.B.Dahlquist@usdoj.gov>
Sent: Wednesday, July 30, 2025 1:47:31 PM
To: Elliot Peters <EPeters@keker.com>; Cody Gray <CGray@keker.com>
Cc: Campbell, Jordan C (CIV) <Jordan.C.Campbell@usdoj.gov>; Goldstein, Ross <Ross.Goldstein@usdoj.gov>; Gunn, David L. <David.L.Gunn@usdoj.gov>; Runkle, Patrick <Patrick.R.Runkle@usdoj.gov>; Scott, Steven R. <Steven.R.Scott@usdoj.gov>
Subject: Children's Hospital Colorado

[EXTERNAL]



Dear Elliot and Cody,

Thank you to you and your colleagues Aseem and Katherine (whose emails we did not have) for taking time to talk with us yesterday about the subpoena issued to your client. As discussed, we write to confirm several of the representations made during the call. As a general matter, our investigation concerns care provided to minors experiencing gender-related distress and the treatments and services provided to them. Anything falling outside of that arena is currently not the subject of the investigation, and as a general rule, you may read the enumerated Documents to be Produced in that light. Below we detail some of the specific items discussed.

First, and pertinent to some of the Documents to be Produced, you confirmed that your client, Children's Colorado, has a dedicated practice group or team that handles minor patients experiencing gender-related distress (the "Gender Clinic"). With that in mind, we clarified that, with respect to item (1) of the Documents to be Produced, we are seeking only to identify each person connected to Children's Colorado Gender Clinic. Where we call for the personnel file, we mean to include documents sufficient to show the identity of each individual and information related to their credentialing, hiring, compensation, and any derogatory information (e.g., disciplinary action taken against a particular individual). This includes for persons with decision-making authority governing the Gender Clinic, or any personnel involved in the provision of care at the Gender Clinic.

With respect to items (2) and (3), you expressed that your interpretation of them, as read together, is that they effectively call for documents related to all billing codes related to minors. We clarified that, again, the specs are to be read in the context of the investigation's focus on the care provided to

minor patients experiencing gender-related distress. In that context, these specs intended to encompass documents/data related to, on the one hand, patients treated at the gender clinic for whom the specific diagnosis codes of identifying transsexualism, gender dysphoria, gender incongruence, or gender identity disorder, and also patients treated at the Gender Clinic for conditions other than what might be specifically coded as related to gender-dysphoria. The latter is intended to call for information regarding care provided by the Gender Clinic but for whatever reason was not specific to transsexualism, gender dysphoria, gender incongruence, or gender identity disorder. By way of example, this could involve minors who were provided gender-related care or treatment but received care described as treating endocrine disorder, or hormone disorder, or other conditions.

With respect to item (5), we clarified that this item be limited to minors.

Again, we appreciate your engagement and helpful dialogue. Please let us know whether these clarifications are helpful. We would be glad to discuss further where any areas may be clarified to fit within the general focus we have described.

Best,
Scott

Exhibit 3

to the Declaration of Cody Gray in Support of
Children's Hospital's Motion to Quash Subpoena
and Motion to Restrict

From: [Cody Gray](#)
To: [Dahlquist, Scott B.](#); [Elliot Peters](#); [Aseem Mehta](#); [Katherine S. Folly](#)
Cc: [Campbell, Jordan C \(CIV\)](#); [Goldstein, Ross](#); [Gunn, David L.](#); [Runkle, Patrick](#); [Scott, Steven R.](#)
Subject: RE: Children's Hospital Colorado
Date: Friday, August 1, 2025 1:16:48 PM

Hi Scott,

Thank you for your message. We appreciated the conversation with you and your colleagues earlier this week regarding the subpoena, including your confirmation that the Department of Justice does not have any evidence or particularized suspicion of wrongdoing by Children's Hospital Colorado.

We understood from you that the Department issued the subpoena to our client per the directives set forth in Attorney General Bondi's April 2025 memorandum implementing the President's January 2025 Executive Orders regarding gender ideology and gender-related medical services. We understand that Children's Hospital Colorado was included as a subpoena recipient because it provides gender-related medical care.

Thank you for considering our initial comments about the subpoena's overbreadth and for providing in writing your revisions to narrow and clarify certain requests. Our client is considering the requests contained in the subpoena, as modified by your email, and whether further discussion about overbreadth and burden is necessary.

We appreciated your recognition during our call that the Department issued the subpoena on July 3, 2025 but, due to delays within the Department, did not serve the subpoena until July 14, 2025. As a professional courtesy, we request that you provide a commensurate extension to the response deadline while our client considers how to proceed. Accordingly, this would move Children's Hospital Colorado's response date from August 7 to August 18.

Please let us know as soon as you are able. Thank you, and have a nice weekend.

Best,
Cody

Cody Gray
Keker, Van Nest & Peters LLP
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San Francisco, CA 94111-1809
415 962 8815 direct | 415 391 5400 main
cgray@keker.com | [vcard](#) | [keker.com](#)
He/him/his

Exhibit 4

to the Declaration of Cody Gray in Support of
Children's Hospital's Motion to Quash Subpoena
and Motion to Restrict

From: Dahlquist, Scott B. <Scott.B.Dahlquist@usdoj.gov>
Sent: Tuesday, August 5, 2025 5:26 PM
To: Cody Gray; Elliot Peters; Aseem Mehta; Katherine S. Folly
Cc: Campbell, Jordan C (CIV); Goldstein, Ross; Gunn, David L.; Runkle, Patrick; Scott, Steven R.
Subject: RE: Children's Hospital Colorado

Hi Cody.

Thank you for your email. At the outset, it appears that some of your understanding from our call last week, as reflected in your email below, may be inaccurate. We reject any implication that Children's Hospital Colorado was seemingly randomly picked or improperly targeted as a subpoena recipient simply because it provides gender-related medical care or that the subpoena was issued solely because of Attorney General Bondi's April 2025 memo. As you have requested, we are happy to grant an extension of the response deadline to August 18 as a professional courtesy, and we look forward to further conversations regarding your client's complying with the subpoena.

Many thanks,
Scott

Exhibit 5

**to the Declaration of Cody Gray in Support of
Children's Hospital's Motion to Quash Subpoena
and Motion to Restrict**

From: Cody Gray
Sent: Wednesday, August 6, 2025 5:13 PM
To: Dahlquist, Scott B; Elliot Peters; Aseem Mehta; Katherine S. Folly
Cc: Campbell, Jordan C (CIV); Goldstein, Ross; Gunn, David L; Runkle, Patrick; Scott, Steven R.
Subject: RE: Children's Hospital Colorado

Hi Scott,

Thank you for your message and your professional courtesy. We appreciate the extension and are continuing to confer with our client about possible next steps.

To move things forward, we believe it would be helpful to schedule another meet and confer with you. We appreciated our last conversation, in which you stated that you had “no specific concern as to Children’s Colorado” and that “there is no particular factual item that brought [Children’s Colorado] to [your] attention,” other than that you “understand that Children’s Colorado provides care in the area of gender dysphoria.” We also understood from our last conversation that Children’s Colorado received the subpoena as a result of the directives set forth in recent Department of Justice memoranda, including Attorney General Bondi’s April 2025 memorandum implementing the President’s January 2025 Executive Orders regarding gender ideology and gender-related medical services, and Assistant Attorney General Shumate’s June 2025 memorandum further implementing the April 2025 Bondi Memorandum. We do not agree with your characterization of our prior meet and confer to the extent your email below is inconsistent with the foregoing statements, but in any event, look forward to further discussing these and other issues with you.

During our last conversation, you mentioned Attorney General Order 3591-215, issued on November 10, 2015 by then-Attorney General Lynch. We have not been able to locate that document and would appreciate it if you could share it with us.

We are available to meet and confer **tomorrow after 12:30 p.m. Pacific (8/7)** or **Friday morning between 9:30-11:30 a.m. Pacific (8/8)**. Please let us know if there is a time that works for you.

Thank you.

Best,
Cody

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Exhibit 6

to the Declaration of Cody Gray in Support of
Children's Hospital's Motion to Quash Subpoena
and Motion to Restrict

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 Non-discriminatory 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).

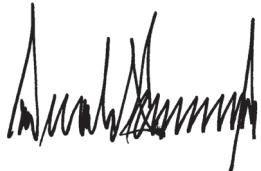
Sec. 8. General Provisions. (a) Nothing in this order shall be construed to impair or otherwise affect:

- (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.

Exhibit 7

to the Declaration of Cody Gray in Support of
Children's Hospital's Motion to Quash Subpoena
and Motion to Restrict

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 Kidnapping 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.

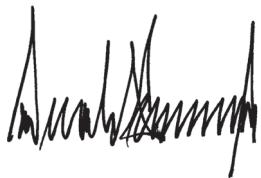
Sec. 11. General Provisions. (a) Nothing in this order shall be construed to impair or otherwise affect:

(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.

Exhibit 8

**to the Declaration of Cody Gray in Support of
Children's Hospital's Motion to Quash Subpoena
and Motion to Restrict**



Office of the Attorney General
Washington, D. C. 20530

April 22, 2025

MEMORANDUM FOR SELECT COMPONENT HEADS

FROM: THE ATTORNEY GENERAL *Re*
SUBJECT: PREVENTING THE MUTILATION OF AMERICAN CHILDREN

There is a radical ideological agenda being pushed throughout every aspect of American life—from TV programming and Hollywood film production to children’s books and elementary school classrooms—that teaches children to deny biological reality. Gender ideology, masked as science, teaches that children should process adolescent stress and confusion as a case of mistaken identity and that the solution is not to root out and eliminate the underlying condition but to acquiesce in it permanently through life-altering chemical and surgical intervention. That ideology, pushed by far-left politicians, celebrities, politically captured academics, and legacy media, has infected an entire generation of children, who have in turn pushed transgenderism on their peers through social media and other means. Dissenting voices are bullied into silence, and “allies” are praised and rewarded. Tragic and absurd as it is that 1.4% of 13- to 17-year-olds now identify as transgender,¹ that is the predictable result of a coordinated, unchecked ideological attack on America’s children.

The medical community, with its roots in hard science, is well-positioned to serve as a bulwark against this sociological disease. And indeed, parents who are desperate to help their confused, frustrated children have understandably turned to medical professionals for help. Unfortunately, those parents have been betrayed by politically captured profiteers at every step. These “professionals” have deployed junk science and false claims about the effects of so-called “gender-affirming care” to justify the barbaric practice of surgically and chemically maiming and sterilizing children. Between 2019 and 2023, an estimated 14,000 children received “treatment” for gender dysphoria, with more than 5,700 subjected to life-altering surgeries.² The practitioners who provided this so-called “care” profited while their patients were left permanently disfigured, scarred, and sterilized. Those children will struggle for the rest of their lives to overcome regret, and their parents will struggle equally to overcome the guilt of ruining their children’s lives on the

¹ Azeen Ghorayshi, *Report Reveals Sharp Rise in Transgender Young People in the U.S.*, N.Y. Times (June 10, 2022), <https://www.nytimes.com/2022/06/10/science/transgender-teenagers-national-survey.html>.

² Rikki Schlott, *Over 5,700 American children had trans surgery between 2019 and 2023, medical group claims: ‘Treated like guinea pigs,’* N.Y. Post (Oct. 8, 2024), <https://nypost.com/2024/10/08/us-news/over-5700-americans-under-18-had-trans-surgery-from-2019-23/>.

Memorandum for All Department Employees
Subject: Preventing the Mutilation of American Children

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false and misleading advice of medical providers who told them that surgery or hormone replacement was the best solution to their problems.³

Consider the case of Chloe Cole, whose story, sadly, is not unique.⁴ At just 11 years old, Chloe joined Instagram and was bombarded with “LGBT content and activism.”⁵ She “saw how trans people online got an overwhelming amount of support,” and that “really spoke to [her] because, at the time,” she was just a child and “didn’t really have a lot of friends of [her] own.”⁶ She was especially vulnerable at that age because, like many young girls, Chloe felt that her “body didn’t match beauty ideals,” so she “started to wonder if there was something wrong with” her, even wondering whether she would “be better off as a boy.”⁷ By the age of 12, Chloe identified as transgender, and she “was fast-tracked through her entire transition—from blockers to a mastectomy—in just two years.”⁸ “The only pushback she . . . encountered came from the first endocrinologist she saw,” but she bypassed that easily by going “to another doctor who gave her the prescription with no trouble.”⁹ Despite the “vitriol from the transgender activist community,” Chloe has bravely shared her regret with the world at just 17 years old because she simply “can’t let this happen to other kids.”¹⁰ Neither can I, and neither can President Trump.

The Biden administration bears enormous responsibility for the medical community’s fraud and exploitation of parents and children who have fallen prey to radical gender ideology. President Biden personally advanced the agenda by hosting transgender activist influencers like Dylan Mulvaney at the White House,¹¹ opposing state-level bans on gender-affirming care for minors,¹² threatening legal action against Medicaid and Obamacare providers who fail to offer

³ See, e.g., Dr. Marc Siegel et al., *Detransitioning becomes growing choice among young people after gender-affirming surgery*, Fox News (Dec. 19, 2022), <https://www.foxnews.com/health/detransitioning-becomes-growing-choice-young-people-gender-affirming-surgery>.

⁴ Chloe Cole, *Hearing on Gender Affirming Care before the Subcommittee on the Constitution and Limited Government of the H. Judiciary Comm.*, 118th Cong. (2023).

⁵ Rikki Schlott, ‘I literally lost organs:’ Why detransitioned teens regret changing genders, N.Y. Post (June 19, 2022), <https://nypost.com/2022/06/18/detransitioned-teens-explain-why-they-regret-changing-genders/>.

⁶ *Id.*

⁷ *Id.*

⁸ *Id.*

⁹ *Id.*

¹⁰ *Id.*

¹¹ Emma Colton, *Biden legacy includes relentless push for transgender agenda*, Fox News (Dec. 8, 2024), <https://www.foxnews.com/politics/biden-legacy-includes-relentless-push-transgender-agenda>.

¹² Edie Heipel, *In interview with trans activist, Biden condemns states banning sex changes on kids*, (Oct. 24, 2022), Catholic News Agency, <https://www.catholicnewsagency.com/news/252633/in-interview-with-trans-activist-biden-condemns-states-banning-sex-changes-on-kids>.

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such care,¹³ and appointing Rachel Levine—a leading transgender activist who personally identifies as transgender—to serve as Assistant Secretary for Health. Under Levine, the Department of Health and Human Services promoted gender-reassignment surgeries and hormone replacement for the treatment of gender dysphoria in minors¹⁴ and pressured the World Professional Association for Transgender Health (“WPATH”) to eliminate age minimums for reassignment surgeries in its 2022 guidelines.¹⁵ All the while, NIH-funded studies admitted that “little to no empirical data” supported the long-term safety of puberty blockers and hormones, let alone sex-reassignment surgery.¹⁶ To address the lack of scientific support for his agenda, President Biden allocated more than \$8 million of taxpayer funds for transgender hormone studies on mice.¹⁷

President Trump has put a stop to this by issuing his executive order “Protecting Children from Chemical and Surgical Mutilation,” signed to halt the exploitation enabled by misguided Biden-era policies. Pursuant to the President’s directive, I am issuing the following guidance to all Department of Justice employees to enforce rigorous protections and hold accountable those who prey on vulnerable children and their parents.

I. Enforcement of Laws Outlawing Female Genital Mutilation

The Department of Justice will not sit idly by while doctors, motivated by ideology, profits, or both, exploit and mutilate our children. Under my watch, the Department will act decisively to protect our children and hold accountable those who mutilate them under the guise of care. 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 18.¹⁸ That crime carries a maximum prison sentence of 10 years per count.¹⁹ I am directing all U.S. Attorneys to investigate all suspected cases of FGM—under the

¹³ Executive Order 14075, *Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals*, 87 Fed. Reg. 37189 (June 15, 2022).

¹⁴ Timothy Nerozzi, *Biden administration endorses transgender youth sex-change operations, ‘top surgery,’ hormone therapy*, Fox News, March 31, 2022, <https://www.foxnews.com/politics/biden-administration-transgender-agenda-youth-sex-change-hormone-therapy>.

¹⁵ Azeen Ghorayshi, *Biden Officials Pushed to Remove Age Limits for Trans Surgery, Documents Show*, N.Y. Times (June 25, 2024), <https://www.nytimes.com/2024/06/25/health/transgender-minors-surgeries.html>.

¹⁶ Patrick Hauf, *Biden administration funds studies on danger of transgender hormonal treatments even as it pushes them on kids*, Fox News, (Oct. 20, 2022), <https://www.foxnews.com/politics/biden-funds-studies-dangers-transgender-hormone-treatments>.

¹⁷ The White House, March 5, 2025, <https://www.whitehouse.gov/articles/2025/03/yes-biden-spent-millions-on-transgender-animal-experiments/>.

¹⁸ See 18 U.S.C. § 116(a)(1).

¹⁹ *Id.* § 116(a).

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banner of so-called “gender-affirming care” or otherwise—and to prosecute all FGM offenses to the fullest extent possible.

The Department will also ensure that victims and their families are able to report violations to federal law enforcement to expose violators and receive support. The Federal Bureau of Investigation, alongside federal, state, and local partners, will pursue every legitimate lead on possible FGM cases.

II. Investigation of Violations of the Food, Drug and Cosmetic Act and False Claims Act

The Department of Justice will investigate and hold accountable medical providers and pharmaceutical companies that mislead the public about the long-term side effects of chemical and surgical mutilations. To that end:

- I am directing the Civil Division’s Consumer Protection Branch 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.” Even if otherwise truthful, the promotion of off-label uses of hormones—including through informal campaigns like those conducted by sales reps or under the guise of sponsored continuing medical education courses—run afoul of the FDA’s prohibitions on misbranding and mislabeling.²⁰
- I am also directing the Civil Division’s Fraud Section 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. Examples include but are not limited to physicians prescribing puberty blockers to a child for an illegitimate reason (*e.g.*, gender dysphoria) but reporting a legitimate purpose (*i.e.*, early onset puberty) to the Centers for Medicare & Medicaid Services, and hospitals performing surgical procedures to remove or modify a child’s sex organs while billing Medicaid for an entirely different procedure. Falsely billing the government for the chemical or surgical mutilation of a child is a violation of the False Claims Act and is subject to treble damages and severe penalties.
- I am also notifying the public that the Department is eager to work with *qui tam* whistleblowers with knowledge of any such violations. The False Claims Act allows private citizens to file these actions on behalf of the government against those who have defrauded the government. In meritorious cases, the Department of Justice can intervene, and even if the Department takes over the case, the relator may receive a portion of the government’s financial recovery. In 2024 alone, *qui tam* relators received a \$344 million share of victories won by the Department. For more information about initiating a *qui tam* action, please visit the Department’s website at

²⁰ See 21 U.S.C. §§ 321(m)-(n), 331, 352(a), (f); 21 C.F.R. §§ 201.100, 201.128, 202.1(l)(2).

Memorandum for All Department Employees
Subject: Preventing the Mutilation of American Children

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<https://www.justice.gov/archives/jm/criminal-resource-manual-932-provisions-handling-qui-tam-suits-filed-under-false-claims-act>.

III. Ending Reliance on Junk Science by the Department

Consistent with Section 3 of the President’s Order, the Civil Division has already directed that Department employees shall not rely on the ideologically driven WPATH guidelines, and that they should withdraw all court filings that rely on WPATH’s guidelines in any case in which the Department of Justice is actively involved, whether as a party, an amicus, or through the submission of a statement of interest. For the avoidance of doubt, I now expressly extend that direction to all Department employees. I further direct the Civil Rights Division to work with the Civil Division to identify and purge all Department policies, memoranda, and publications and court filings based on WPATH guidelines. WPATH has flouted basic standards for clinical guidelines, silenced its own evidence review team to bury doubts about the science WPATH promotes, muzzled dissenting members, and worked with the prior administration to push reckless policies—like doing away with age minimums for child surgeries.²¹ That is not science; it is radical ideology that endangers children with untested theories, and it has no place in the Department’s work. WPATH’s guidelines are fundamentally flawed and unreliable, and the Department will not use them in any way that suggests otherwise.

IV. Establish Federal and State Coalition Against Child Mutilation

Federal law enforcement must stand ready to assist states that prioritize children’s health over ideology. Accordingly, the Department is launching the Attorney General’s Coalition Against Child Mutilation. Through this Coalition, I will partner with state attorneys general to identify leads, share intelligence, and build cases against hospitals and practitioners violating federal or state laws banning female genital mutilation and other, related practices. The Department will support the state-level prosecution of medical professionals who violate state laws that protect children, such as Alabama’s Vulnerable Child Compassion and Protection Act,²² which makes it a felony for doctors to treat children with puberty blockers or hormones to affirm a gender identity inconsistent with biological sex.

V. Promoting New Legislation Protecting Children

I have instructed the Office of Legislative Affairs (“OLA”) to draft legislation creating a private right of action for children and the parents of children whose healthy body parts have been damaged by medical professionals through chemical and surgical mutilation. The proposed legislation will establish a long statute of limitations and retroactive liability, so that no one providing such “treatment” will escape liability. The Department of Justice will work with members of the House and Senate Judiciary Committees to bring this bill to President Trump as soon as possible. Further, I have instructed OLA to draft legislation amending 18 U.S.C. § 116 to enhance protections for children whose healthy body parts have been damaged by medical

²¹ See, e.g., Defs.’ Mot., *Boe v. United States*, No. 2:22-cv-00184 (M.D. Ala. Jun. 26, 2024).

²² Ala. Code § 26-26-1 (2022).

Memorandum for All Department Employees
Subject: Preventing the Mutilation of American Children

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professionals practicing chemical and surgical mutilation. I will also work with state legislatures to encourage the passage of similar legislation at the state level.

* * *

Protecting America's children must be our top priority, whether from drug cartels, terrorists, or even our own medical community. Every day, we hear more harrowing stories about children who will suffer for the rest of their lives because of the unconscionable ideology behind "gender-affirming care." Under my leadership, the Department of Justice will bring these practices to an end.

Exhibit 9

to the Declaration of Cody Gray in Support of
Children's Hospital's Motion to Quash Subpoena
and Motion to Restrict



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 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.

**Sealed documents are no longer available in CM/ECF or via PACER.
Please contact the court directly to request access to the document.**

Reference for court use only

<https://storage.gtwy.dcn:8443/v1/file/cod.8994317634.98326093.659956.json>

Exhibit 11

to the Declaration of Cody Gray in Support of
Children's Hospital's Motion to Quash Subpoena
and Motion to Restrict

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.

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**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO**

Misc. Case. No.

In re: Department of Justice Administrative Subpoena No. 25-1431-030

**DECLARATION OF DAVID BRUMBAUGH, M.D. IN SUPPORT OF CHILDREN'S
HOSPITAL COLORADO'S MOTION TO QUASH SUBPOENA AND MOTION TO
RESTRICT**

Declaration of David Brumbaugh, M.D.

I, David Brumbaugh, M.D., declare as follows:

1. I am over the age of eighteen, competent to testify as to the matters stated herein, and make this declaration based on my personal knowledge and experience. I submit this declaration in support of Children's Hospital Colorado's Motion to Quash Subpoena and Motion to Restrict.

A. Personal Background

2. I am the Chief Medical Officer at Children's Hospital Colorado ("Children's Hospital"). I have served in this role since 2020. I am a board-certified physician who specializes in the field of pediatric gastroenterology. I graduated from the Vanderbilt University School of Medicine before completing a residency and fellowship in gastroenterology at the University of Colorado. I am currently a Professor of Pediatric Gastroenterology, Hepatology, and Nutrition at the University of Colorado School of Medicine and a Fellow of the American Academy of Pediatrics.
3. As the Chief Medical Officer at Children's Hospital Colorado, my duties require me to oversee the medical staff functions of the hospital. I am responsible for the medical operations at Children's Hospital and ensuring high-quality patient care and efficient clinical operations. In collaboration with the medical staff and our administrative colleagues, I implement clinical policies and initiatives to improve healthcare delivery and patient outcomes. I also play a key role in Children's Hospital's financial management, regulatory compliance, and strategic planning for the organization's medical services.

4. Through my work at Children’s Hospital Colorado, I have become familiar with how care is provided and with Children’s Hospital’s administration. I am also familiar with information about Children’s Hospital’s size, personnel, and systems. I have reviewed Children’s Hospital’s most recent annual report. I have also reviewed Administrative Subpoena No. 25-1431-030 (the “Subpoena”), which I understand Children’s Hospital recently received from the U.S. Department of Justice.

B. Background on Children’s Hospital

5. Children’s Hospital is the premier healthcare institution in the State of Colorado and a leading provider of pediatric healthcare across the Rocky Mountain region. It was founded in 1908 and exists today as a pediatric hospital system comprised of four hospitals and thirteen additional care sites within Colorado. Children’s Hospital is ranked among the Top 10 pediatric hospitals in the United States. Children’s Hospital provides a level of pediatric care that is not available at any other hospital system in Colorado.

6. Children’s Hospital has developed a model of care based on the belief that all families, including the families of gender-diverse patients, should have the right to access compassionate, evidence-based expert medical care that supports each child’s well-being and specific needs to thrive.

C. Personnel, Structure, and Provision of Care at Children’s Hospital

7. According to its most recent annual report, more than 9,500 people work at Children’s Hospital. Another 3,000 additional people volunteer at Children’s Hospital. There are more than 2,900 people on Children’s Hospital’s medical staff and an additional 300 residents and fellows who are training in various fields of pediatric medicine.

8. Children's Hospital's revenue cycle staff—which includes individuals who interact with the billing process—consists of more than 600 people. The revenue cycle staff perform a variety of functions, which range from patient intake, to billing and coding, to interacting with insurers to allow for the payment of hospital-based services. More than 40 of those individuals are engaged in coding work related to patient diagnoses and treatments.
9. Given the size and multi-disciplinary focus of Children's Hospital, and to allow it to meet the particular needs of pediatric patients, Children's Hospital employs a large number of employees who have supervisory responsibilities. More than a thousand hospital personnel have management responsibilities, including individuals who hold positions that range from the Director of Food and Nutrition Services all the way up to the Chief Executive Officer.
10. A large number of personnel and medical practitioners also have the ability to perform evaluations and to prescribe medications. At an institution like Children's Hospital, the number of practitioners who have these abilities is certainly more than one thousand people.
11. According to its most recent annual report, in 2024, Children's Hospital hosted 196,987 emergency and urgent care visits; 697,194 outpatient visits; and 19,448 inpatient admissions. Children's Hospital has 632 licensed beds and provides more than 140,000 days of patient care each year.
12. Most of Children's Hospital's patients (more than 95%) are minors under the age of 18. Nearly half of the patients that Children's Hospital serves are Medicaid beneficiaries.

D. Medical Care for Gender-Diverse Youth and their Families

13. I understand the Subpoena seeks information about Children's Hospital's provision of gender-affirming care. Gender-affirming care is care designed to support and affirm an individual's gender identity. It can include social, psychological, behavioral, or medical interventions, or any combination of such care.
14. I understand that the Subpoena seeks information about Children's Hospital's provision of certain medical interventions, including puberty blockers and hormone treatment. Puberty blockers are a medical intervention that can postpone puberty changes that do not align with one's gender identity. Hormone therapy is a treatment that allows transgender and gender-diverse patients to undergo the physical puberty changes that align with their gender identity.
15. I understand that gender-affirming care can significantly reduce the risks for negative health outcomes in transgender youth and, for that reason, the American Medical Association and American Psychiatric Association (amongst others) support access to affirming and supportive treatment for trans- and gender-diverse youth, including, when indicated, puberty suppression and hormone therapies.
16. Children's Hospital often provides care to gender-diverse children, adolescents, and their families through its TRUE Center for Gender Diversity. TRUE stands for Trust, Respect, Understand, Emerge. The TRUE Center provides a safe and supportive environment for transgender youth to be their authentic selves and to share information with Children's Hospital staff without fear of judgment or repercussions. The TRUE Center has hosted over 3,000 patients since 2020. Not all of the patients who seek services at the TRUE Center receive medical gender-affirming care.

17. Children's Hospital's model of care includes behavioral health services for patients seeking treatment of gender dysphoria. Children's Hospital offers these services within a multidisciplinary team setting that includes experts in adolescent medicine, nursing, endocrinology, behavioral health, and social work.
18. Many of the patients at the TRUE Center seek treatment for gender dysphoria. Gender dysphoria is a condition recognized in the American Psychiatric Association's *Diagnostic & Statistical Manual of Mental Disorders, Fifth Edition Text Revision*. To be diagnosed with gender dysphoria, a patient must present with incongruence between their gender identity and sex assigned at birth. The incongruence must persist for at least six months and be accompanied by clinically significant distress or impairment in social, occupational, or other important areas of functioning.
19. Children's Hospital's model of care at the TRUE Center begins with a consultation with a behavioral health clinician as a standard practice before a patient becomes eligible for medical treatment for gender dysphoria. The behavioral health clinician assesses the patient's social, mental health, and developmental histories and determines whether the patient meets the diagnostic criteria for gender dysphoria or gender incongruence. In a separate and subsequent appointment, the patient and family participate in a comprehensive discussion with an expert medical provider who assesses the patient's medical history and the family's goals. The provider discusses treatment options available to meet those specific goals. The provider offers detailed information about the risks and benefits of each treatment option.

20. Before patients receive irreversible or partially irreversible treatments, they must undergo a readiness assessment, including an assessment of the patient's capacity to understand the risks and benefits of treatment and the potential negative outcomes from the treatment. The readiness assessment also examines any co-occurring or mental health concerns that affect a patient's treatment decisions.
21. Before a patient undergoes treatment with puberty suppressing medication or hormones, Children's Hospital obtains a legally valid authorization through consent forms that outline the risks, benefits, and alternatives to medical treatment. As a standard practice, Children's Hospital does not allow minors to consent for medical care for the treatment of gender dysphoria. Minor patients participate in these discussions and can assent to their medical care. The consent forms require the signature of the parent (or other legally authorized representative).
22. Children's Hospital has never offered gender-affirming surgeries for patients under the age of 18. In 2023, Children's Hospital determined that it would no longer offer any gender-affirming surgical services for young adults who met the readiness criteria and instead refers those patients to adult surgical providers.
23. The TRUE Center has a proven record of care for its gender-diverse patients. When transgender youth have access to appropriate healthcare, it protects their well-being. Social and medical transition of gender diverse people are both associated with a reduction in mental health problems. Studies have shown that transgender adolescents show poorer psychological well-being before treatment but show similar or better psychological functioning compared with cisgender peers from the general population after the start of specialized transgender care.

24. The overwhelming majority of patients who receive gender-affirming care as adolescents choose to continue their care in adulthood. Approximately 98% of the patients continue their treatment and less than 1% regret initiating treatment. Based on a recent review of its records, Children's Hospital has not identified any adverse events, which it defines as a negative consequence of care that results in unintended injury or illness, related to gender-affirming care.
25. Gender-affirming care is legal in the State of Colorado. Colorado's General Assembly requires commercial insurers to include gender-affirming care, including care for minors, in its coverage.
26. Gender-affirming care, including medical gender-affirming care for minors, is currently within the scope of procedures that the federal government reimburses under the Medicaid program.

E. The Department of Justice Subpoena and Its Impact on Children's Hospital

27. I understand that after Children's Hospital received the Subpoena requesting information about its provision of gender-affirming care, Children's Hospital personnel met with the TRUE Center's providers. Because Children's Hospital would need to send litigation hold notices to dozens of personnel and to avoid panic and disruption within the community it serves, Children's Hospital acknowledged that it had received a subpoena but assured patients and providers that it was evaluating the subpoena with the assistance of outside counsel and was not making changes to its care model for the time being.

28. Shortly after these steps, Children's Hospital set up a call center to be able to receive comments and answer questions from the TRUE Center's patients and their families. Children's Hospital also received comments from its healthcare providers. I am familiar with the feedback that Children's Hospital has received through those avenues to date.
29. Based on that feedback, I understand that the Subpoena has induced fear and panic in Children's Hospital's patients, disrupted Children's Hospital's normal operations, and caused patients at the TRUE Center to begin foregoing medical care.
30. I understand that a significant number of patients contacted Children's Hospital to demand that Children's Hospital not transmit to the federal government their confidential medical records, out of concern for their privacy and fear about how those records might be used. Children's Hospital has informed patients that it must comply with valid subpoenas. The uncertainty of whether their records will ultimately be produced through a subpoena has caused these patients and their families significant distress.
31. The confidentiality of all medical records is paramount, but the records related to gender diverse patients are among the most sensitive that Children's Hospital maintains. Transgender people suffer from high levels of stigmatization, discrimination, and victimization, contributing to negative self-image and increased rates of other mental health disorders. Transgender individuals are at higher risk of victimization and hate crimes than cisgender individuals. Suicide rates among transgender people are markedly higher than for cisgender people. Transgender children and adolescents are often victims of bullying and discrimination, which can contribute to serious adverse mental health outcomes. Disclosing individually identifiable information about these individuals' developmental and familial histories imposes harm upon these patients and their

families—and even disclosing the possibility and extent to which such information could be transmitted to federal prosecutors imposes harm upon these patients and their families.

32. I also understand that patients have expressed that they are scared about losing access to critical care they are receiving at the TRUE Center, about their physical safety, and about being further stigmatized, targeted, and victimized by those who do not support the transgender community.
33. Trust is paramount to the physician-patient relationship, particularly in the context of pediatric care and care for gender-diverse families. If patients and their families see their sensitive health information disclosed to government agents and/or come to understand the extent to which federal prosecutors are seeking to obtain their most sensitive health records, their trust in Children's Hospital's providers and services will be undermined. A loss of trust in this context is likely to compromise patients' health outcomes.
34. Beyond patients and their families, I understand that Children's Hospital's providers have expressed similar distress in relation to the Subpoena. I am aware that several providers have expressed anxiety and fear about the possibility of being targeted and/or prosecuted in some manner for being involved in the provision of gender-affirming care, even though the provision of gender-affirming care is lawful in Colorado. The existence of the Subpoena alone has hindered the ability of these providers to do their jobs and to fulfill their obligations free of anxiety and intimidation.
35. I am also aware that the Subpoena has caused patients and providers to fear for their physical safety, due to the fact that several hospitals have previously received threats of violence in connection with their provision of gender-affirming care. Such threats have included, for example, messages wrongly insinuating that these medical providers are

harming children. I am also aware that even more serious threats have been made against clinics that provide gender-affirming care (similar to the TRUE Center) throughout the United States.

36. I further understand that the combined federal actions against the transgender community, including the Subpoena and the fear brought about by its receipt, have had an impact on the number of patients who are seeking care through the TRUE Center. In the beginning of the year, I understand the TRUE Center had a six-month waitlist for an appointment. I have been informed that there is no longer a waitlist for services at the TRUE Center.

F. The Subpoena would impose an enormous burden on Children's Hospital

37. Everyone employed at Children's Hospital has a company-assigned email account and communicates using email. Children's Hospital also uses the Microsoft Office suite, including Microsoft Teams. Children's Hospital's electronic medical record system is called Epic and is used to manage clinical, administrative, and financial functions, among other things.

38. Compliance with the Subpoena, both as written and as narrowed through negotiation with the Department of Justice, would impose a tremendous administrative and financial burden upon Children's Hospital. It would require the production of thousands of individually identifiable patient records that contain highly sensitive information about the patients' developmental histories. It would also require the production of thousands of patient billing records, which by their very nature contain protected health information related to patient identity and diagnoses. It would also require the production of hundreds of personnel files. The overwhelming majority of the personnel whose records would be disclosed are not in positions of authority to determine the scope of services

offered at Children's Hospital. The Subpoena would also potentially require Children's Hospital to collect and search through the electronic communications of scores of personnel.

39. Compliance with the Subpoena would take hundreds (if not thousands) of personnel hours across many departments at Children's Hospital, including the TRUE Center, revenue cycle, health information systems, human resources, compliance, pharmacy, research, and analytics resources.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and was executed on August 8, 2025 in Aurora, Colorado.

Brumbaugh
David Brumbaugh, M.D.

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO**

Misc. Case No.

In re: Department of Justice Administrative Subpoena No. 25-1431-030

**[PROPOSED] ORDER GRANTING CHILDREN'S HOSPITAL COLORADO'S
MOTION TO QUASH SUBPOENA**

Having considered Children's Hospital Colorado's Motion to Quash Subpoena (the "Motion"), the arguments presented by the parties, and all submissions in support of and in opposition to the Motion, it is hereby **ORDERED** that the United States Department of Justice's Administrative Subpoena No. 25-1431-030 is **quashed in its entirety**.

IT IS SO ORDERED.

Dated:

United Stated District Judge

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO**

Misc. Case No.

In re: Department of Justice Administrative Subpoena No. 25-1431-030

PROOF OF SERVICE

PROOF OF SERVICE

I am employed in the City and County of San Francisco, State of California in the office of a member of the bar of this court at whose direction the following service was made. I am over the age of eighteen and not a party to the within action. My business address is Keker, Van Nest & Peters LLP, 633 Battery Street, San Francisco, CA 94111-1809.

On **August 8, 2025**, I served the following document(s):

- **CHILDREN'S HOSPITAL COLORADO'S MOTION TO QUASH SUBPOENA**
- **CHILDREN'S HOSPITAL COLORADO'S MOTION TO RESTRICT**
- **DECLARATION OF CODY GRAY IN SUPPORT OF CHILDREN'S HOSPITAL COLORADO'S MOTION TO QUASH SUBPOENA AND MOTION TO RESTRICT**
- **EXHIBITS 1-11 TO THE GRAY DECLARATION IN SUPPORT OF CHILDREN'S HOSPITAL COLORADO'S MOTION TO QUASH SUBPOENA AND MOTION TO RESTRICT**
- **DECLARATION OF DAVID BRUMBAUGH, M.D. IN SUPPORT OF CHILDREN'S HOSPITAL COLORADO'S MOTION TO QUASH SUBPOENA AND MOTION TO RESTRICT**
- **[PROPOSED] ORDER GRANTING CHILDREN'S HOSPITAL COLORADO'S MOTION TO QUASH SUBPOENA**
- **[PROPOSED] ORDER GRANTING CHILDREN'S HOSPITAL COLORADO'S MOTION TO RESTRICT**
- **CIVIL CASE COVER SHEET**
- **PROPOSED SUMMONS**

by **E-MAIL VIA PDF FILE**, per the parties' electronic service agreement, by transmitting on this date via e-mail a true and correct copy scanned into an electronic file in Adobe "pdf" format. The transmission was reported as complete and without error.

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United States Department of Justice
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Respectfully submitted,

Date: August 8, 2025

/s/ Alexandra Melendez

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**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO**

Misc. Case No.

In re: Department of Justice Administrative Subpoena No. 25-1431-030

PROOF OF SERVICE

PROOF OF SERVICE

I am employed in the City and County of San Francisco, State of California in the office of a member of the bar of this court at whose direction the following service was made. I am over the age of eighteen and not a party to the within action. My business address is Keker, Van Nest & Peters LLP, 633 Battery Street, San Francisco, CA 94111-1809.

On **August 8, 2025**, I served the following document(s):

- **CHILDREN'S HOSPITAL COLORADO'S MOTION TO RESTRICT**
- **[PROPOSED] ORDER GRANTING CHILDREN'S HOSPITAL COLORADO'S MOTION TO RESTRICT**

by **E-MAIL VIA PDF FILE**, per the parties' electronic service agreement, by transmitting on this date via e-mail a true and correct copy scanned into an electronic file in Adobe "pdf" format. The transmission was reported as complete and without error.

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Respectfully submitted,

Date: August 8, 2025

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