



March 23, 2023

Via FOIA Portal

Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

**Freedom of Information Act Request: Correspondence Related to
Transgender Clinics**

Dear FOIA Officer,

America First Legal Foundation is a national, nonprofit organization working to promote the rule of law in the United States, prevent executive overreach, and ensure due process and equal protection for all Americans, all to promote public knowledge and understanding of the law and individual rights guaranteed under the Constitution and laws of the United States. To that end, we file Freedom of Information Act (FOIA) requests on issues of pressing public concern, then disseminate the information we obtain, making documents broadly available to the public, scholars, and the media. Using our editorial skills to turn raw materials into distinct work, we distribute that work to a national audience through traditional and social media platforms. AFL's email list contains over 55,000 unique addresses, our Twitter page has 63,100 followers, the Twitter page of our Founder and President has over 421,400 followers, our Facebook page has 118,000 followers, and we have another approximately 31,700 followers on GETTR.

I. Background

In the past two years, several European countries have significantly pulled back on what is labeled "gender-affirming care" for minors. In reality, "gender-affirming care" involves the practice of prescribing puberty blockers and cross-sex hormones for children under 18, as well as using life-altering surgeries like mastectomies, vaginoplasty, phalloplasty, and metoidioplasty to give children the irreversible appearance of the opposite sex.

For example, in 2021, Swedish hospitals halted the use of puberty blockers in five out of six clinics, with a single clinic only using them for clinical trials.¹ Sweden also now emphasizes psychotherapy for gender dysphoric minors instead of puberty blockers.

Last year, France’s National Academy of Medicine warned medical professionals that the spike in demand for physicians to perform “gender-affirming care” on children is an “epidemic-like phenomenon” with the hallmarks of a social contagion, exacerbated by the “increasing supply of care.”² The Academy stressed that the “risk of over-diagnosis is real” and cited the high number of transgender young adults wishing to detransition. Thus, the Academy concluded that it was crucial to “extend as much as possible the psychological support phase” to guard against providing “irreversible” medical care for “transient dysphoria.”

Finland has made similar findings, and its Council for Choices in Health Care stressed that “[r]esearch data on the treatment of dysphoria due to gender identity conflicts in minors is limited,” that medical intervention should be deemphasized in favor of psychotherapy, and that surgery should not be part of any treatment.³

Likewise, England’s National Health Service has also recognized the need to hit the brakes on the medical transition of children given the concerning and abnormal spike in referrals of children claiming to identify as a different sex. It noted that in “most cases gender incongruence does not persist into adolescence” and that social transitioning should no longer be considered a “neutral act” given the risks associated with it. Thus, “social transition should only be considered where the approach is necessary for the alleviation of, or prevention of, clinically significant distress or significant impairment in social functioning and the young person is able to fully comprehend the implications of affirming a social transition.”⁴

Despite the trend in Europe to change course amidst a clear social contagion, the risks of transitioning children socially and medically, and the growing population of detransitioners, HHS Assistant Secretary Rachel Levine is taking an approach diametrically opposed to the trends in Europe and shocking evidence in the United States.

Just last week, Levine praised the social and medical transition of children at the Pediatric Grand Rounds session at Connecticut Children’s Medical Center in

¹ Mairead Elrodi, *Europe Dialing Back Shocking Policies on Transgender Kids and Medical Intervention*, Daily Wire (June 16, 2022), <https://tinyurl.com/3nmc7ef9>.

² *Press Release, Medicine and Gender Transidentity in Children and Adolescents*, FRENCH NAT’L ACAD. MED. (Feb. 25, 2022), <https://tinyurl.com/2p9fpjyd>.

³ COHERE FINLAND, *Medical Treatment Methods for Dysphoria Associated With Variations in Gender Identity in Minors—Recommendation* (June 16, 2020), <https://tinyurl.com/tzw7pusr>.

⁴ Emily Craig & John Ely, *Children Who Think They’re Trans Are Probably Just Going Through a Phase*, NHS Says, DAILY MAIL (Oct. 24, 2022), <https://tinyurl.com/fmxp3acn>.

Hartford, Connecticut.⁵ Levine stated that such treatments have support “at the highest levels of the federal government,” including President Biden and Vice President Harris, and that those that question their wisdom or safety are “ideologically and politically motivated.”⁶ Levine further claims, despite evidence to the contrary, that hormones and puberty blockers for children are “medically necessary, safe, and effective,” and that the administration will do everything in its power to ensure that these treatments remain easily accessible for children.

Not only is Levine’s position completely contrary to what European nations are saying and doing, but it also ignores recent stories of transgender clinics rushing toward providing irreversible medical treatment for children without proper protocols in place, without patients and parents understanding the risks, and with doctors admitting that “[w]e are building the plane while we are flying it.”⁷

Levine also ignores that this process begins at a young age where thousands of schools are starting children on a school-to-scalpel pipeline by socially transitioning children without parental notice or input.⁸

Given the potentially devastating impact of social and medical transitioning of minors and the irreversible nature of many of the procedures, it is crucial for the public to better understand what Assistant Secretary Levine is doing and saying on these issues, especially when Levine’s public statements are so contrary to children’s health, science, trends, experience of those that have witnessed the process, and common sense.

II. Requested Records

AFL requests the following records under the Freedom of Information Act (FOIA), 5 U.S.C. § 552(a):

- A. All records of communications, including e-mail and Microsoft Teams messages, to or from Rachel Levine, containing the following terms: Vanderbilt University, Boston Children’s Hospital, Seattle Children’s Hospital, Children’s Hospital of Philadelphia, Tavistock, University of Virginia, Connecticut Children’s and/or Washington University Transgender Center. The timeframe for this item is October 19, 2021, to the date this item is fully processed.

⁵ Joshua Q. Nelson, *Dr. Rachel Levine Says Changing Kids’ Genders Will Soon Be Fully Embraced: ‘Wheels Will Turn On This’*, FOX NEWS (Mar. 16, 2023), <https://tinyurl.com/4b49s3fd>.

⁶ Lee Brown, *Hormone Therapy for Trans Kids Supported at ‘Highest Levels’ of Biden Admin: HHS*, N.Y. POST (Mar. 17, 2023), <https://tinyurl.com/msjkzxh7>.

⁷ Jamie Reed, *I Thought I Was Saving Trans Kids. Now I’m Blowing the Whistle*, FREE PRESS (Feb. 9, 2023), <https://tinyurl.com/z4wvwhv2>.

⁸ PARENTS DEFENDING EDUC., *List of School District Transgender–Gender Nonconforming Student Policies* (Mar. 7, 2023), <https://tinyurl.com/563xzhjy>.

B. All records of communications, including e-mail and Microsoft Teams messages, to or from Rachel Levine, containing the following terms: “gender-affirming care,” “puberty blockers,” “testosterone,” “hormone replacement therapy,” “HRT,” “transgender clinics,” “gender dysphoria,” “transition surgery,” “gender identity,” “detransitioning,” “detransitioned,” “destransitioner,” “medically transitioned,” “suicide prevention care,” “supportive adult(s),” “gag rule,” “medically necessary,” “parental rights,” “anti-LGBTQIA legislation,” “anti-trans legislation,” “anti-trans bills,” “transgender clinic(s),” “mastectomies,” “vaginoplasty,” “phalloplasty,” “access to bathrooms,” “parental consent,” “Title IX,” “access to sports,” “metoidioplasty,” “transgender youth,” “WPATH,” and/or “Protect Children’s Innocence Act.” The timeframe for this item is October 19, 2021, to the date this item is fully processed.

III. Custodians

A. Rachel Levine, Assistant Secretary for Health

IV. Fee Waiver Request

Per 5 U.S.C. § 552(a)(4)(A)(iii), AFL requests a waiver of all search and duplication fees associated with this request. Furthermore, AFL has a demonstrated ability and intention to effectively convey the information broadly to the public. AFL’s status as a representative of the news media has been recognized by other agencies for granting fee waivers by the Departments of Defense, Education, Energy, Health and Human Services, Justice, Interior, and Homeland Security. Finally, as a non-profit organization, AFL has no commercial interest, and the request is made entirely to serve the public interest. We are, of course, available to provide additional information in writing or offline in support of this request. If AFL’s request for a fee waiver is not granted in full, please contact us immediately upon making that determination.

V. Processing and Production

Processing should occur in strict compliance with the processing guidance in the Attorney General’s Memorandum on Freedom of Information Act Guidelines.⁹ If you have any questions about our request or believe further discussions regarding search and processing would facilitate a more efficient production of records of interest to AFL, then please contact me at FOIA@aflegal.org.

[Signature page follows]

⁹ U.S. Dep’t Just. (Mar. 15, 2022), <https://tinyurl.com/ypms987t>.

Thank you in advance for your cooperation.

Sincerely,

/s/ Ian D. Prior

Ian D. Prior

America First Legal Foundation