

Congress of the United States
House of Representatives

COMMITTEE ON OVERSIGHT AND REFORM

2157 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515-6143

MAJORITY (202) 225-5051
MINORITY (202) 225-5074
<https://oversight.house.gov>

October 25, 2022

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

Dear Secretary Becerra:

I write to conduct oversight of the federal government’s use of taxpayer funds to promote radical gender ideology and the medical transition of children using pharmaceutical or surgical interventions. The Biden Administration appears to be encouraging any child, who does not conform to perceptions of masculine or feminine stereotypes, to alter his or her body through potentially irreversible medical or surgical intervention. Instead of funding these life-altering drugs and procedures, our government should be promoting policies to protect vulnerable children—who cannot consent. In light of these concerns, I am requesting documents and information to understand whether, and to what extent, taxpayer dollars are being used to promote and/or fund these potentially harmful practices.

Under your leadership, the Department of Health and Human Services (HHS) has taken numerous steps to promote unscientific and harmful practices that reinforce sex stereotypes and, in the worst cases, promote life altering changes to young children. HHS, under the guise of “gender affirming care,” now promotes medical interventions such as drugs designed to block puberty, opposite-sex hormones to transition children—both of which do not have FDA approval for use in children’s gender care¹—and even surgical interventions to remove or alter the gender specific anatomy.² HHS also falsely promotes some of these interventions as “reversible” or “partially reversible”³ despite potential, serious long-term physical and mental health risks, complications, and regret.⁴ In fact, there is growing evidence that children who took puberty

¹ Chad Terhune, Robin Respaut & Michelle Conlin, *As more transgender children seek medical care, families confront many unknowns*, REUTERS (Oct. 6, 2022).

² HHS Office of Population Affairs, *Gender-Affirming Care and Young People*, HHS (accessed Oct. 17, 2022) available at <https://opa.hhs.gov/sites/default/files/2022-03/gender-affirming-care-young-people-march-2022.pdf>.

³ *Id.*

⁴ *Supra*, n. 1; see also Phillip J. Cheng, Alexander W. Pastuszak, Jeremy B. Myers, Isak A. Goodwin, & James M. Hotaling, *Fertility concerns of the transgender patient*, NIH National Library of Medicine (June, 2019) available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6626312/>.

blockers or endured gender surgery soon regret it.⁵ The American medical institutions simply do not have enough data to understand outcomes. Children who suffer from mental health conditions are least likely to engage in sound decision making which is where parental control should intervene.⁶ Further, a recent HHS-proposed rule would force medical practitioners and hospitals to perform these procedures on children even where the medical provider objects on moral and religious grounds.⁷

The number of new gender dysphoria cases has increased dramatically in recent years. In 2017, there were 15,172 new diagnoses; in 2021 that number nearly tripled to 42,167.⁸ The number of children receiving puberty blockers and hormone therapy dramatically increased, too—again this is concerning since the U.S. does not have a sound longitudinal study to understand the outcomes.⁹ We do know that in 2021, 282 girls ages 13 to 17 received mastectomies following a gender dysphoria diagnosis.¹⁰ According to the Mayo Clinic, this procedure is irreversible.¹¹ While other western countries now warn about the dangers of gender transitions,¹² HHS is determined to perpetuate these practices.¹³ Some politicians at the state level are already seeking to remove parents from having any role in their child’s healthcare. One Virginia legislator recently announced her plans to file a bill to criminalize parents who fail to affirm their child’s gender identity.¹⁴ Parents who run afoul of the proposal could be charged with a felony and have their children taken away by the state.¹⁵ It is imperative that the American people understand HHS’s role and the use of federal taxpayer money to promote a radical gender ideology that is harming children in our country.

⁵ See, i.e., Corinna Cohn, *Opinion: What I wish I’d known when I was 19 and had sex reassignment surgery*, THE WASH. POST (Apr. 11, 2022); Rikki Schlott, *“I literally lost organs:” Why detransitioned teens regret changing genders*, N.Y. POST (June 18, 2022); and Emma Wilenta, *Detransitioners Gather to Protest Gender Transitions of Minors*, IND. WOMEN’S FORUM (Oct. 18, 2022).

⁶ Brooke Migdon, *Transgender children are more likely to face mental health challenges, study says*, CHANGING AMERICA (Jul. 22, 2022).

⁷ Tom Strode, *HHS transgender rule threatens doctors’ religious liberty, ERLC letter says*, KENTUCKY TODAY (Oct. 4, 2022).

⁸ Robin Respaut & Chad Terhune, *Putting numbers on the rise in children seeking gender care*, REUTERS (Oct. 6, 2022).

⁹ *Id.*

¹⁰ *Id.*

¹¹ Top surgery for transgender men and nonbinary people, The Mayo Clinic, available at <https://www.mayoclinic.org/tests-procedures/top-surgery-for-transgender-men/about/pac-20469462>.

¹² *Supra*, n. 1.

¹³ HHS Press Office, *Statement by HHS Secretary Xavier Becerra Reaffirming HHS Support and Protection for LGBTQI+ Children and Youth*, HHS (Mar. 2, 2022) available at <https://www.hhs.gov/about/news/2022/03/02/statement-hhs-secretary-xavier-becerra-reaffirming-hhs-support-and-protection-for-lgbtqi-children-and-youth.html>.

¹⁴ Jeremiah Poff, *‘Utterly horrifying’: Virginia Democrat ripped for plan to criminalize parents opposed to gender transitions*, WASH. EXAMINER (Oct. 14, 2022).

¹⁵ *Id.*

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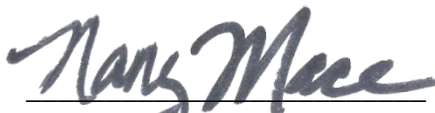
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To assist me in conducting this important oversight, please provide the following information, covering the time period January 20, 2021 to the present, no later than November 8, 2022:

1. All documents and communications related to federal funds disbursed or reimbursed to any person or entity to carry out research related to gender-related medicine on children, including but not limited to pharmaceutical or surgical interventions, regardless of whether such research is fully or partially funded by federal funds;
2. All documents and communications identifying or listing any persons or entities such as hospitals receiving research-related funds specified in response to request number 1;
3. All documents and communications referencing any conditions or requirements related to the use of funds specified in response to request number 1;
4. All documents and communications related to federal funds disbursed to any person or entity to perform gender-related medicine on children, including but not limited to pharmaceutical or surgical interventions, regardless of whether such medical interventions are fully or partially reimbursed by federal funds;
5. All documents or communications by any government official, contractor, grantee, or other entity receiving federal funds promoting or endorsing the use of gender-related medical transition of children to include the use of pharmaceutical or surgical interventions.

Thank you for your consideration of this important issue. To make arrangements to deliver documents or ask any related follow-up questions, please contact Committee on Oversight and Reform Republican Staff at (202) 225-5074. The Committee on Oversight and Reform is the principal oversight committee of the U.S. House of Representatives and has broad authority to investigate “any matter” at “any time” under House Rule X. Thank you in advance for your cooperation with this inquiry.

Sincerely,



Nancy Mace

Ranking Member

Subcommittee on Civil Rights & Civil Liberties

cc: The Honorable Jamie Raskin, Chairman
Subcommittee on Civil Rights & Civil Liberties