



PROTECT the PUBLIC'S TRUST

VIA ELECTRONIC MAIL

February 6, 2024

TO: Christi A. Grimm
Inspector General
U.S. Department of Health and Human Services
330 Independence Avenue, SW
Washington, DC 20201

Arati Prabhakar
Director
White House Office of Science and Technology Policy
Eisenhower Executive Office Building
1650 Pennsylvania Avenue
Washington, D.C. 20504

**Re: Request for Investigation into Apparent Scientific Integrity Violations
Regarding Statements About Gender-Affirming Care**

Dear Ms. Grimm,

Protect the Public's Trust requests you commence an investigation into Assistant Secretary for Health Rachel Levine for making a series of statements that appear to run counter to long-standing and government-wide scientific integrity policies. In several documented public statements, Assistant Secretary Levine has unequivocally promoted a controversial and arguably dangerous set of treatments for minors without accurately, fully, or transparently representing the current and best available science. Accordingly, as a senior public health official, Assistant Secretary Levine's multiple deficient public pronouncements have potentially endangered youth across the country and have undermined the public's trust that science, not politics, is guiding public health officials' actions.

Protect the Public's Trust (PPT) is a nonpartisan organization dedicated to promoting ethics in government and restoring the public's trust in government officials. It is imperative in light of the severe social challenges America has suffered in the last several years that institutions responsible for safeguarding public health maintain their credibility with the American people. The consequences of institutions like the Department of Health and Human Services (HHS) losing the trust of the public are calamitous and should not be risked for the sake of frivolous, short-sighted political gain.

PPT respectfully requests that the HHS Inspector General investigate Assistant Secretary Levine's and the agency's unequivocal promotion of these transitions for minors as medically necessary while disregarding any potential negative effects and while lacking the requisite scientific backing to make such claims.



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HHS's Obligations to Use High Quality Science and Uphold Scientific Integrity

HHS has a mandate to only use the best science and to provide the public with scientific resources and policy recommendations based upon honest and forthright analysis of the best available data. The American public should be able to trust HHS and its subsidiary agencies for objective, evidence-based policy recommendations and pronouncements.

Trust is the most precious commodity for public health officials. It is the factor that motivates people to make decisions on complex health matters that they may not fully understand. Trust is not easily earned, often taking years or decades. However, trust is easily squandered, even trust that was gained over the course of generations, when actions and statements are not supported by science. That is why it is particularly concerning when HHS leadership appears to issue pronouncements that are either not supported by science or in which the science may be murky, uncertain, or contradictory, to further a pre-determined scientific narrative for political purposes. For these reasons, HHS is governed by a strong set of scientific integrity policies and guidelines.

HHS recently began the process of updating its scientific integrity policies. On September 1, 2023, the public comment period on the draft of the new HHS Scientific Integrity Policy was completed.¹ This policy document is intended to replace the agency's 2012 Policies and Principles for Assuring Scientific Integrity.² The Policies and Principles for Assuring Scientific Integrity states,

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.

This document further declares,

Because scientific, technologic, and scholarly information are significant contributors to the development of sound policies at HHS, it is important that policymakers involve science and technology experts where appropriate and that the scientific and technological information and processes relied upon in policymaking reflect the highest integrity. Successful and appropriate application of science in public policy depends on the integrity of the scientific process both

¹ Department of Health and Human Services, "The Scientific Integrity Policy of the U.S. Department of Health and Human Services (Draft for Public Comment)," (comment period closed on September 1, 2023), <https://www.hhs.gov/sites/default/files/draft-hhs-scientific-integrity-policy.pdf>

² Department of Health and Human Services, "Policies and Principles for Assuring Scientific Integrity," March 29, 2012, <https://aspe.hhs.gov/reports/policies-principles-assuring-scientific-integrity> (References will generally be to the 2012 policy as that was the policy in place at the time the statements were made and is presumably the policy in place until the new document has been officially adopted.)



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to ensure the validity of the information itself and to engender public trust in Government.

Among the principles laid out to achieve that end, the agency states,

- HHS shall sustain a culture of scientific integrity. Scientific progress depends upon honest investigation, open discussion reflecting a balance of diverse scientific views, refined understanding, and a firm commitment to evidence. **Science, and public trust in science, thrives in an environment that shields scientific data and analyses from inappropriate political influence. Political officials should not suppress or alter, nor appear to suppress or alter, scientific or technological findings.**
- HHS shall ensure that the credibility of Government research is strong. HHS agencies shall ensure that selection of candidates for scientific positions is based primarily on their scientific and technological knowledge, credentials, experience, and integrity. **HHS agencies shall ensure that the scientific information used to inform and support policy decisions represents the best science available, is performed with strict adherence to relevant safety and security procedures, and undergoes peer review by qualified experts, where feasible and appropriate, and consistent with law.** HHS agencies shall abide by existing whistleblower protections that apply to employees by law or regulation.

[...]

- **HHS shall convey scientific and technological information to the public such that the presentation is accurate, transparent, and informative.** To do so, HHS shall communicate scientific and technological findings by including a clear explication of underlying assumptions and, where appropriate, an accurate contextualization of uncertainties and a description of the probabilities associated with both optimistic and pessimistic projections.³ [Emphasis added.]

In addition to HHS's scientific integrity policies, President Biden has required all agencies, including HHS, to uphold the highest standards in their research and practices. In the first several days of his administration the President issued the Memorandum on Restoring Trust in

³ Department of Health and Human Services, "Policies and Principles for Assuring Scientific Integrity," March 29, 2012, <https://aspe.hhs.gov/reports/policies-principles-assuring-scientific-integrity>



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Government Through Scientific Integrity and Evidence-Based Policymaking stating that “[s]cientific finding should never be distorted or influenced by political considerations.”

It is the policy of my Administration to make evidence-based decisions guided by **the best available science and data**. Scientific and technological information, data, and evidence are central to the development and iterative improvement of sound policies, and to the delivery of equitable programs, across every area of government. Scientific findings should never be distorted or influenced by political considerations. When scientific or technological information is considered in policy decisions, it should be subjected to well-established scientific processes, including peer review where feasible and appropriate, with appropriate protections for privacy.⁴ [Emphasis added.]

The draft HHS Scientific Integrity Policy asserts,

HHS adopts the following Official Federal Definition of Scientific Integrity:

*Scientific integrity is the 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.*⁵ [Italics in original]

The draft policy document also states,

Science, and public trust in science, thrives in an environment that prevents political interference and inappropriate influence from impacting scientific data and analyses and their use in policymaking.⁶

HHS policy, as spelled out in the draft document, also “[p]rohibit[s] political interference or other inappropriate influence in the design, proposal, conduct, management, evaluation, communicating about, and use of scientific activities,” requires its employees to “design, conduct, manage, evaluate, and communicate about scientific research and other scientific activities honestly and thoroughly,” and “[e]nsure the quality, accuracy, and transparency of scientific information used to support policy and decision making, including by... [r]eflecting scientific information appropriately and accurately.”⁷

⁴ White House, “Memorandum on Restoring Trust in Government Through Scientific Integrity and Evidence-Based Policymaking,” 86 Fed. Reg. 8845 (Jan. 27, 2021), <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/27/memorandum-on-restoring-trust-in-government-through-scientific-integrity-and-evidence-based-policymaking/>.

⁵ Department of Health and Human Services, “The Scientific Integrity Policy of the U.S. Department of Health and Human Services (Draft for Public Comment),” (comment period closed on September 1, 2023), <https://www.hhs.gov/sites/default/files/draft-hhs-scientific-integrity-policy.pdf>

⁶ Id.

⁷ Id.



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The document even recognizes that scientific disputes may occur and contains a section on “Handling Differing Scientific Opinions.”⁸

In short, HHS policy requires not only that employees of the agency adhere to scientific principles in their research but that their communications accurately and completely reflect the existing science data and conclusions.

Unequivocal Statements

Adm. Rachel Levine, HHS Assistant Secretary for Health, who identifies as transgender, has made several unequivocal statements regarding “gender-affirming care” for minor children. Adm. Levine has argued children and teenagers cannot and should not have to wait to undergo gender transition therapy until they become adults, arguing the treatments are “medically necessary, safe and effective,” that Assistant Secretary Levine and the leadership in the Biden administration support them, and that efforts to limit or restrict them are illegitimate.

She maintained the attacks are “ideologically and politically motivated,” calling them “unconscionable.”

“I can say that the children, their families and you all as their providers have support at the highest levels of the federal government,” Levine told the Pediatric Grand Rounds session in Hartford.

“President Biden supports you ... Vice President [Kamala] Harris supports you. Across the administration, the departments support you,” she said, adding that she talks “about this topic everywhere I go.”

Still, she now claims that treatments like hormone and puberty blockers are “medically necessary, safe and effective” and crucial for trans youth suffering depression and “attempting suicide at an alarming rate.”

“Gender-affirming care is medical care. Gender-affirming care is mental health care. And literally, gender-affirming care is suicide prevention care,” Levine said, vowing to “try everything we can legally” to block states from implementing laws blocking treatments.⁹

In a July interview, the Assistant Secretary also claimed that the treatment for those who have not yet reached puberty involves therapy only, not medical procedures. Adm. Levine stated,

The treatment options for gender-affirming care for transgender youth really are evidence-based.

⁸ Id.

⁹ Lee Brown, “Hormone therapy for trans kids supported at ‘highest levels’ of Biden admin: HHS,” New York Post, March 17, 2023, <https://nypost.com/2023/03/17/hormone-therapy-for-trans-kids-fully-supported-by-biden-administration/>



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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?

I want to make it clear that for pre-pubertal children, there are no medical procedures done. The standard of care allows them to explore that with therapy.

Gender-affirming care is medical care. Gender-affirming care is mental healthcare. Gender-affirming care is literally suicide prevention care.¹⁰

Assistant Secretary Levine has not only issued unequivocal statements on the purported benefits of “gender-affirming care” but utterly dismissed the contention that even the slightest bit of controversy exists regarding their use.

“Gender-affirming care for transgender youth is essential and can be life-saving,” Dr Rachel Levine, an assistant secretary at the U.S. Department of Health and Human Services, said in an interview with Reuters.

Levine, a pediatrician and a transgender woman, drew outcry from conservative opponents of children's gender care and some medical professionals earlier this year when she told National Public Radio: “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.”¹¹

For his part, HHS Secretary Xavier Becerra has positioned the agency as a contrast to states “attacking trans and gender non-conforming youth,” while also claiming unique suicide risks held by transgender minors.¹²

An HHS Office of Population Affairs memo declares:

For transgender and nonbinary children and adolescents, early gender-affirming care is crucial to overall health and well-being as it allows the child or adolescent to focus on social transitions and can increase their confidence while navigating the healthcare system.¹³

¹⁰ Nightline, “Identity Denied: Trans In America,” ABC News, July 14, 2023, <https://www.youtube.com/watch?v=aGIPq2FUzA>

¹¹ Chad Terhune, Robin Respaut, and Michelle Conlin, “As more transgender children seek medical care, families confront many unknowns,” Reuters, October 6, 2022 <https://www.reuters.com/investigates/special-report/usa-transyouth-care/>

¹² Xavier Becerra, “Statement by HHS Secretary Xavier Becerra Reaffirming HHS Support and Protection for LGBTQI+ Children and Youth,” HHS, June 10, 2022 <https://www.hhs.gov/about/news/2022/06/10/statement-by-hhs-secretary-xavier-becerra-reaffirming-hhs-support-and-protection-for-lgbtqi-children-and-youth.html>

¹³ Office of the Assistant Secretary for Health's Office of Population Affairs, “Gender-Affirming Care and Young People,” HHS, <https://opa.hhs.gov/sites/default/files/2023-08/gender-affirming-care-young-people.pdf>



PROTECT the PUBLIC'S TRUST

The HHS website, as well, contains a number of statements unequivocally supporting “gender-affirming care” for minors, denying any contrary opinions exist, and criticizing attempts to limit or restrict it. Among them:

At 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.¹⁴

To date, we have seen at least a dozen states take steps to restrict access to gender-affirming treatment, primarily targeting trans youth, their families and caretakers, and their health care providers. These actions strip parents and guardians of their ability to make the most intimate of decisions and interfere with the independent medical judgement of health care providers. Most tragically, these actions send a message to our trans, nonbinary, and gender-nonconforming youth that partisan politics matters more than their mental or physical health... We must not lose sight of the humanity of the people impacted by these laws. We will continue to fight on behalf of all Americans to ensure they have access to the care and support they need.¹⁵

Through statements and actions, Assistant Secretary Rachel Levine has consistently and on numerous occasions, expressed unequivocal and unqualified support for “gender-affirming care” for minors, implying that the science in support of the safety and efficacy of such procedures is extensive and undisputed, while denying that there is any debate in the medical community or contrary evidence showing that such treatments may cause negative side effects or fail to perform exactly as intended. Further, Assistant Secretary Levine has done so while representing HHS, using the official government title of Assistant Secretary for Health, and with the support of taxpayer resources.

Evidence, Studies, and Data to Support the Statements

PPT has obtained evidence that the science Assistant Secretary Levine is relying upon to make such statements may be razor-thin, falling well short of the high scientific standards required by the Department to issue such unequivocal, unqualified statements in support of these treatments for minor children.

In response to a Freedom of Information Act lawsuit, HHS conducted a search for:

1. From January 20, 2021, through [July 3, 2023], records of scientific evidence, studies, and/or data to support the Assistant Secretary’s claim that “gender-affirming care is medically necessary, safe, and effective for trans and non-binary youth”.

¹⁴ Xavier Becerra, “Statement by HHS Secretary Xavier Becerra Reaffirming HHS Support and Protection for LGBTQI+ Children and Youth,” HHS, 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>

¹⁵ Xavier Becerra, “Statement from HHS Secretary Xavier Becerra on Missouri’s Emergency Regulation Restricting Access to Gender-Affirming Care,” HHS, April 25, 2023 <https://www.hhs.gov/about/news/2023/04/25/statement-hhs-secretary-xavier-becerra-missouris-emergency-regulation-restricting-access-gender-affirming-care.html>



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2. From January 20, 2021, through [July 3, 2023], records of surveys of medical professionals regarding the value and importance of “gender-affirming care” for minor children.¹⁶

The search produced exactly ONE document,¹⁷ a two-page information sheet titled “Gender-Affirming Care and Young People,” from the Office of Population Affairs in the Office of the Assistant Secretary for Health (OASH).¹⁸ This document is also available on the HHS website.¹⁹

This suggests that Assistant Secretary Levine has constantly, continually, “everywhere I go,” made unequivocal statements regarding the medical necessity, safety, and effectiveness of gender-affirming care based entirely upon a single two-page document.

“Gender-Affirming Care” Around the Globe

Contrary to the assertions of HHS officials, far from a consensus exists regarding the use of “gender-affirming care” for minors. Whether the subject is hormonal and other therapy or surgical interventions, quite a bit of controversy exists regarding their necessity, safety, and effectiveness. Around the world, nations have chosen a variety of different approaches regarding such treatments, with that of Adm. Levine and the Biden Administration being an outlier.

A growing number of gender-care professionals say that in the rush to meet surging demand, too many of their peers are pushing too many families to pursue treatment for their children before they undergo the comprehensive assessments recommended in professional guidelines.

[...]

In Europe, concern that too many children might be unnecessarily put at risk has prompted countries like Finland and Sweden that were early to embrace gender care for children to now limit access to care. The United Kingdom is shutting down its main clinic for children’s gender care and overhauling the system after an independent review found that some staff felt “pressure to adopt an unquestioning affirmative approach.”²⁰

¹⁶ 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>

¹⁷ Id.

¹⁸ HHS FOI/Privacy Act Division, FOIA Appeals and Litigations, “2023-00916-FOIA-PHS-Final Production,” provided January 10, 2024, <https://protectpublictrust.org/wp-content/uploads/2024/01/2023-00916-FOIA-PHS-Final-Production.pdf>

¹⁹ Office of the Assistant Secretary for Health’s Office of Population Affairs, “Gender-Affirming Care and Young People,” HHS, <https://opa.hhs.gov/sites/default/files/2023-08/gender-affirming-care-young-people.pdf>

²⁰ Chad Terhune, Robin Respaut, and Michelle Conlin, “As more transgender children seek medical care, families confront many unknowns,” Reuters, October 6, 2022, <https://www.reuters.com/investigates/special-report/usa-transyouth-care/>



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The British Journal of Medicine cited an analysis of 61 systematic reviews to conclude that "there is great uncertainty about the effects of puberty blockers, cross-sex hormones, and surgeries in young people."²¹ The British government has taken steps toward ceasing such treatments for minors.

The UK's Royal Courts of Justice, for instance, issued a December 20, 2020, ruling regarding allowing children to use hormone blockers.

A child under 16 may only consent to the use of medication intended to suppress puberty where he or she is competent to understand the nature of the treatment. That includes an understanding of the immediate and long-term consequences of the treatment, the limited evidence available as to its efficacy or purpose, the fact that the vast majority of patients proceed to the use of cross-sex hormones, and its potential life changing consequences for a child. There will be enormous difficulties in a child under 16 understanding and weighing up this information and deciding whether to consent to the use of puberty blocking medication. It 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.²²

England closed its only clinic dedicated to transgender treatments in 2023 after the National Health Services (NHS) concluded that its staff used an "unquestioning affirmative approach."²³

The move comes after a years-long investigation into claims that doctors were fast-tracking children into biomedical interventions to affirm their transgender identities without considering mental health issues or other factors, according to the Telegraph.²⁴

The NHS has determined that most minors who believe they are transgender "are just going through a phase." The service is warning "that doctors should not encourage them to change their names and pronouns," and "announced plans for tightening controls on the treatment of under

²¹ Jennifer Block, "Gender dysphoria in young people is rising—and so is professional disagreement," British Journal of Medicine, February 23, 2023, <https://www.bmj.com/content/bmj/380/bmj.p382.full.pdf>

²² 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>

²³ Patrick Hauf, Biden, Harris, Dem leaders refuse to say if they support transgender youth surgeries, Fox News, November 1, 2022, <https://www.foxnews.com/politics/democratic-leadership-silent-support-transgender-youth-surgeries>

²⁴ Laurel Duggan, "'Not Safe': England To Shut Down Only Gender Clinic For Minors As Biden Pushes Child Sex Changes," Daily Caller, July 28, 2023, <https://dailycaller.com/2022/07/28/child-sex-change-transgender-clinic-england-tavistock-biden/>



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18s questioning their gender, including a ban on prescribing puberty blockers outside of strict clinical trials.”²⁵

Dr. Riittakerttu Kaltiala, an expert on pediatric gender medicine in Finland and the chief psychiatrist at one of its two government-approved pediatric gender clinics,

[C]oncurs with NHS England, which recently noted that social transition—using a child’s preferred name and pronouns—is “not a neutral act” but rather one that can solidify what is otherwise likely to be a passing phase into a more permanent state of mind, or “identity,” and put the minor on a path to drugs and surgeries.²⁶

Last year, Norway

[B]ecame the fourth country to restrict or ban sex change surgeries, hormones and puberty blockers for children. **Finland, Sweden and the UK have found that there is insufficient evidence that the benefits of cross sex hormones, surgeries, and puberty blockers outweigh the costs for children.**²⁷ [Emphasis added]

A recent report identifies numerous studies over the course of more than a decade that cast doubt on the necessity, safety, and effectiveness of these treatments.

A 2021 study found that prescriptions for psychotropic medications increased after kids initiated medical transition. A 2011 study from Sweden meanwhile found that those who underwent sex-reassignment surgery had an appreciably lower life expectancy than the general population, in part due to an increased incidence of suicide.

Lower life expectancy among those who medically transition is also likely attributable to the regimen of cross-sex hormones that transitioners take. Previous research has documented that cross-sex hormone therapy is associated with increased risk of heart disease and obesity. A new study published by University of California, Davis, researchers also hints at greater cancer risk. Specifically, the researchers observe that natal male veterans who were diagnosed with gender dysphoria and/or prescribed estrogen or estradiol have almost double the incidence of thyroid cancer compared with other male veterans. The researchers note that “estrogen probably has a role in the pathogenesis of thyroid cancer,” a

²⁵ Hayley Dixon, “Most children who think they’re transgender are just going through a ‘phase’, says NHS,” The Telegraph, October 22, 2022, <https://www.telegraph.co.uk/news/2022/10/23/children-who-think-transgender-just-going-phase-says-nhs/>

²⁶ Leor Sapir, “Finland Takes Another Look at Youth Gender Medicine,” Tablet, February 21, 2023, <https://www.tabletmag.com/sections/science/articles/finland-youth-gender-medicine>

²⁷ Sarah Wilder, “Norway Decides ‘Gender Affirming Care’ Is ‘Not Evidence Based’,” Daily Caller, March 23, 2023, <https://dailycaller.com/2023/03/10/norway-health-care-system-transgender-gender-affirming-care-evidence-baed/>



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good indication that the higher incidence is not simply correlational or coincidental but a direct result of hormone therapy.

[...]

Two other studies drive home the enormous risks of making “gender-affirming” medical interventions available to children. A study in PLOS One features interviews with Canadian detransitioners. Canada, like the United States, has remarkably low guardrails around “gender-affirming care.” Interviews with 28 detransitioners reveal a consistent theme that they were not properly informed of the risks, complications, and limitations of the treatments. “Reflecting back, they felt they lacked insights such as the extent to which their sexual orientation, mental illness, or neurodivergence may have intersected with dysphoria or desire to transition and many said they would have benefitted from ‘neutral’ therapy.”

[...]

In another study, Lisa Littman and co-authors revisit the topic of “rapid onset gender dysphoria.” Littman coined the term in a previous study to describe the phenomenon whereby kids suddenly arrive at a trans identity because of trauma, mental-health challenges, or social contagion rather than persistent feelings of gender dysphoria. Trans activists deny the rapid-onset phenomenon, but the new study provides good evidence of its existence. In the study, Littman and colleagues interviewed 78 Americans who previously identified as transgender but desisted in that identity. The researchers find that by retrospective reporting, fewer than 17 percent of participants met clinical diagnostic criteria for gender dysphoria in childhood. Moreover, 53 percent of participants responded affirmatively when asked if their dysphoria appeared “suddenly” during or after puberty.²⁸

Analysis

Disregard of the scientific integrity principles the agency claims to espouse seems to be all too common at HHS, as we at Protect the Public’s Trust have documented in our Science Undermined series.²⁹ Contempt for these principles in furtherance of a political narrative appears to also guide HHS leadership’s stance towards what it terms “gender-affirming care” for minors. As demonstrated by several passages above in this complaint, HHS leadership has promoted treatments for children that substantial scientific literature and even several foreign nations have

²⁸ Ian Kingbury, “‘Gender-Affirming Care’ Is Increasingly Being Recognized as Unscientific,” National Review, January 9, 2024, <https://www.nationalreview.com/2024/01/gender-affirming-care-is-increasingly-being-recognized-as-unscientific/>

²⁹ Protect the Public’s Trust, “Science Undermined,” <https://protectpublictrust.org/science-undermined/>



PROTECT the PUBLIC'S TRUST

concluded are unsafe and that are far from a settled or clearly ordained treatment by public health officials worldwide.

Yet HHS has engaged in seemingly intentional indifference to known severe potential side effects of medications and surgical procedures that could have irreversible, lifelong devastating consequences. The level of certainty in the necessity, safety, and effectiveness of “gender-affirming care” expressed by Assistant Secretary Levine and others within HHS is of the sun-rising-in-the-East variety. However, this represents a perverse mischaracterization of the available scientific evidence.

When asked for “records of scientific evidence, studies, and/or data” and for “records of surveys of medical professionals” to support these claims, HHS was able to provide only a single information sheet – essentially a piece of marketing material with cherry-picked data and agenda-driven assertions. 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.”

In addition, numerous studies as well as the fact that other nations are moving in exactly the opposite direction in terms of policy toward these treatments, strongly suggests that the science is far from settled and the issuance of strong, unequivocal statements in support are the result of the pursuit of a policy agenda or are political rather than scientific in nature. This renders them in violation of both HHS scientific integrity policies and the Biden administration’s scientific integrity guidance.

Conclusion

The American public relies on its health officials to provide unbiased, evidence-based recommendations and policy. The consequences of a loss of trust can be cataclysmic. As most people are not doctors or researchers, they lack in-depth knowledge of complex health systems and rely on experts for advice. But they must also be able to trust that the advice is based upon data, research, and evidence, not driven by a political or special interest agenda.

HHS Assistant Secretary for Health Rachel Levine has made, and continues to make, unequivocal statements regarding the necessity, safety, and effectiveness of “gender-affirming care.” 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.



PROTECT the PUBLIC'S TRUST

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.

The scientific integrity of HHS is of vital importance to the public's trust in its public health institutions. The agency's ability and desire to monitor the statements and actions of its leadership can have a significant impact on that trust. We call on you to immediately open an investigation into whether the statements by Assistant Secretary Rachel Levine included above represent a violation of scientific integrity policies of the Department of Health and Human Services and the scientific integrity guidelines of the Biden administration. Further, we urge your office to issue recommendations that hold accountable senior Department officials such as Assistant Secretary Levine, who misrepresent, distort, and deceive unwitting members of the American public about the accurate state of scientific support for gender-affirming care for minors.

Sincerely,

Michael Chamberlain
Director
Protect the Public's Trust