



HHS Secretary Backs Use of Unapproved Puberty Blockers, “Gender-reassignment” Surgery in Children

Health and Human Services Secretary Xavier Becerra implied that minors should decide for themselves if they want to undergo irreversible “gender-reassignment” procedures. The secretary also stated that it is up to a patient and his or her physician to choose to use off-label puberty blockers even though they might pose a risk to children’s health.

During Wednesday’s Senate Appropriations Committee [hearing](#), Becerra was asked by Senator Mike Braun (R-Ind.) about the department’s endorsement of “gender-affirming care” for young children, which includes the prescription of hormone therapy and sex-change surgeries.



AP Images
Xavier Becerra

Referring to a recently released department [document](#) titled “Gender-Affirming Care and Young People,” Braun asked Becerra why the department recommended using puberty blockers that were not approved for use by the U.S. Food and Drug Administration (FDA), i.e., were not considered “safe and effective” for gender-transition purposes in minors.

“Would you agree that the off-label prescription for usages not approved by the FDA are potentially dangerous for patients, especially kids?” asked the senator.

Becerra reassured him that if there were any serious concern about such drugs’ safety, the FDA would “raise the alarm.”

“The FDA would raise alarms if they saw that a particular medicine or treatment would be misused. At this stage, what we know is that for a drug to be out there available, it has to be safe and effective as the FDA has found,” said the secretary.

In other words, if the hormone therapy drugs hurt children, the FDA would say so. And if it does not, then the drug is “safe,” and there is nothing to worry about.

The secretary expressed a deep respect for the doctor-patient relationship, adding, “When an individual is going for care, it is their physician who is making that decision with them about what type of medicine or treatment they should receive.”

Braun was quick to point out what appears to be a double-strand approach to medicine, implying the department was not as tolerant when it came to endorsing off-label Covid treatments. “For many parents across the country, this [use of puberty blockers on their children] has more potentially tragic consequences,” he noted.

After Becerra failed to provide a definition of what irreversible “top” and “bottom” surgeries are, both mentioned in the HHS document, the senator went on to ask in what case it would be appropriate to



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perform irreversible gender-reassignment surgery on kids.

“Those decisions are made by that individual in consultation with the physician and caregivers, and no decision would be made without having consulted appropriately,” Becerra answered.

Braun argued the government should not be “pushing” children towards having irreversible sex-change therapies and surgeries.

“We’re navigating in territory that we’ve never done as a government,” he said, proposing a focus on improving children’s mental health rather than therapies that permanently alter children’s bodies and lives. “It would be wise to back up a little bit” with the current approach taken by the HHS, Braun suggested.

To that, Becerra reaffirmed his position that “in America,” those who “need” to have “life-affirming care” should receive it. The secretary also said that the recommendations posted by his department are backed by “many of our medical experts” who found that these interventions “help improve the lives of many Americans.”

As [reported](#) by *The New American*, in late March, the HHS launched a new website that offers “resources for transgender and LGBTQI+ youth, their parents, and providers,” the goal of which is to “affirm an LGBTQI+ child.” According to the site, when children and adolescents believe that their “gender identity” does not match their biology, they should be offered support from mental-health “councils” to “reaffirm” the child’s perceived “identity.”

The HHS also released an aforementioned document that lists “appropriate” treatments for “transgender” youths. This includes “top” surgery, which creates a “male-typical chest shape or enhance[s] breasts,” and “bottom” surgery, which involves genital or reproductive-organ surgery. The department also recommends using “facial feminization,” puberty blockers, and prescribing testosterone for girls and estrogen for boys who are confused about their gender.

The HHS resources are only a part of the Biden administration’s much [broader pro-trans agenda](#), which included policies ranging from “reinforcing federal protections for transgender children” to improving transgender travel experiences.

Last week, Assistant Secretary for Health Rachel Levine, the highest ranking “trans” person in the government, said that medical professionals have reached a consensus on the value of gender-affirming care for “transgender” children.

“There is no argument among medical professionals — pediatricians, pediatric endocrinologists, adolescent medicine physicians, adolescent psychiatrists, psychologists, etc. — about the value and the importance of gender-affirming care,” Levine, a medical doctor trained in pediatrics and adolescent medicine, [told NPR](#).

Levine’s statement appears to be incorrect. According to [the guidance](#) released by the Florida Department of Health in late April, there is [a lack of “conclusive evidence,”](#) particularly regarding the “potential for long-term, irreversible effects” of gender-reassignment therapy for children. The document also refers to [a paper](#) published in the *International Review of Psychiatry* that found that 80 percent of those seeking gender-altering therapy will lose their desire to identify with opposite sex.



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