

March 29, 2023

The Honorable Xavier Becerra  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Ave, S.W.  
Washington, D.C. 20201

Dear Secretary Becerra:

We write with great concern that the Department of Health and Human Services (HHS) is encouraging medical providers, who should have the best interest of a child as their top priority, to perform “gender affirming care.” “Gender affirming care” is far from proper health care given the treatments include experimental hormonal and surgical interventions on children’s bodies that cause permanent damage. Millions of parents across the nation are fearful that medical professionals are advocating for and are performing irreversible interventions on their children that will permanently alter them both physically and emotionally. We, as members of Congress who similarly are concerned about the well-being of our nation’s children and the potential use of taxpayer dollars that may fund these dangerous medical procedures, want answers as to what guidance HHS is sharing regarding this so-called care, the evidence for these policy decisions, and a full systemic review to ensure these changes are not ideologically motivated.

We are also concerned that HHS is presuming adolescents can give informed consent for life-altering procedures, despite the fact that young people are not capable of making such long-term decisions until the age of 18 when they are responsible for consenting to their own major medical and other significant life decisions. This has been widely accepted by the medical community, and through legislatures as a common standard.<sup>1</sup> According to the American Academy of Child and Adolescent Psychology, adolescents’ actions are “guided more by the emotional and reactive amygdala and less by the thoughtful, logical frontal cortex.”<sup>2</sup> Studies show that children who experience gender discordance often outgrow gender dysphoria and reconcile with their biological sex when medical professionals do not encourage or provide treatment to spur a gender change. Research shows up to 98 percent of such children come to accept their biological sex after they pass through puberty.<sup>3</sup> Children who are put on the “gender-affirming” pathway—with puberty blocking drugs and cross-sex hormones—risk developing permanent physical and mental health problems, such as infertility, blood clots, osteoporosis, and mood changes.<sup>4</sup>

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<sup>1</sup> <https://www.policygenius.com/estate-planning/age-of-majority-by-state/>

<sup>2</sup> [https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/The-Teen-Brain-Behavior-Problem-Solving-and-Decision-Making-095.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/The-Teen-Brain-Behavior-Problem-Solving-and-Decision-Making-095.aspx)

<sup>3</sup> <https://www.city-journal.org/floridas-reason-and-compassion-on-gender-medicine>

<sup>4</sup> <https://www.pbs.org/wgbh/frontline/article/when-transgender-kids-transition-medical-risks-are-both-known-and-unknown/>; <https://pubmed.ncbi.nlm.nih.gov/31380227/>

Proponents of “gender affirming care” cite studies claiming it reduces suicide and/or suicidal thoughts in gender dysphoric youth. However, these claims lack evidentiary support and are contradicted by other studies. A new analysis found that children in states who were allowed access to cross sex treatments without parental consent had a 14 percent higher suicide rate than those in states where parental consent was required.<sup>5</sup> Furthermore, the most comprehensive study on this subject, conducted over a 30-year period in Sweden, shows individuals who underwent gender transition have a far higher risk of suicide than the general population.<sup>6</sup>

Health authorities should protect children from making life-altering decisions that can irreparably harm their overall health. Rather than encourage gender dysphoric children to undergo life-changing medical treatments to match their perceived “gender identity”—a poorly defined concept—the federal government and the medical community should strive to ensure they have time to mature naturally.

Children are our most important asset for the future. They also are our most vulnerable population. Parents and the medical community have a duty to look out for their best interests. As our country’s leading health agency that advises pediatricians, parents, and policy makers on best practices, HHS has a moral responsibility to ensure its recommendations are evidence-based and not driven by a contentious ideology. We are increasingly alarmed that HHS’ advocacy has led health professionals to prescribe dangerous and experimental drugs and surgeries to troubled children—in many cases covered with taxpayer dollars.

To hold HHS accountable for the moral responsibility it owes to parents and kids and to ensure taxpayer dollars are spent appropriately, please provide answers to the following questions regarding the agency’s life-altering guidance on “gender affirming care” no later than 30 days from receiving this letter.

1. Research shows that the majority of gender-discordant children who are cared for and guided through natural puberty accept their biological sex. Knowing this, please provide us with the systematic review of the medical literature that formed the basis for the HHS policy supporting life-changing “gender-affirming” treatments for children.
2. Please provide us with the HHS analysis that led the Department to determine that the benefits of “gender affirming care” outweighed the physical and psychological risks to children such as infertility, blood clots, osteoporosis, and mood changes.
3. Please provide us with any literature review and peer-reviewed studies that HHS used to compare “gender affirming” interventions of minors with a “watchful waiting” psychotherapeutic approach, and that led HHS to endorse the affirmation model exclusively.

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<sup>5</sup> <https://www.heritage.org/gender/report/puberty-blockers-cross-sex-hormones-and-youth-suicide>

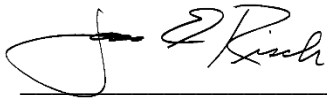
<sup>6</sup> <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016885>

4. Please provide us with the Department's response to the recent analysis showing that suicide rates are higher in states where children are allowed easier access to transition drugs without parental consent than in states that require parental consent, and information regarding any decision based on this analysis.
5. It is well-established that children's capacity for long term decision-making is not fully mature. Given that fact, please provide us with information on how HHS determined that children can provide informed consent of interventions that have potentially life-long effects.
6. Please provide us with the evidential review that led HHS to disagree with the systematic reviews conducted by the health authorities in the UK, Finland, and Sweden, all of which concluded that the risks of the unqualified "affirmation" model advocated by HHS outweigh the known benefits.
7. Please provide the Department's response to the recent peer-reviewed journal article critiquing the misrepresentation of data purporting to show the benefits of "gender-identity affirmation" interventions in the Dutch protocol.<sup>7</sup> This protocol has served as the basis for the medical guidelines of the World Professional Association for Transgender Health, the Endocrine Society, the American Academy of Pediatrics, the Pediatric Endocrine Society, and more.

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<sup>7</sup> <https://www.tandfonline.com/doi/full/10.1080/0092623X.2022.2150346>

Sincerely,



James E. Risch  
United States Senator



Mike Crapo  
United States Senator



Russ Fulcher  
Member of Congress



Kevin Cramer  
United States Senator



Joni K. Ernst  
United States Senator



Marsha Blackburn  
United States Senator



Michael S. Lee  
United States Senator



Marco Rubio  
United States Senator



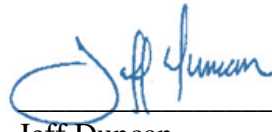
Mike Braun  
United States Senator



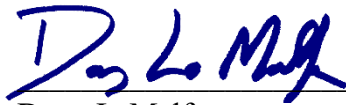
Dan Sullivan  
United States Senator



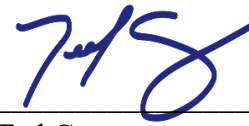
Ralph Norman  
Member of Congress



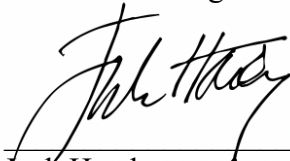
Jeff Duncan  
Member of Congress



Doug LaMalfa  
Member of Congress



Ted Cruz  
United States Senator



Josh Hawley  
United States Senator