



**Rhode Island Hospital**  
**Hasbro Children's Hospital**  
*A Lifespan Partner*

April 11 2021

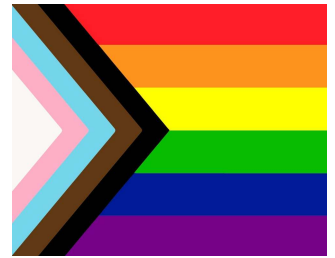
Hello. As a Rhode Islander (my dad grew up in Mapleville and first generation graduated from Providence College; I am a graduate of Brown University and live in Barrington) and as a pediatrician, I want to clearly and strongly support HB6171. My name is Dr. Michelle Forcier MD MPH and I am the Director of Gender and Sexual Health Services at LifeSpan as well as a Professor of Pediatrics and Assistant Dean of Admissions at the Brown University Alpert Medical School. As a primary care pediatrician, I have been providing pediatric and adolescent health services, specializing in gender and sexual health care since 1997. I collaborate with multiple medical and community agencies in promoting best practices for gender diverse, transgender and lesbian, gay and bisexual youth and adults. I have the privilege of authoring and editing a number of articles, chapters, and books on pediatric gender care.

While at first glance, this appears like other legislation that interferes with medical providers ability to work directly with patients in order to provide what they believe is medically necessary and best practices in care—this bill is actually requiring surgeons to listen to their patients (past present and future) and allow for patients to have autonomy over their bodies, their future. Unlike what opponents of this bill may tell you--this bill is necessary to protect what is a small (estimated up to 2%) and especially vulnerable group of Rhode Island children. At present, pediatric urologic surgeons are unwilling to listen to their patients, and to other accepted medical standards and policies,<sup>1</sup> because this threatens their income and livelihood and is counter to outdated, malignant teachings that are at the core intersex surgical care.

I support HB 6171 and its mission of patient-centered care and I urge you to support it as well. Centering each family and patient's autonomy to make life altering decisions is what my twenty years of pediatric and gender/sexual health expertise is all about and precisely what this bill aims to do.

This bill does not impact the provision of necessary care, rather it prohibits: clitoral reductions, vaginoplasties, gonadectomies, and urethral lengthening procedures *when they are not required for urgent medical purposes*. The bill delays decision making around these four categories of procedures performed before an individual can participate and does not prohibit these interventions outright--it merely postpones the process until an individual can decide, for example, what portions of their clitoris they do or do not want. These types of decisions must not be made by surgeons who have a vested interest in the outcome--they must be made by the impacted person.

As we learn more about human gender development, the foundation of these surgical interventions is founded on pathologizing persons who are gender or



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sexually diverse. The harm these surgeries have to potential to inflict, in addition to removing patient from the decision making process, far outweighs any substantive benefits. They have been deemed a form of torture by the United Nations for a reason: they have no place in modern medical care and should be prohibited in Rhode Island. I know and have met with both patients and activists who have been open to dialogue with the surgical community that has gone unanswered, which is part of why this bill is necessary. In this situation, surgeons make clear it is reasonable to reject evidence and science, and continue to actively disregard patient voices and right to consent, remaining complicit in maintaining outdated and harmful practices for our most vulnerable citizens. This is one piece of medical legislation that actually supports listening to patients, and to patients having autonomy, decision making abilities about access and receipt of non-urgent care.

As a pediatrician charged with keeping children's best overall health at heart- I keep it simple- listen to the patient. We need to listen to what our intersex children now grown tell us, and what the evidence reveals – and so offer protections for our intersex children, demonstrating respect for their minds and bodies, offering healthy opportunities and a right to self determination as they grow and make decisions for their best and future selves.

I thank you for your time and appreciate your attention to this important population.  
Sincerely,



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1 In 2017, three former United State surgeon generals and Physicans for Human Rights acknowledged evidence that suggested potential for harms far outweighed potential for benefit and called “for an end to all medically unnecessary surgical procedures on intersex children before they are able to give meaningful consent to such surgeries”. (access at <https://phr.org/news/unnecessary-surgery-on-intersex-children-must-stop/> 4/11/2021) In 2018, the American Academy of Family Physicians opposed medically-unnecessary genital surgeries performed on intersex children. The Massachusetts Medical Society, in 2020, endorsed care that “defers medical or surgical intervention until the child is able to participate in decision making.” The American Counseling Association resolves to “supports the rights of children too young to consent to be protected from unnecessary medical displays and from medical procedures including surgical and hormonal interventions which influence the sexual appearance of their bodies; ... supports the rights of people old enough to make an informed choice to elect or refuse medical procedures including surgical and hormonal interventions which influence the sexual appearance and/or functioning of their bodies...” (GCM 2004) The United Nations continues to urge governments and parents to protect intersex children from harm. (accessed at <https://www.unfe.org/intersex-awareness/> 4/11/2021)

