

# HHS Has Only Two Pages of Scientific Evidence for ‘Gender-Affirming Care’

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## STORY AT-A-GLANCE

- › Dr. Rachel Levine, assistant secretary for health at the U.S. Department of Health and Human Services (HHS), has widely stated that “gender-affirming care is medically necessary, safe, and effective for trans and non-binary youth”
- › Nonprofit watchdog Protect the Public’s Trust (PPT) filed a Freedom of Information Act (FOIA) request for records of scientific evidence to support gender-affirming care
- › In response to the FOIA, HHS gave only one document totaling two pages in length – a brochure posted on its website, titled, “Gender-Affirming Care and Young People”
- › In a complaint obtained by The Daily Wire, PPT wrote to the HHS Inspector General, calling for an investigation into Levine’s statements – and whether they violate HHS’ scientific integrity policies
- › Describing the FOIA submission as “essentially a piece of marketing material with cherry-picked data and agenda-driven assertions,” the complaint to HHS states, “This is the opposite of science and evidence-based policymaking ...”

Dr. Rachel Levine, assistant secretary for health at the U.S. Department of Health and Human Services (HHS), tweeted in 2023, "Accredited medical professional groups agree that gender-affirming care is medically necessary, safe, and effective for trans and non-binary youth. It is important that we lead with science, data, and compassion."<sup>1</sup>

That science, however, is all of two pages, according to a Freedom of Information Act (FOIA) request filed by nonprofit watchdog Protect the Public's Trust (PPT). In addition to requesting "records of scientific evidence, studies, and/or data" to support Levine's claim that gender-affirming care is safe, effective and medically necessary, PPT asked for "records of surveys of medical professionals regarding the value and importance of 'gender-affirming care' for minor children."<sup>2</sup>

In response to the FOIA, HHS gave only one document totaling two pages in length. It's not even a scientific study but rather a brochure posted on its website, titled, "Gender-Affirming Care and Young People."<sup>3</sup>

"A safe and affirming healthcare environment is critical in fostering better outcomes for transgender, nonbinary, and other gender expansive children and adolescents,"<sup>4</sup> but PPT alleges Levine's statement violates HHS' scientific integrity by making politically motivated declarations with no robust science to back them up.<sup>5</sup>

## **What Is Gender-Affirming Care?**

According to HHS, gender-affirming care "is a supportive form of healthcare" that consists of medical, surgical, mental health and non-medical services for transgender and nonbinary people. While transgender describes someone whose gender identity is different from their sex assigned at birth, nonbinary describes someone who does not identify with being a man or a woman.<sup>6</sup>

The World Health Organization similarly states, "Gender-affirmative health care can include any single or combination of a number of social, psychological, behavioral or medical (including hormonal treatment or surgery) interventions designed to support and affirm an individual's gender identity."<sup>7</sup>

In their section devoted to "Gender-Affirming Care and Young People," HHS describes social affirmation as a form of care that can be used at any stage, which involves the use of gender-affirming hairstyles, gender pronouns restrooms and name. During

puberty, the gender-affirming care can progress to puberty blockers, which are hormones that pause pubertal development.<sup>8</sup>

In early adolescence and beyond, HHS lists hormone therapy as a partially reversible option. This involves the use of testosterone hormones for females and estrogen hormones for males. In adulthood or on a "case-by-case" basis in adolescence, HHS describes gender-affirming surgeries, which are permanent.

In addition to facial feminization, there's "top" surgery, which can create a male-typical chest shape or enhance breasts. There's also "bottom" surgery, or surgery on the genitals or reproductive organs.<sup>9</sup> HHS, in its gender-affirming care brochure, cites a study,<sup>10</sup> which shows transgender youth who received treatment were slightly less suicidal. While 51% of those who received care were suicidal, this was lower than the 62% who wanted hormones but didn't receive the treatment.<sup>11</sup>

## **PPT Calls for Investigation**

In a complaint obtained by The Daily Wire, PPT wrote to the HHS Inspector General, calling for an investigation into Levine's statements — and whether they violate HHS' scientific integrity policies.<sup>12</sup> Describing the FOIA submission as "essentially a piece of marketing material with cherry-picked data and agenda-driven assertions," the complaint to HHS states:<sup>13</sup>

*"This is the opposite of science and evidence-based policymaking and flies in the face of the agency's pledge of 'adherence to professional practices, ethical behavior, and the principles of honesty and objectivity when conducting, managing, using the results of, and communicating about science and scientific activities.'"*

Levine, who is transgender, has made statements to various media outlets, including Reuters and NPR, in support of gender-affirming care for transgender youth. Daily Wire reports, "Levine has regularly used his role as a science official to declare that 'the

treatment options for gender-affirming care for transgender youth really are evidence-based,' and opposition to it is 'unconscionable.'"<sup>14</sup>

HHS similarly states that "experts and doctors" agree that such care is "essential."<sup>15</sup> But according to PPT, this rhetoric not only ignores scientific literature showing harms exist to such care but also "declares that they do not exist." As reported by Daily Wire, PPT said in its complaint:<sup>16</sup>

*"These statements not only do not acknowledge the contrary evidence, they assert that there is none. In spite of voluminous scientific evidence from around the world, as well as a growing number of policy decisions in other countries that run in the opposite direction, Adm. Levine has consistently made assertions indicating there is no data, studies, or evidence that contradicts or does not support these statements.*

*The Assistant Secretary has also not only ignored the burgeoning controversy regarding the use of these treatments for minors, but has declared that it simply does not exist, that there is not a modicum of controversy in the scientific or medical communities regarding these treatments. In fact, the opposite appears to be true. There appears to be little evidence in support of the statements issued by Adm. Levine.*

*HHS was provided the opportunity to present the evidence upon which these statements are based.*

*Instead of producing reams of studies, data, and evidence, the agency was unable to deliver anything but a single two-page information sheet, with a few cherry-picked studies. It is difficult to imagine a more clear-cut case of an official violating HHS's scientific integrity policies and undermining the state of science in pursuit of a controversial policy agenda."*

## **Landmark Study in Support of Gender-Affirming Surgeries Corrected**

A 2019 study published in *The American Journal of Psychiatry* was widely used to support the practice, based on findings that gender-affirming surgery reduced the likelihood of mental health treatment.

After receiving feedback questioning the study's statistical methodology, the researchers sought statistical consultations and reexamined their data, finding no clear benefits of surgery on mental health visits, medication use or hospitalizations for mood or anxiety disorders and suicide attempts.

They noted that their original conclusion might have been too definitive, as their study didn't use a forward-looking or randomized design. In 2020, a correction was issued, which stated there was actually no advantage to gender-affirming surgery "in relation to subsequent mood or anxiety disorder-related health care visits or prescriptions or hospitalizations following suicide attempts in that comparison."<sup>17</sup> According to *Daily Wire*:<sup>18</sup>

*"To the contrary, the authors acknowledged, 'individuals diagnosed with gender incongruence who had received gender-affirming surgery were more likely to be treated for anxiety disorders compared with individuals diagnosed with gender incongruence who had not received gender-affirming surgery.'"*

The *New York Times* also featured a report of young people who had gender-affirming treatments and regretted it, then went on to join the growing group of detransitioners, which includes those who underwent medical interventions but no longer consider themselves transgender.<sup>19</sup>

## **Leaked Emails Show Doctors Know Transgender Hormone Treatments May Cause Cancer**

Leaked emails from doctors who belong to the World Professional Association for Transgender Health (WPATH) also show that gender-affirming health care is not black and white. WPATH has influenced gender-affirming treatment guidelines adopted by England's National Health Service, but according to Michael Shellenberger, a U.S.

journalist who accessed the files, "what is called 'gender medicine' is neither science nor medicine."<sup>20</sup> One doctor wrote:<sup>21</sup>

*"I have one transition friend/colleague who, after about eight to 10 years of [testosterone] developed hepatocarcinoma [a form of liver cancer] ... To the best of my knowledge, it was linked to his hormone treatment ... it was so advanced that he opted for palliative care and died a couple of months later."*

Another, a child psychologist, said children don't understand the ramifications of the hormone treatment and surgeries, stating:<sup>22</sup>

*"[It is] out of their developmental range to understand the extent to which some of these medical interventions are impacting them. They'll say they understand, but then they'll say something else that makes you think, oh, they didn't really understand that they are going to have facial hair."*

For instance, puberty blockers, which are given to children who have not yet entered puberty, delay the onset of sex characteristics associated with the gender you were assigned at birth. What's particularly shocking is that the adults steering them toward gender reassignment don't make it a point to thoroughly inform them about the difficulties they might face.

Overall, I don't think children and teens are capable of making the decision to transition, and encouraging or facilitating it really ought to be illegal. In another case, a 16-year-old girl was approved to have "top" surgery, or a double mastectomy, even though she'd already developed liver cancer as a result of hormone therapy.

"The oncologist and surgeon both have indicated that the likely offending agent(s) are the hormones," the files state. "We are prepared to support the patient in any way we can (e.g. top surgery when medically stable, etc)."<sup>23</sup> Daily Wire further reported:<sup>24</sup>

*"Britain closed its transgender clinic and warned doctors that many youth are just going through a phase. Norway, Finland, and Sweden also found a lack of*

*evidence that the benefits of hormones, puberty blockers, and surgeries outweigh the risks."*

Some gender transition centers don't even require any kind of mental health assessment, and a number of Planned Parenthood clinics are apparently handing out hormone replacement therapy (HRT) prescriptions on the first visit. To learn more, the video "[Trans Horror: The Unspoken Truth](#)" dives into the "unspoken reality of transgender sexual reassignment surgery and all of the pain, regret and horrors it entails."<sup>25</sup>

## **A Stepping Stone to the Transhumanist Agenda**

Many believe the trans movement and gender-affirming medical care for youth is a stepping stone in the transhumanist agenda. Ultimately, the goal is to get rid of flesh and blood bodies altogether and have our existence either within a synthetic body or as disembodied avatar in cyberspace, or both.

Turning humanity into misgendered people incapable of natural reproduction is merely a first step in that direction. Next comes the melding of man with machine and artificial intelligence. Over time, the flesh and blood part of humans will be reduced while the synthetic parts will increase.

That said, while I believe the transgender movement poses a severe threat to mental, emotional and physical health, it can be counteracted by level-headed discourse and the sharing of truthful information. You can find out more about how to protect your children from transgender ideology in my [interview with Dr. Miriam Grossman](#), a child and adolescent psychiatrist and board-certified medical doctor.

## **Sources and References**

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- <sup>1</sup> [Twitter February 28, 2023](#)
- <sup>2, 5, 11, 12, 13, 14, 15, 16, 18, 24</sup> [Daily Wire February 6, 2024](#)
- <sup>3, 4, 6, 8, 9</sup> [HHS, Office of Population Affairs, Gender-Affirming Care and Young People](#)
- <sup>7</sup> [WHO, Gender incongruence and transgender health in the ICD](#)

- <sup>10</sup> Journal of Adolescent Health 2022, 70, 643-649
- <sup>17</sup> The American Journal of Psychiatry August 1, 2020
- <sup>19</sup> The New York Times February 2, 2024
- <sup>20, 21, 22, 23</sup> Yahoo March 5, 2024
- <sup>25</sup> YouTube, Trans Horror 2023