



Congress of the United States
House of Representatives
Washington, DC 20515-1403

June 20, 2023

Xavier Becerra
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington D.C., 20201

Dear Secretary Becerra:

I am writing to follow up on your testimony before the U.S. House Committee on Education and the Workforce hearing on June 13, 2023, and offer you the opportunity to elaborate on several concerning comments you made at the time. In your comments, you suggested that the U.S. Department of Health and Human Services would withhold federal monies from states that issue restrictions on surgeries, puberty blockers, hormonal therapies, and related operations being used on minors.

During the hearing, I asked about the 112-page report “Moving Beyond Change Efforts: Evidence and Action to Support and Affirm LGBTQI+ Youth”¹ published by HHS on March 31, 2023. Specifically, I asked you clarify whether you support “the restriction of federal funds”² to states like Indiana, which in April banned doctors from providing hormone therapies, puberty blockers and sex reassignment surgeries to minors³.

As you know, HHS is the largest grant-making agency in the United States.⁴ According to HHS’s website, there are 216 HHS grantees in Indiana alone.⁵ These grants go toward promoting healthy marriages and responsible fatherhood⁶, combating the fentanyl epidemic⁷, addressing the

¹ <https://store.samhsa.gov/sites/default/files/pep22-03-12-001.pdf>

² Ibid

³ <https://apnews.com/article/indiana-governor-gender-affirming-care-ban-09bdabec268dbd8d79397a43f21694ed>

⁴ <https://www.hhs.gov/grants-contracts/index.html>

⁵ <https://taggs.hhs.gov/SearchRecip>

⁶ https://taggs.hhs.gov/Detail/AwardDetail?arg_AwardNum=90FM0027&arg_ProgOfficeCode=170

⁷ <https://www.hhs.gov/about/news/2022/06/08/hhs-invests-nearly-15-million-to-prevent-treat-stimulant-use-in-rural-communities.html>

mental health crisis⁸, and a host of other issues. Hoosiers deserve to know: As HHS secretary, do you believe this grant funding should be contingent upon our state legislature rolling back policies to protect minors from radical gender ideology?

The Biden administration has made clear it is willing to withhold important resources from states if new standards are not adhered to. As reported last summer⁹, access to the USDA's School Lunch Program was made contingent upon schools recognizing the administration's redefinition of Title IX. This means that a school must allow a biological male to use a girls locker room, or play on a girls' sports team, if the school wants to continue offering children access to free and discount school lunches¹⁰. So, I will ask you again: do you support restricting federal school lunch benefits for schools that refuse to comply with the Biden administration's redefinition of gender?

The American people also deserve answers to other essential questions. An official HHS fact sheet titled "Gender Affirming Care and Young People" claims that "gender-affirming care improves the mental health and overall well-being of gender diverse children and adolescents."¹¹ Yet that is not the consensus belief among medical professionals, and even those sympathetic to your partisan agenda are troubled by the long-term consequences of minor gender transition.

The *New York Times* in a recent major report¹² correctly notes that hormone therapies and puberty blockers do, in fact, have life-altering effects on children. They face negative impacts to bone density and their ability to problem-solve and socialize, among many other demonstrated problems. Dr. Sundeep Khosla, a leading researcher at the Mayo Clinic, is quoted as saying "There's going to be a price," paid by the children who are given these drugs. Dr. Catherine Gordon, a pediatric endocrinologist and bone researcher at Baylor College of Medicine in Houston, said the use of these drugs "shorten that critical window of puberty." Dr. Stephen Rosenthal, the medical director of the University of California, San Francisco, Child and Adolescent Gender Center, is quoted as saying, "You're potentially taking on risks that I felt should be avoided."

Clearly, there is no consensus among the medical community. Many doctors believe that these drugs do not, in fact, improve the overall health and well-being of the children who take them. Why then, are those adverse effects omitted from official HHS literature? Do you feel they are not worth mentioning, and if so, why? How is HHS fulfilling its mandate to inform the American public if it refuses to make them aware of the many adverse effects of such a decision?

This raises questions about other nations' approach to gender transition. Earlier this month, the National Health Service of England banned puberty blockers for minors outside of clinical trials,

⁸ https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=ePNeknVpmVbz4yNzbARHQA%3D%3D

⁹ <https://www.washingtonexaminer.com/restoring-america/faith-freedom-self-reliance/bidens-title-ix-guidance-would-force-schools-to-choose-between-indoctrinating-or-feeding-students>

¹⁰ <https://www.nytimes.com/2023/04/06/us/transgender-athletes-title-ix-biden-administration.html>

¹¹ <https://opa.hhs.gov/sites/default/files/2022-03/gender-affirming-care-young-people-march-2022.pdf>

¹² <https://www.nytimes.com/2022/11/14/health/puberty-blockers-transgender.html>

stating more research is needed to explore “the safety, potential benefits, and harms of medical interventions.”¹³

Other European health authorities have conducted systematic risk-benefit reviews of evidence^{14,15} regarding the use of puberty blockers and cross-sex hormones on children. Those reviews established few benefits and significant risks, informing the decision of policymakers in countries like Sweden and Finland to severely restrict access to these drugs. Given that you suggested that HHS would restrict state funds from states that have done the same, I also ask: will HHS move to withhold research collaboration – e.g., health IT and data initiatives¹⁶ – with Sweden, Finland, the United Kingdom, and other nations with a different view of gender transitioning children?

To clarify your policies regarding minor gender transition for people in Indiana, Americans across the country and nations around the world, please answer the questions outlined above no later than Friday, June 30.

Thank you very much for your attention on this matter and I look forward to hearing your response soon.

Sincerely,



Jim Banks
Member of Congress

¹³ <https://apnews.com/article/uk-transgender-puberty-blockers-abd9145484006fea23de6b4656c937da>

¹⁴ <https://segm.org/segm-summary-sweden-prioritizes-therapy-curbs-hormones-for-gender-dysphoric-youth>

¹⁵ [https://segm.org/Finland deviates from WPATH prioritizing psychotherapy no surgery for minors](https://segm.org/Finland%20deviates%20from%20WPATH%20prioritizing%20psychotherapy%20no%20surgery%20for%20minors)

¹⁶ <https://www.healthit.gov/topic/collaboration-united-kingdom>