

March 23, 2023

The Honorable Dr. Lester Martinez-Lopez
Assistant Secretary of Defense for Health Affairs
U.S. Department of Defense
1200 Defense Pentagon
Washington, D.C. 20301

Dear Dr. Martinez-Lopez:

I write in regard to a report published in the American Journal of Public Health in which four U.S. Department of Defense (DoD) affiliated doctors strongly advocate for minors to receive so called “gender-affirming care.” In the piece, the DoD affiliated doctors support reducing parental involvement in the medical decisions of their children, arguing that doctors who do not “immediately” push children to receive “gender-affirming care” are putting children at risk, and suggest that the Defense Health Agency (DHA) should find ways to circumvent state laws. This radical ideology is harmful to children and undermines the legitimate role parents must play in the health of their children.

The authors argue that barriers to minors receiving so called “gender-affirming care” are a “public health crisis” and result in negative outcomes for minors. They state that legislation adopted in more than 20 states to restrict these prescriptions and procedures are based on false claims, exaggerations, and lack of information on the issue. Ironically, the piece notes that 53 percent of military affiliated physicians in the Military Health System would not prescribe “gender-affirming” hormone treatment.

Those physicians are right to be skeptical. There is almost no safety data associated with the use of these so-called treatments in minors. Last year, Dr. Lawrence Tabak, Acting Director of the National Institutes of Health (NIH), testified before the Senate Committee on Appropriations that federal researchers are “observing the longer-term psychological impact of these protocols” and they only have “a small number of observational studies to gather the data on the effects.”

In addition to the significant number of U.S. states that warn against using these procedures for minors, the Swedish National Board of Health and Welfare updated their health care service guidelines for “gender-affirming care” of minors because “the evidence base for hormonal interventions for gender-dysphoric youth is of low quality, and that hormonal treatments may carry risks.”¹ Sweden’s new guidelines impose more restrictions on the availability of puberty blockers and cross-sex hormones for minors. Other European nations,

¹ <https://segm.org/segm-summary-sweden-prioritizes-therapy-curbs-hormones-for-gender-dysphoric-youth>

including the United Kingdom and Finland, have also changed how they approach gender dysphoria in children because of the risks associated with these dangerous procedures.

Indeed, the authors of this paper acknowledge the lack of supporting scientific evidence to back their claims. One of their eight recommendations is to increase funding for research because “longitudinal research is needed to better understand long-term patient... outcomes associated with access to timely gender-affirming care.” It is irresponsible and malicious to recommend these procedures to young people.

Therefore, I request answers to the following questions:

- What is the DoD’s position on the current science and best medical evidence regarding care for minors with gender dysphoria or gender incongruence?
- Does the DoD agree with the NIH that there is a lack of sufficient evidence on the long-term impact of so called “gender-affirming care” on minors?
- Does the DoD currently fund research on the long-term impacts of so called “gender-affirming care” on minors?
- Does the DoD believe children as young as seven should be involved in making medical decisions?
- Does the DoD believe adolescents 14-17 “have an inherent ability and right to consent to gender-affirming care” as argued by these authors?
- Has the DoD considered options for providing, through either telehealth or on federal property, so-called “gender-affirming care,” (to include hormone therapy, puberty blockers, and gender reassignment surgery) in states where such procedures are prohibited?
- Three of the individuals involved in writing this document are involved with the Uniformed Services University (USU). Are students at USU being taught that the gender-affirming model of care is the only acceptable model? Please provide any relevant curricula and syllabi being used at USU on the issue.

Thank you for your attention to this important matter. I look forward to your prompt response.

Sincerely,



Marco Rubio
U.S. Senator