

## Biden Admin Pushes Transgender Medical ‘Care’ While Quietly Bankrolling Research Showing Its Risks

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**NIH is funding many studies premised upon how little research has been conducted on the long-term health risks of cross-sex hormones. Yet HHS is pushing for more transgender ‘care.’**

As the Biden administration pushes the Department of Health and Human Services to make “gender-affirming health care” more widely available, HHS’s own National Institutes of Health is funding multiple studies premised upon how little research has been conducted on the long-term risks of taking cross-sex hormones and whether they improve mental health. The NIH research on transgender issues also emphasizes intersectionality and about half has been on HIV prevention.

The NIH Reporter database, which lists active federally funded research projects, shows 74 with “transgender” in the title, totaling more than [\\$26 million](#) of taxpayers’ money annually. Several NIH-funded studies examine specific health risks of cross-sex hormone treatment — such as associated [bone loss](#) and possible increased risk of [thrombosis](#), [drug overdose](#), [heart attack](#), and [stroke](#).

[Only a few](#) studies evaluate the risk of infertility, even though “the impact of long-term cross-sex hormone therapy on reproductive health is largely unknown,” as one such [project](#) states and experts have [warned](#). In contrast, seven studies examine stigma and disparities in health care for transgender people, in response to NIH’s Notice of Special Interest in understanding the role of alleged intersectional stigmas and how they harm health.

[Many studies address higher incidence](#) of sexually transmitted infections in transgender people, and whether hormone therapy might increase that risk. [About half](#) of all NIH-funded research on transgender health, including that which has been completed, relates to HIV prevention among the transgender population, totaling approximately [\\$80 million since 1985](#).

Transgender males “have some of the highest concentrated HIV epidemics in the world, with a pooled global prevalence of 19% and a 49-fold higher odds ratio of acquiring HIV than non-transgender adults,” according to [one project](#) summary. Behavioral factors contribute, another [project](#) says, but the role of sex hormones needs further study, since they “are known to modulate the immune response, resulting in changes in host susceptibility to pathogens, vaccine efficacy and drug metabolism.”

### **Many Ongoing Projects Highlight Lack of Research**

While suicide prevention is often [cited](#) as a major reason to give dysphoric children puberty blockers and cross-sex hormones, only [one](#) of the current studies is focused specifically on suicide risk, although several [emphasize](#) the lack of long-term studies of cross-sex hormones administered to children and their relation to mental health.

Medical professionals “say more specific research is needed to determine whether medically transitioning as a minor reduces suicidal thoughts and suicides compared with those who socially transition or wait before starting treatment,” [according](#) to Reuters.

One NIH-funded [project](#) summary acknowledges that the long-term effect of puberty suppression on mental health needs further study and will evaluate children already taking puberty blockers.

During puberty, hormones [change the structure and organization of the brain](#). Puberty blockers “may also disrupt puberty-signaled neural maturation in ways that can undermine mental health gains over time and impact quality of life in other ways,” the Nationwide Children’s Hospital project summary says. “The overall impacts” of puberty blockers “have not been systematically studied,” the summary says.

[One](#) of the [larger](#) NIH-funded transgender studies, funded at \$743,000 annually, is at Boston Children’s Hospital. It notes, “*Little is known* [emphasis added] about how pubertal blockade, the first step in the medical management of a young transgender adolescent, affects bone health and psychological well-being. ... In an exploratory aim, we will also consider the effect of pubertal blockade on anxiety, depression, and health-related quality of life.”

Another research [project](#), “Psychological consequences of medical transition in transgender youth,” begun last year at Princeton University and anticipated to end in 2025, notes the lack of quality research in this area:

*Five studies to date have longitudinally examined the relationship between one or both of these interventions [puberty suppression and hormone therapy] and mental health in transgender youth. However, these studies have had relatively small samples, none have been able to isolate the effects of endocrine interventions, none have included a cisgender [non-transgender] comparison group, and none have examined the mechanisms by which endocrine interventions might improve mental health.*

A [longitudinal](#) study that began in 2015 and will run through at least 2026 acknowledges, “Transgender children and adolescents are a poorly understood and a distinctly understudied population in the United States. ... Continuing our current research is imperative to expand the scant evidence-base currently guiding the clinical care of TGD [transgender and gender diverse] youth and thus, is of considerable public health significance.”

As the [summary](#) of one ongoing NIH-funded research project on sex hormones’ effects on the developing brain says, “There is little to no empirical data guiding clinical practices” of cross-sex hormone therapy in early pubertal adolescents, “highlighting the need for further research to address the critical knowledge gap.” The research, funded at \$3 million so far to Stanford University, “will provide a

much-needed foundation for understanding the longitudinal impact of treatments *that are already being used* [emphasis added] in clinical settings.”

The project will elucidate “how sex hormone therapy alters sex-specific risk for disease ... and [its] impact on neural networks implicated in psychiatric disorders.” The research proposed “has never been conducted in early pubertal adolescents,” the summary reads.

### **NIH Acknowledges Limited Evidence, FDA Hasn’t Approved**

The NIH, the [largest](#) public funder of biomedical research in the world, [told](#) Reuters that “the evidence is limited on whether these treatments pose short- or long-term health risks for transgender and other gender-diverse adolescents.” Additionally, the Food and Drug Administration has not approved puberty blockers and sex hormones for children’s transgender medical interventions. As Reuters reported:

*No clinical trials have established their safety for such off-label use. The drugs’ long-term effects on fertility and sexual function remain unclear. And in 2016, the FDA ordered makers of puberty blockers to add a warning about psychiatric problems to the drugs’ label after the agency received several reports of suicidal thoughts in children who were taking them. More broadly, no large-scale studies have tracked people who received gender-related medical care as children to determine how many remained satisfied with their treatment as they aged and how many eventually regretted transitioning.*

Countries such as [Finland, Sweden, and the United Kingdom](#) have begun to limit children’s access to transgender health interventions. Early, foundational research from 2011 on transgender medical interventions has been [criticized](#) as failing to meet basic research standards.

Before 2012, “there was no scientific literature on girls ages eleven to twenty-one ever having developed gender dysphoria at all,” according to Abigail Shrier’s book “Irreversible Damage.” Studies show most children grow out of gender dysphoria, Shrier says. “There are no good long-term studies indicating that either gender dysphoria or suicidality diminishes after medical transition,” [according](#) to Shrier.

### **Yet Biden Administration Pushes Transgender ‘Care’**

Meanwhile, despite all the possible health risks, President Joe Biden has issued [executive orders](#) charging “HHS to work with states to promote expanded access to gender-affirming care.” The administration has issued directives that federal health insurance benefits must “provide comprehensive gender-affirming care.” The administration also opposes “conversion therapy — efforts to suppress or change an individual’s sexual orientation, gender identity, or gender expression.”

Taxpayers are already paying for transgender procedures, as they are covered by some insurers and [Medicaid in some states](#).

HHS’s Office of Population Affairs, which is [overseen](#) by transgender [Dr. Rachel Levine](#), [states](#) there’s no debate: “Research demonstrates that gender-affirming care improves the mental health and overall well-being of gender diverse children and adolescents.” Other proponents acknowledge a lack of research on these hormones’ effect on brain development, but say the pros [outweigh](#) the cons.

### **Growing Transgender Identification**

The number of transgender adults in the U.S. is estimated at [1.4 million](#) to [2 million](#), with an estimated [150,000](#) to [300,000](#) transgender children. The number of American children who started on puberty blockers or hormones totaled 17,683 from 2017 to 2021 and has been increasing, according to [Reuters](#).

From 2019 to 2021, at least 56 patients ages 13 to 17 had genital surgeries, and from 2019 to 2021, at least [776](#) children that age had mastectomies, not including procedures that weren’t covered by insurance, according to Reuters.

The transgender surgery industry grosses more than [\\$2 billion annually](#) and expects to double that by 2030.

### **Debate Among Medication Providers**

“Puberty delay medications are safe and effective,” [according](#) to the World Professional Association for Transgender Health (WPATH), a pro-transgender organization that sets standards for trans medical interventions. “Every person, including every TGD person, deserves an opportunity to be their true selves and has the right to access medically-necessary affirming care to enable this opportunity,” WPATH says.

When WPATH recently updated its guidance, authors “were acutely aware that any unknowns that the working group acknowledged — any uncertainties in the research — could be read as undermining the field’s credibility and feed the right-wing effort to outlaw gender-related care,” The New York Times [reported](#). The newspaper is in the midst of an internal fight about its coverage of transgender issues, with some saying it has been too critical of transgender medical interventions.

A draft of the WPATH chapter for adolescents included minimum recommended ages for hormone treatments and breast removal or augmentation, but after criticism from providers and transgender activists, “it was determined that the specific ages would be removed to ensure greater access to care for more people,” WPATH [said](#).

The final guidelines also walked back a recommendation that preteens and teenagers should provide evidence of several years of persistently identifying as transgender, to differentiate from kids whose change in identification is recent, and changed it to a vaguer “sustained” gender incongruence. “In the end, the chapter sided with the trans advocates who didn’t want kids to have to wait through potentially painful years of physical development,” according to the Times.

The final guidelines [acknowledged](#) that because of the limited long-term research, treatment without a comprehensive diagnostic assessment “has no empirical support and therefore carries the risk that the decision to start gender-affirming medical interventions may not be in the long-term best interest of the young person at that time.”

Reuters found that gender facilities across the country are not conducting recommended months-long assessments before administering hormones to children. Parents of 28 of 39 minors who had sought transgender interventions told Reuters they “felt pressured or rushed to proceed with treatment.” Gender-care professionals also said some of their peers are “pushing too many families to pursue treatment for their children before they undergo the comprehensive assessments recommended in professional guidelines.”

## **Studying Causes of Gender Dysphoria**

Some of the taxpayer-funded studies may bring clarity to the issue of gender dysphoria by examining its causes. [One](#) study will examine social media’s influence on children becoming transgender. A second will [study](#) “the life history calendar to examine young transgender women’s trajectories of violence, mental health, and protective processes.”

Another government-funded [study](#) will help determine how chromosomes, sexual organs, and hormones combine to create sex differences. [Another](#) will “uncover genetic underpinnings of female sexual orientation.”

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*This byline marks several different individuals, granted anonymity in cases where publishing an article on The Federalist would credibly threaten close personal relationships, their safety, or their jobs. We verify the identities of those who publish anonymously with The Federalist.*