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December 22, 2022

The Honorable Xavier Becerra
Secretary
Department of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201

Dear Secretary Becerra:

The family is the most basic unit of society and as such, “parents have the inalienable right and responsibility to educate and rear their children.”¹ Unfortunately, there are people who want to override parents’ decisions. These efforts result in the erosion of parents’ rights to make medical decisions for their children. And in some cases, those decisions have resulted in parents losing all rights when it comes to their children.

Child protective services (CPS) has taken children from the homes of loving parents because they do not support irreversible, life-altering surgeries and other medical interventions on their children who have been diagnosed with gender dysphoria. For example, in California, Abigail Martinez lost custody of her daughter and a court permitted only one hour of visitation each week because Ms. Martinez did not want her daughter to receive gender-transition interventions.² In Illinois, Jeannette Cooper lost a custody battle with her ex-husband over their daughter’s decision to receive gender-transition interventions.³ And, in 2018, a Cincinnati couple lost custody of their 17-year-old daughter because they would not consent to cross-sex hormones.⁴

¹ “Principles,” American College of Pediatricians, accessed November 21, 2022, <https://acpeds.org/about>.

² Tori Richards, “Mother of trans teenager: Los Angeles County killed my daughter,” *Washington Examiner*, March 22, 2022, <https://www.washingtonexaminer.com/news/mother-of-transgender-teenager-los-angeles-county-killed-my-daughter>.

³ Alec Schemmel, “Mother who questioned 12-year-old daughter's gender transition loses custody battle,” *The National Desk*, August 1, 2022, <https://fox17.com/news/nation-world/mother-who-questioned-12-year-old-daughters-gender-transition-loses-custody-battle>.

⁴ Kevin Grasha, “Judge throws out lawsuit by parents of transgender teen held at Children's Hospital,” *Cincinnati Enquirer*, November 21, 2018, <https://www.cincinnati.com/story/news/2018/11/21/federal-judge-throws-out-lawsuit-parents-transgender-teen/2077892002/>.

Unfortunately, instead of standing up for parents, the current administration has pushed to make it easier for children with healthy bodies to access puberty blockers, cross-sex hormones, and life-altering, irreversible surgeries.⁵ The Department of Health and Human Services (HHS) has weaponized its Office for Civil Rights (OCR) and Section 1557 of the *Affordable Care Act* to threaten providers and plans that refuse to assist children diagnosed with gender dysphoria in receiving surgical or hormonal medical interventions.⁶ Through guidance for schools,⁷ threats about ending funding for school meals,⁸ and policy statements regarding other social services,⁹ the administration has advanced an ideological agenda that other countries are recognizing is harmful to children.¹⁰ Meanwhile, parents are facing concerning threats from states and the courts if they do not endorse these radical, experimental medical interventions for their children.

While some states have safeguards in place to protect children from these unsafe medical protocols, several states have adopted broad nondiscrimination policies based on gender identity that jeopardize parental rights.¹¹ I am particularly concerned with how parents are treated in these cases by CPS and the medical field, which offers psychological interventions for children

⁵ “Gender-Affirming Care and Young People,” U.S. Department of Health and Human Services, Office of Population Affairs, accessed November 21, 2022, <https://opa.hhs.gov/sites/default/files/2022-03/gender-affirming-care-young-people-march-2022.pdf>.

⁶ “HHS Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy,” U.S. Department of Health and Human Services, Office for Civil Rights, accessed November 21, 2022, <https://www.hhs.gov/sites/default/files/hhs-ocr-notice-and-guidance-gender-affirming-care.pdf>.

⁷ “The U.S. Department of Education Releases Proposed Changes to Title IX Regulations, Invites Public Comment,” U.S. Department of Education, accessed November 21, 2022, <https://www.ed.gov/news/press-releases/us-department-education-releases-proposed-changes-title-ix-regulations-invites-public-comment>.

⁸ “AG Knudsen Sues Biden Administration Over Threat To Hold School Lunches Hostage To Its Transgender Agenda,” Montana Department of Justice, accessed November 21, 2022, <https://dojmt.gov/ag-knudsen-sues-biden-administration-over-threat-to-hold-school-lunches-hostage-to-its-transgender-agenda/>.

⁹ Aysha E. Schomburg, “A Message in Support of LGBTQI+ Children and Youth Who Are Involved with the Child Welfare System,” U.S. Department of Health and Human Services, Administration for Children & Families, March 2, 2022, <https://www.acf.hhs.gov/blog/2022/03/message-support-lgbtqi-children-and-youth-who-are-involved-child-welfare-system>.

¹⁰ In May 2021, a Swedish hospital stopped prescription puberty blockers and cross-sex hormones to minors and earlier this year, a Swedish health board issued guidelines stating that the risk of these protocols outweigh the benefits. See Becky McCall and Lisa Nainggolan, “Referrals to Gender Clinics in Sweden Drop After Media Coverage,” *Medscape*, February 3, 2022, <https://www.medscape.com/viewarticle/967835>, and Thomas Linden, “Uppdaterade rekommendationer för hormonbehandling vid könsdysfori hos unga [Updated recommendations for hormone therapy for gender dysphoria in young people],” *Socialstyrelsen*, February 2, 2022, <https://www.socialstyrelsen.se/om-socialstyrelsen/pressrum/press/uppdaterade-rekommendationer-for-hormonbehandling-vid-konsdysfori-hos-unga/>. Similarly, England’s National Health Service (NHS) recently issued draft guidance expressing concerns over a “gender-affirmative care” model due to the risks it poses to children and in July 2022, the NHS closed the UK’s gender identity clinic for children due to the “considerable risk” the model of care posed to children. See “Interim service specification: Specialist service for children and young people with gender dysphoria (phase 1 providers),” United Kingdom National Health Service, accessed November 21, 2022, https://www.engage.nhs.uk/specialised-commissioning/gender-dysphoria-services/user_uploads/b1937-ii-specialist-service-for-children-and-young-people-with-gender-dysphoria-1.pdf, and Jasmine Andersson and Andre Rhoden-Paul, “NHS to close Tavistock child gender identity clinic,” *BBC News*, July 28, 2022, <https://www.bbc.com/news/uk-62335665>.

¹¹ Lindsey Dawson, Jennifer Kates, and MaryBeth Musumeci, “Youth Access to Gender Affirming Care: The Federal and State Policy Landscape,” Kaiser Family Foundation, June 1, 2022, <https://www.kff.org/other/issue-brief/youth-access-to-gender-affirming-care-the-federal-and-state-policy-landscape/>.

as young as three who are diagnosed with gender dysphoria and offers psychological, medical, and surgical interventions for adolescents diagnosed with gender dysphoria.¹² One of the most harmful actions occurs when government agencies intervene between children and parents, as when CPS removes a child from the custody of his or her parents because the parents will not consent to their child undergoing these experimental treatments, or when government agencies or courts strip medical decision-making authority from a parent because that parent opposes these treatments for their child.

CPS serves an important role in our communities, working to get children out of abusive and neglectful homes. However, a parent's (or parents') decision-making about medical care for their child cannot be characterized as abuse or neglect simply because the government or specific health care providers disagree with the parent's (or parents') decision. CPS is overworked and understaffed enough attending to its actual responsibilities, and it should not be distracted from that work to further political agendas.¹³

To ensure I understand the guidance given to states through the Administration for Children and Families (ACF), we request you provide responses to the following requests within two weeks of receipt of this letter.

1. Please provide a list of all documents provided to grantees in the *Child Abuse Prevention and Treatment Act (CAPTA)*, the *Family Violence Prevention and Services Act (FVPSA)*, and child care programs that discuss “gender minorities” or youth who identify as gender diverse, non-binary, or transgender. Please note which of those documents speak to parents’ rights.
2. Please provide all email responses from January 2021 to the present to questions from CAPTA grantees regarding “gender minorities” or youth who identify as gender diverse, non-binary, or transgender. Please note which of those responses discuss parents’ rights.
3. Please provide accessible links to, or electronic or hard copies of, all speeches that have been delivered by the Secretary of HHS, the Assistant Secretary of ACF, the Principal Deputy Assistant Secretary of ACF, and the Deputy Assistant Secretary for Policy of ACF that mention “transgender rights” and related topics regarding “gender minorities” or youth who identify as gender diverse, non-binary, or transgender. Please provide a list of which of those speeches discuss parents’ rights.
4. Please provide any data available on the number of CPS contacts made by hospitals or gender clinics due to parents not supporting the administration of puberty blockers, cross sex-hormones, so-called “gender affirmation” surgeries, or other medical interventions on their child diagnosed with gender dysphoria.

¹² “Child & Adolescent Gender Center,” University of California San Francisco Benioff Children’s Hospitals, accessed November 21, 2022, <https://www.ucsfbenioffchildrens.org/clinics/child-and-adolescent-gender-center>.

¹³ “How does turnover affect outcomes and what can be done to address retention?” Casey Family Programs, accessed November 21, 2022, <https://www.casey.org/turnover-costs-and-retention-strategies/>.

5. Please provide a list of all meetings of the Secretary, Assistant Secretary of ACF, Principal Deputy Assistant Secretary of ACF, and Deputy Assistant Secretary for Policy of ACF with children's hospitals or clinics that serve children with gender dysphoria or who identify as gender diverse, non-binary, or transgender.
6. Please provide a list of planned regulations and guidance documents for CAPTA, FVPSA, and child care programs that will discuss policies related to gender diverse, gender minority, or transgender issues. Please include the estimated timing of these documents.

Sincerely,



Virginia Foxx
Ranking Member
U.S. House Committee on Education and Labor