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ONE HUNDRED EIGHTEENTH CONGRESS

# Congress of the United States

## House of Representatives

### COMMITTEE ON ENERGY AND COMMERCE

2125 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515-6115

Majority (202) 225-3641

Minority (202) 225-2927

December 19, 2024

The Honorable Christi Grimm  
Inspector General  
Department of Health and Human Services  
Washington, D.C.  
1300 Independence Avenue, S.W.  
Washington, D.C. 20585

Inspector General Grimm,

We write to request that the Office of Inspector General (OIG) investigate the strength, quality, and types of evidence-based scientific and pediatric medical literature relied on by the Department of Health and Human Services (Department or HHS) to promote gender transition procedures for children (minors or persons under the age of 18).

HHS has publicly stated its policies are based on sound and “rigorous” scientific inquiry:

HHS uses scientific information to support and inform policy and program decision making. Accordingly, scientific and scholarly information developed by the Department or considered in Departmental decision making must be of the highest quality and the result of rigorous scientific and scholarly processes. Most importantly, it must be trustworthy.<sup>1</sup>

HHS officials contend that sex reassignment procedures on minors are an unanimously accepted medical practice. Below are some examples of public statements by HHS leadership on the topic:

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<sup>1</sup> Dep’t of Health and Human Services, Ass’t Sec’y for Planning & Evaluation (ASPE), Policies and Principles for Assuring Scientific Integrity, <https://aspe.hhs.gov/reports/policies-principles-assuring-scientific-integrity#main-content> (last visited Sept. 12, 2024). An updated draft of the 2012 scientific integrity policy was written and available for public comment. Although the public comment period closed on September 1, 2023, and HHS’s website states that the final version of the updated policy would be published to the HHS scientific integrity website in early 2024, the updated scientific integrity policy is not yet available on HHS’ website. See Dep’t of Health and Human Services, HHS Scientific Integrity, <https://www.hhs.gov/programs/research/scientificintegrity/index.html> (last visited Sept. 12, 2024).

- “The treatment options for gender-affirming care for transgender youth really are evidence-based [. . .] Adolescence is hard, and puberty is hard. What if you’re going through the wrong puberty? What if you inside feel that you are female, but now you’re going through a male puberty?”<sup>2</sup>
- “Parents or caregivers who believe their child has been denied health care, including gender affirming care, on the basis of that child’s gender identity, may file a complaint with OCR [HHS Office for Civil Rights].”<sup>3</sup>
- “**There is no argument among medical professionals**—pediatricians, pediatric endocrinologists, adolescent medicine physicians, adolescent psychiatrists, psychologists, et cetera—about the value and the importance of gender-affirming care.” (emphasis added)<sup>4</sup>
- “Just starting puberty, and everyone is on board. So, the parents are on board, the therapist is on board, the physician is on board, and, obviously, the patient is on board. Then you can do this protocol. So, the protocol, developed in the Netherlands, has two phases. The first phase, the young adolescent age, is to give what are called a pubertal blocker. You give a medicine to block the progression of puberty. So, you don’t go through the wrong puberty.”<sup>5</sup>

Further, HHS Secretary Becerra testified before Congress that “every major medical association,” “medical journals,” and “scientific and medical evidence” has demonstrated the benefits of transitioning children’s biological sex.<sup>6</sup> He also asserted in a press statement, “[a]t HHS, we listen to medical experts and doctors, and they agree with us, that access to affirming care for transgender youth is essential and can be life-saving.”<sup>7</sup>

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<sup>2</sup> Nightline, *Identity Denied: Trans In America*, ABC NEWS (July 14, 2023)

<https://www.youtube.com/watch?v=aGIPq2FUzA>.

<sup>3</sup> HHS Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy, U.S. Dep’t of Health & Human Serv., (March 2, 2022), <https://www.hhs.gov/sites/default/files/hhs-ocr-notice-and-guidance-gender-affirming-care.pdf>.

<sup>4</sup> Selena Simmons-Duffin, *Rachel Levine calls state anti-LGBTQ bills disturbing and dangerous to trans youth*, NPR (Apr. 29, 2022), <https://www.npr.org/sections/health-shots/2022/04/29/1095227346/rachel-levine-calls-state-anti-lgbtq-bills-disturbing-and-dangerous-to-trans-you>. (emphasis added).

<sup>5</sup> YouTube, *It’s a Transgeneration: Issues in Transgender Medicine*, Franklin & Marshall College (Jan. 27, 2017) at 26:22 to 26:55, <https://www.youtube.com/watch?v=M4zk4KLLkYII>.

<sup>6</sup> *Examining the policies and priorities of the Dep’t of Health and Human Services Before the H. Comm. on Education and the Workforce*, 118th Cong. (2023) 19, 20, 107 (statements of Xavier Becerra, Sec’y, Dep’t Health & Human Serv.).

<sup>7</sup> Press Release, Health & Hum. Serv., Statement by HHS Secretary Xavier Becerra Reaffirming HHS Support and Protection for LGBTQI+ Children and Youth, (March 2, 2022), <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>.

When asked, via a Freedom of Information Act (FOIA) request, for the underlying scientific or medical basis for its position, HHS was only able to produce a two-page brochure that was already publicly available.<sup>8</sup>

Under the Biden administration, HHS has advocated for sex reassignment procedures on minors,<sup>9</sup> including the use of serum puberty blockers,<sup>10</sup> which have historically been used to treat children with precocious puberty (i.e., early onset puberty affecting about one percent of U.S. children) and sex offenders.<sup>11</sup> Puberty blockers, however, are known to stunt normal childhood development in children unaffected by precocious puberty.<sup>12</sup>

In contrast to HHS, a growing body of literature from medical experts and authorities around the world, including those in Europe, caution against performing such procedures on

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<sup>8</sup> Brandon L. Lancey-S, For Alesia Y. Williams, *Letter in response to Protect the Public's Trust FOIA request* (Request No. 2023-00916-FOIA-PHS), HHS (January 10, 2024), <https://protectpublictrust.org/wp-content/uploads/2024/01/23-cv-03662-2023-00916-Public-Trust-Response-Letter-SIGNED-BL-01-10-2024.pdf>.

<sup>9</sup> See HHS Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy, U.S. Dep't of Health & Human Serv., (Mar. 2, 2022), <https://www.hhs.gov/sites/default/files/hhs-ocr-notice-and-guidance-gender-affirming-care.pdf>; Selena Simmons-Duffin, *Rachel Levine Calls State Anti-LGBTQ Bills Disturbing and Dangerous to Trans Youth*, NPR (Apr. 29, 2022), <https://www.npr.org/sections/health-shots/2022/04/29/1095227346/rachel-levine-calls-state-anti-lgbtq-bills-disturbing-and-dangerous-to-trans-you>; *Examining the policies and priorities of the Dep't of Health and Human Services Before the H. Comm. on Education and the Workforce*, 118th Cong. (2023) 19, 20, 107 (statements of Xavier Becerra, Sec'y, Dep't Health & Human Serv.); Press Statement, Health & Hum. Serv., Statement by HHS Secretary Xavier Becerra Reaffirming HHS Support and Protection for LGBTQI+ Children and Youth, (March 2, 2022), <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>.

<sup>10</sup> Helen Santoro, *Gender-affirming Care for Trans Youth: Separating Medical Facts from Misinformation*, CBS NEWS (June 28, 2023), <https://www.cbsnews.com/news/trans-youth-gender-affirming-health-care-misinformation/> (“The FDA has not approved the use of puberty blockers for gender-affirming care. However, 10 to 20% of prescriptions across all medications are for ‘off-label,’ or unapproved, use — and the rate is even higher for prescriptions to children.”).

<sup>11</sup> Victoria Pelham, *Puberty Blockers: What You Should Know*, CEDARS SINAI (Jan. 16, 2023) [https://www.cedars-sinai.org/blog/puberty-blockers-for-precocious-puberty.html#:~:text=These%20puberty%2Dblocking%20drugs%20postpone,administered%20subcutaneously%20every%20six%20months](https://www.cedars-sinai.org/blog/puberty-blockers-for-precocious-puberty.html#:~:text=These%20puberty%2Dblocking%20drugs%20postpone,administered%20subcutaneously%20every%20six%20months;); Christina Jewett, *Drug used to halt puberty in children may cause lasting health problems*, STAT NEWS (Feb. 2, 2017), <https://www.statnews.com/2017/02/02/lupron-puberty-children-health-problems/>; Alessandra Gallo et al., *The Use of Leuprolide Acetate in the Management of High-Risk Sex Offenders*, Sexual Abuse A J. of Research and Treatment (July 2018), <https://journals.sagepub.com/doi/10.1177/1079063218791176>.

<sup>12</sup> U.S. Dep't of Health and Hum. Serv., Nat'l Inst. Health, *How many children are affected by/at risk precocious puberty?*, <https://www.nichd.nih.gov/health/topics/puberty/conditioninfo/risk#:~:text=Precocious%20puberty%20is%20rare%2C%20meaning,less%20of%20the%20U.S.%20population.&text=Many%20more%20girls%20are%20affected%20than%20boys> (“Precocious puberty is rare, meaning it affects about 1% or less of the U.S. population.”) (last visited Sept. 10, 2024); Victoria Pelham, *Puberty Blockers: What You Should Know*, CEDARS SINAI (Jan. 16, 2023) <https://www.cedars-sinai.org/blog/puberty-blockers-for-precocious-puberty.html#:~:text=These%20puberty%2Dblocking%20drugs%20postpone,administered%20subcutaneously%20every%20six%20months>; Christina Jewett, *Drug Used to Halt Puberty in Children May Cause Lasting Health Problems*, STAT NEWS (Feb. 2, 2017), <https://www.statnews.com/2017/02/02/lupron-puberty-children-health-problems/>; Alessandra Gallo et al., *The Use of Leuprolide Acetate in the Management of High-Risk Sex Offenders*, Sexual Abuse A J. of Research and Treatment (July 2018), <https://journals.sagepub.com/doi/10.1177/1079063218791176>.

minors.<sup>13</sup> Courts and government health agencies responsible for determining child welfare have sought to limit child sex reassignment procedures.<sup>14</sup> Other countries have banned these interventions and surgeries on minors altogether.<sup>15</sup>

In July 2023, 21 clinicians and researchers from nine countries published and signed a letter in the *Wall Street Journal* stating:

Every systematic review of evidence to date, including one published in the *Journal of the Endocrine Society*, has found the evidence for mental-health benefits of hormonal interventions for minors to be of low or very low certainty. By contrast, the risks are significant and include sterility, lifelong dependence on medication and the anguish of regret.<sup>16</sup>

Similarly, an article published in the *British Journal of Medicine* found “there is great uncertainty about the effects of puberty blockers, cross-sex hormones, and surgeries in young people.”<sup>17</sup> A court in the United Kingdom noted the obvious about administering puberty blocking chemicals onto children: “[i]t is highly unlikely that a child aged 13 or under would be competent to give consent to the administration of puberty blockers. It is doubtful that a child aged 14 or 15 could understand and weigh the long-term risks and consequences of the administration of puberty blockers.”<sup>18</sup>

In April 2024, the *Cass Review*, an independent review of gender identity services for children and young people, commissioned by the National Health Service England, found “[w]hile a considerable amount of research has been published in this field, systematic evidence reviews demonstrated the poor quality of the published studies, meaning there is not a reliable evidence base upon which to make clinical decisions, or for children and their families to make informed choices.”<sup>19</sup> The *Cass Review* also found that “[t]he rationale for early puberty suppression remains

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<sup>13</sup> See Opinion, *Youth Gender Transition is Pushed Without Evidence*, WALL. ST. J. (July 13, 2023),

<https://www.wsj.com/articles/trans-gender-affirming-care-transition-hormone-surgery-evidence-c1961e27>.

<sup>14</sup> See Solycre Burga, *Children Will No Longer Be Able to Access Puberty Blockers at England Clinics*, TIME (Mar. 12, 2024), <https://time.com/6900330/nhs-bans-puberty-blockers-england-clinics/>; Lord Justice Lewis and Mrs. Justice Lieven, Approved Judgment – *Bell v. Tavistock*, The President of the Queen’s Bench Division (Dec. 1, 2020), <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>.

<sup>15</sup> See Sarah Wilder, *Norway Decides ‘Gender Affirming Care’ Is ‘Not Evidence Based’*, DAILY CALLER (Mar. 23, 2023), <https://dailycaller.com/2023/03/10/norway-health-care-system-transgender-gender-affirming-care-evidence-baed/>; Leor Sapir, *Finland Takes Another Look at Youth Gender Medicine*, TABLET (Feb. 21, 2023) <https://www.tabletmag.com/sections/science/articles/finland-youth-gender-medicine>.

<sup>16</sup> Opinion, *Youth Gender Transition is Pushed Without Evidence*, WALL. ST. J. (July 13, 2023), <https://www.wsj.com/articles/trans-gender-affirming-care-transition-hormone-surgery-evidence-c1961e27>.

<sup>17</sup> Jennifer Block, *Gender dysphoria in young people is rising—and so is professional disagreement*, *British J. Med.* (February 23, 2023), <https://www.bmj.com/content/bmj/380/bmj.p382.full.pdf>.

<sup>18</sup> Lord Justice Lewis and Mrs. Justice Lieven, Approved Judgment – *Bell v. Tavistock*, The President of the Queen’s Bench Division (December 1, 2020), <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>.

<sup>19</sup> The Cass Review, Independent review of gender identity services for children and young people: Final report (Apr. 2024), <https://cass.independent-review.uk/home/publications/final-report/>.

unclear, with weak evidence regarding the impact on gender dysphoria, mental or psychosocial health,” as well as unknown effects on cognitive and psychosexual development.<sup>20</sup>

In August 2024, the American Society of Plastic Surgeons (ASPS) became the first major U.S. medical association to express caution on the use of gender surgery for gender dysphoria in adolescents. In its formal statement, the association stated: “ASPS currently understands that there is considerable uncertainty as to the long-term efficacy for the use of chest and genital surgical interventions for the treatment of adolescents with gender dysphoria, and the existing evidence base is viewed as low quality/low certainty. This patient population requires specific considerations.”<sup>21</sup>

The opposition and caution exhibited by the European countries are a stark contrast to statements from HHS that there is “no argument” among medical experts in treating children as patients in this unprecedented manner.<sup>22</sup> HHS now appears to be a global outlier that has failed to “base critical policy decisions on trustworthy and rigorous scientific findings.”<sup>23</sup>

HHS’ policies in support of gender affirming treatments are especially alarming given reports that HHS Assistant Secretary for Health, Rachel Levine, may have pressured an international group of medical experts to remove age limits for surgeries from guidelines involving the care of transgender minors.<sup>24</sup> In another instance, prominent academics with differing views on gender ideology, were repeatedly removed and then banned from a public, interdisciplinary National Institutes of Health (NIH) symposium intended to bring “together experts from the biological and social sciences to clarify and contextualize—but not resolve—the complexities around sex, gender, and genomics by considering them in their scientific, ethical, and historical contexts.”<sup>25</sup>

Other reports suggest the Agency for Healthcare Research and Quality (AHRQ), an entity within HHS with a mission “to improve healthcare for all by producing evidence to make healthcare of higher quality so that it is safer, patient-centered, timely, effective, accessible, efficiently provided, and equitably distributed,” may have deviated from its mission and ordinary

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<sup>20</sup> *Id.*

<sup>21</sup> Press Release, ASPS Statement to Press Regarding Gender Surgery for Adolescents, Am. Soc’y of Plastic Surgeons (Aug. 14, 2024), <https://www.plasticsurgery.org/for-medical-professionals/publications/psn-extra/news/asps-statement-to-press-regarding-gender-surgery-for-adolescents> (last visited Sept. 11, 2024).

<sup>22</sup> See Selena Simmons-Duffin, NPR, *supra* note 2.

<sup>23</sup> HHS Scientific Integrity, Dep’t Health & Hum. Serv. (last visited Mar. 25, 2024), <https://www.hhs.gov/programs/research/scientificintegrity/index.html>.

<sup>24</sup> 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>.

<sup>25</sup> Colin Wright (@SwipeWright), X (formerly TWITTER) (July 17, 2024, 2:02 PM), <https://x.com/SwipeWright/status/1813635495622025401>; Colin Wright (@SwipeWright), X (formerly TWITTER) (July 18, 2024, 10:06 AM), <https://x.com/SwipeWright/status/1813938394839359768>; Greg Piper, *NIH Defends Booting Critical Scholars from Symposium on Sex as a Spectrum*, JUST THE NEWS (July 21, 2024), <https://justthenews.com/accountability/cancel-culture/surely-illegal-nih-defends-booting-critical-scholars-symposium-sex>; Nat’l Inst. of Health, *Exploring the Many Dimensions of Sex and Gender in the Genomics Era*, Nat’l Human Genome Research Inst., <https://www.genome.gov/event-calendar/exploring-the-many-dimensions-of-sex-and-gender-in-the-genomics-era> (last visited Sept. 11, 2024).

processes when reviewing the efficacy of gender transitions of minors.<sup>26</sup> In July 2020, the American Academy of Family Physicians (AAFP) requested that AHRQ review the effects of gender transition treatments on minors “to facilitate the development of a clinical practice guideline for family physicians to provide high value and appropriate care of the child and adolescent who identifies as transgender.”<sup>27</sup> The AAFP’s request was premised on “a lack of current evidence-based guidance for care of children and adolescents who identify as transgender, particularly regarding the benefits and harms of pubertal suppression, medical affirmation with hormone therapy, and surgical affirmation.”<sup>28</sup> The AAFP noted that existing guidelines were either “derived from expert opinion or have not been updated recently so a comprehensive evidence review is currently not available.”<sup>29</sup>

Reporting states that in August 2020 AHRQ learned that Johns Hopkins University (“Johns Hopkins”) was ostensibly conducting the same study on behalf of its sponsor, the World Professional Association of Transgender Health (WPATH).<sup>30</sup> Published emails reveal that Johns Hopkins informed AHRQ that it found little or no evidence to support transgender procedures on minors and that WPATH was preventing Johns Hopkins from publishing its results.<sup>31</sup> Despite this knowledge, AHRQ reportedly waited approximately six months to inform AAFP that scant evidence exists to justify gender transitioning children.<sup>32</sup>

Furthermore, according to the *New York Times*, a NIH-funded researcher studying the effects of puberty blockers on “gender distress[ed]” minors may have concealed her results for political purposes.<sup>33</sup> Reportedly, over a span of nine years, the NIH-funded nearly 10 million taxpayer dollars to a researcher, Dr. Johanna Olson-Kennedy—supposedly “one of the country’s most vocal advocates of adolescent gender treatments and [who] has served as an expert witness in many legal challenges to the state bans [of adolescent gender treatments]” and has herself “prescribed puberty blockers and hormonal treatments to transgender children and adolescents for 17 years”—to conduct an unbiased scientific study to determine if puberty blockers led to mental health improvements in adolescents. It reportedly did not.<sup>34</sup> Instead of publishing the results of her “long-awaited study,” Dr. Olson-Kennedy demurred, telling the *New York Times* she feared her study could be “weaponized.”<sup>35</sup> Reportedly, other researchers were “alarmed” by Dr. Olson-

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<sup>26</sup> Leo Sapir & Mungeri Lal, *HHS Has Mised on Gender Medicine*, CITY J. (Sept. 19, 2024), <https://www.city-journal.org/article/hhs-has-mised-on-gender-medicine>.

<sup>27</sup> Agency for Healthcare Research and Quality, *Treatments for Gender Dysphoria in Transgender Youth*, Nominated Topic (July 17, 2020), <https://effectivehealthcare.ahrq.gov/get-involved/nominated-topics/treatments-gender-dysphoria-transgender-youth>.

<sup>28</sup> *Id.*

<sup>29</sup> *Id.*

<sup>30</sup> Leo Sapir & Mungeri Lal, *supra* note 25.

<sup>31</sup> *Id.*

<sup>32</sup> *Id.*

<sup>33</sup> Azeen Ghorayashi, *US Study on Puberty Blockers Goes Unpublished Because of Politics, Doctor Says*, N.Y. TIMES (Oct. 23, 2024), <https://www.nytimes.com/2024/10/23/science/puberty-blockers-olson-kennedy.html>.

<sup>34</sup> *Id.*

<sup>35</sup> *Id.*

Kennedy's concealment of scientific results for partisan ends, with one stating: "I understand the fear about it being weaponized, but it's really important to get the science out there."<sup>36</sup>

As the agency responsible for safeguarding the health and well-being of Americans, all of HHS's medical treatment recommendations, especially medical treatment recommendations for children, should be based on rigorous and well-established research, such as randomized controlled trials, that have definitively illustrated the long-term benefits of gender affirming care treatments. Accordingly, the Committee requests that the OIG investigate this matter to ensure American children receive evidence-based, high-quality, and safe medical care. Specifically, the Committee respectfully requests that the OIG review:

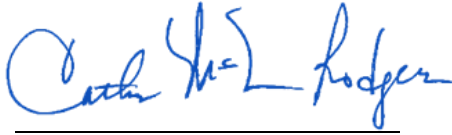
- (1) What medical or scientific literature did HHS officials rely on before publicly promoting or supporting gender transition procedures (such as but not limited to puberty blockers) for minors?
- (2) Did HHS officials base their promotion or support for minor gender transition procedures on non-medical or non-scientific reasons?
- (3) Did any HHS official or HHS staff member influence, persuade, or pressure medical experts to remove age limits for surgeries from guidelines involving the care of transgender minors?
- (4) Has HHS, or its agencies, such as the NIH, limited or restricted the views of academics from public discourse or forums related to gender transition procedures for minors?
- (5) Did the AHRQ deviate from any of its policies or processes as it inquired into a July 17, 2020, request from the AAFP: Treatments for Gender Dysphoria in Transgender Youth?<sup>37</sup>
- (6) Did the NIH deviate from any of its policies or processes in selecting and overseeing research conducted by Dr. Johanna Olson-Kennedy, as it relates to the October 23, 2024, *New York Times* reported study described above?
- (7) Did Dr. Johanna Olson-Kennedy deviate from any NIH or HHS policies or processes in conducting her study, including but not limited to selecting study participants and reporting her findings?

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<sup>36</sup> *Id.*

<sup>37</sup> Agency for Healthcare Research and Quality, Treatments for Gender Dysphoria in Transgender Youth, Nominated Topic (July 17, 2020), <https://effectivehealthcare.ahrq.gov/get-involved/nominated-topics/treatments-gender-dysphoria-transgender-youth>.

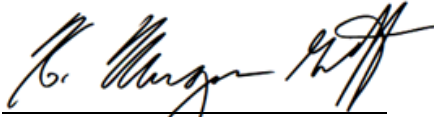
Sincerely,



Cathy McMorris Rodgers  
Chair  
Committee on Energy and Commerce



Brett Guthrie  
Member of Congress



H. Morgan Griffith  
Member of Congress



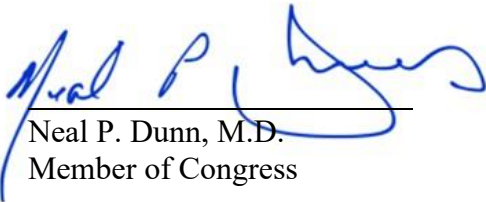
Gus M. Bilirakis  
Member of Congress



Earl L. "Buddy" Carter  
Member of Congress



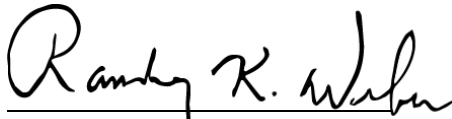
Gary Palmer  
Member of Congress



Neal P. Dunn, M.D.  
Member of Congress



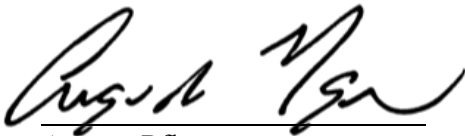
Dan Crenshaw  
Member of Congress



Randy Weber  
Member of Congress



Troy Balderson  
Member of Congress



August Pfluger  
Member of Congress



Diana Harshbarger  
Member of Congress



Kat Cammack  
Member of Congress