

RAND PAUL, OF KENTUCKY
SUSAN M. COLLINS, OF MAINE
LISA MURKOWSKI, OF ALASKA
MARKWAYNE MULLIN, OF OKLAHOMA
ROGER MARSHALL, OF KANSAS
TIM SCOTT, OF SOUTH CAROLINA
JOSH HAWLEY, OF MISSOURI
TOMMY TUBERVILLE, OF ALABAMA
JIM BANKS, OF INDIANA
JON HUSTED, OF OHIO
ASHLEY MOODY, OF FLORIDA

BERNARD SANDERS, OF VERMONT
PATTY MURRAY, OF WASHINGTON
TAMMY BALDWIN, OF WISCONSIN
CHRISTOPHER MURPHY, OF CONNECTICUT
TIM KAINE, OF VIRGINIA
MARGARET WOOD HASSAN, OF NEW HAMPSHIRE
JOHN W. HICKENLOOPER, OF COLORADO
EDWARD J. MARKEY, OF MASSACHUSETTS
ANDY KIM, OF NEW JERSEY
LISA BLUNT ROCHESTER, OF DELAWARE
ANGELA D. ALSOBROOKS, OF MARYLAND

United States Senate

COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS

WASHINGTON, DC 20510-6300

MATT GALLIVAN, MAJORITY STAFF DIRECTOR
WARREN GUNNELS, MINORITY STAFF DIRECTOR

www.help.senate.gov

February 19, 2026

VIA ELECTRONIC TRANSMISSION

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Kennedy:

Last Congress, I sent letters to the World Professional Association for Transgender Health (WPATH), the American Academy of Pediatrics (AAP), and the Endocrine Society requesting information on the quality of evidence behind the standards of care and clinical practice guidelines published by these organizations for treating children and/or adolescents suffering from “gender dysphoria.”¹ The letters were part of a larger investigation into the promotion of puberty blockers, cross-sex hormones, and irreversible gender transition surgeries on minors by these organizations.²

The responses from these organizations demonstrated a disturbing absence of evidentiary support for their own standards and guidelines, as they were unable to provide the systematic reviews, clinical trials, or expert consensus that led to the development and promulgation of these policies. These responses are especially disconcerting given reports that the Biden administration, particularly former Department of Health and Human Services (HHS) Assistant Secretary for Health Admiral Levine and staff, exercised significant political influence over WPATH and

¹ See generally Letter from Bill Cassidy, M.D., Chairman, S. Comm. on Health, Labor, Educ., & Pensions, to Marci Bowers, M.D., President, WPATH (Oct. 9, 2024), [https://www.help.senate.gov/imo/media/doc/2024-10-09 letter from bc to wpath re cass review and standards of carepdf.pdf](https://www.help.senate.gov/imo/media/doc/2024-10-09%20letter%20from%20bc%20to%20wpath%20re%20cass%20review%20and%20standards%20of%20carepdf.pdf); Letter from Bill Cassidy, M.D., Chairman, S. Comm. on Health, Labor, Educ., & Pensions, to Kate Fryer, CAE, Chief Executive Officer, Endocrine Society (Oct. 9, 2024), [https://www.help.senate.gov/imo/media/doc/2024-10-09 letter from bc to endocrine society re cass review and clinical practice guidelinepdf.pdf](https://www.help.senate.gov/imo/media/doc/2024-10-09%20letter%20from%20bc%20to%20endocrine%20society%20re%20cass%20review%20and%20clinical%20practice%20guidelinepdf.pdf); Letter from Bill Cassidy, M.D., Chairman, S. Comm. on Health, Labor, Educ., & Pensions, to Mark Del Monte, J.D., Chief Executive Officer/Exec. Vice President, Am. Academy of Pediatrics (Oct. 9, 2024), [https://www.help.senate.gov/imo/media/doc/2024-10-09 letter from bc to american academy of pediatrics re cass review and 2018 policy statementpdf.pdf](https://www.help.senate.gov/imo/media/doc/2024-10-09%20letter%20from%20bc%20to%20american%20academy%20of%20pediatrics%20re%20cass%20review%20and%202018%20policy%20statementpdf.pdf).

² Press Release, S. Comm. on Health, Labor, Educ., & Pensions, Ranking Member Cassidy Launches Investigation into Medical Organizations Promoting Puberty Blockers, Gender Transition Procedures for Children Against Scientific Data (Oct. 10, 2024), <https://www.help.senate.gov/rep/newsroom/press/ranking-member-cassidy-launches-investigation-into-medical-organizations-promoting-puberty-blockers-gender-transition-procedures-for-children-against-scientific-data>.

possibly other medical and professional organizations. That influence appears to have been directed toward and ultimately resulted in the removal of age limits for adolescent gender transition surgical interventions, including mastectomies, breast augmentation, facial surgeries, genital surgeries, and hysterectomies, from WPATH's Standards of Care (SOC-8).³

According to the *New York Times*, emails exchanged between WPATH and Admiral Levine's staff raised concerns that keeping the age limits would result in setbacks to the progress made to the "fight against the conservative anti-trans agenda."⁴ According to the *Times*, in a conversation with Admiral Levine's chief of staff, Sarah Boateng, a member of WPATH recalled:

"She is confident, based on the rhetoric she is hearing in D.C., and from what we have already seen, that these specific listings of ages, under 18, will result in devastating legislation for trans care. She wonders if the specific ages can be taken out."⁵

In another email, Admiral Levine:

"was very concerned that having ages (mainly for surgery) will affect access to care for trans youth and maybe adults, too. Apparently the situation in the U.S.A. is terrible and she and the Biden administration worried that having ages in the document will make matters worse. She asked us to remove them."⁶

The *Times* article also referenced email communications from AAP that "warned WPATH that it would not endorse the group's recommendations if the guidelines set the new age minimums."⁷ As a result, the WPATH SOC-8, released in 2022, ultimately removed the age limits for these procedures.

My October 2024 letters discussed these partnerships and highlighted the Endocrine Society's close relationship with WPATH, specifically related to WPATH's involvement in the drafting the Endocrine Society's guidelines and adoption of the Endocrine Society's recommendations.⁸

³ E. Coleman et al., *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8* 23 INT'L J. TRANSGENDER HEALTH 1-259 (2022), <https://doi.org/10.1080/26895269.2022.2100644>.

⁴ Azeen Ghorayshi, *Biden Officials Pushed to Remove Age Limits for Trans Surgery, Documents Show*, N.Y. TIMES (June 25, 2024), <https://www.nytimes.com/2024/06/25/health/transgender-minors-surgeries.html>.

⁵ *Id.*

⁶ *Id.*

⁷ *Id.*

⁸ Letter from Bill Cassidy, M.D., Chairman, S. Comm. on Health, Labor, Educ., & Pensions, to Kate Fryer, CAE, Chief Executive Officer, Endocrine Society (Oct. 9, 2024), https://www.help.senate.gov/imo/media/doc/2024-10-09_letter_from_bc_to_endocrine_society_re_cass_review_and_clinical_practice_guidelinepdf.pdf

Gender transition procedures and surgeries, particularly in children and adolescents, are highly consequential. They are irreversible, with damaging, long-lasting side-effects to a child or adolescent's immediate physical, mental, and emotional development and to their future well-being as an adult. In contrast to other organizations, I was pleased to note recent statements issued by the American Society of Plastic Surgeons and the American Medical Association backing limitations on gender-related surgical procedures for minors.⁹

Since taking office, President Trump has delivered on his promise to protect American children and families from the reckless decisions of certain medical organizations and interest groups that claim to act based on "science" and in the best interests of children.¹⁰ I also applaud the Department of Health and Human Services (HHS) for taking decisive action against providers and other entities that violate the President's Executive Order.¹¹

As a physician and Chairman of the Senate Health, Education, Labor, and Pensions (HELP) Committee, I am deeply committed to ensuring transparency and accountability in matters related to public health. Americans have every right to know the scientific rigor of the data behind policies and guidelines issued by medical and professional organizations, particularly given that these guidelines are widely used and relied upon by health care providers and patients, including minors.

Accordingly, it is crucial that Congress and the Executive Branch, including HHS, partner together to uncover any collusion or wrongdoing, including the suppression of evidence-based medicine by previous administrations, which can cause irrevocable harm to our country's children. To aid the Committee's ongoing investigation, therefore, I ask HHS to please provide the following requested documents, records, and communications **by March 5, 2026**. To the extent possible, I ask these documents and communications be unredacted and Bates stamped.

1. Please provide all communications, including but not limited to emails, internal messages, calendar invitations, meeting notes, text messages, and social media messages (herein, collectively, "communications"), and all documents, including but not limited to memoranda, presentations, reports, and records (herein, collectively, "documents"), between former Admiral Levine and/or staff members, including chief of staff Sarah Boateng, and WPATH, from January 20, 2021, through January 19, 2025.

⁹ Andrew Jacobs, *Doctors' Group Endorses Restrictions on Gender-Related Surgery for Minors*, N.Y. TIMES (Feb. 4, 2026), <https://www.nytimes.com/2026/02/04/health/gender-surgery-minors-ama.html>.

¹⁰ Exec. Order No. 14187, *Protecting Children from Chemical and Surgical Mutilation*, 90 Fed. Reg. 8771 (2025), <https://www.federalregister.gov/documents/2025/02/03/2025-02194/protecting-children-from-chemical-and-surgical-mutilation>.

¹¹ Press Release, U.S. Dep't of Health and Human Serv., *HHS Acts to Bar Hospitals from Performing Sex-Rejecting Procedures on Children* (Dec. 18, 2025), <https://www.hhs.gov/press-room/hhs-acts-bar-hospitals-performing-sex-rejecting-procedures-children.html>.

2. Please provide all communications and documents between former Admiral Levine and/or staff members, including chief of staff Sarah Boateng, and AAP, from January 20, 2021, through January 19, 2025, that mention “gender affirming care,” “transgender care,” “trans[gender] agenda,” “hormone therap[ies],” “cross-sex hormones,” “puberty blockers,” “sex change surger[ies],” or other related terminology.
3. Please provide all communications and documents between former Admiral Levine and/or staff members, including chief of staff Sarah Boateng, and the Endocrine Society, from January 20, 2021, through January 19, 2025, that mention “gender affirming care,” “transgender care,” “trans agenda,” “hormone therap[ies],” “cross-sex hormones,” “puberty blockers,” “sex change surger[ies],” or other related terminology.
4. Please provide all communications and documents between former Admiral Levine and/or staff members, including chief of staff Sarah Boateng, and White House personnel, including former President Joe Biden, Vice President Kamala Harris, and staff, from January 20, 2021, through January 19, 2025 that mention “gender affirming care,” “transgender care,” “trans agenda,” “hormone therap[ies],” “cross-sex hormones,” “puberty blockers,” “sex change surger[ies],” or other related terminology.
5. Please produce all communications and documents between former Admiral Levine and/or staff members, including chief of staff Sarah Boateng, with academic institutions, including Johns Hopkins University, from January 20, 2021, through January 19, 2025, that mention “gender affirming care,” “transgender care,” “trans agenda,” “hormone therap[ies],” “cross-sex hormones,” “puberty blockers,” “sex change surger[ies],” or other related terminology.
6. Please produce all communications and documents between former Admiral Levine and/or staff members, including chief of staff Sarah Boateng, with any other professional and medical organizations and interest groups, from January 20, 2021, through January 19, 2025, that mention “gender affirming care,” “transgender care,” “trans agenda,” “hormone therap[ies],” “cross-sex hormones,” “puberty blockers,” “sex change surger[ies],” or other related terminology.
7. Please produce all communications and documents between former Admiral Levine and/or staff members, including chief of staff Sarah Boateng, and former HHS Secretary Xavier Becerra; former Centers for Medicare and Medicaid Services (CMS) Director Chiquita Brooks-LaSure; former National Institutes of Health (NIH) Directors Francis Collins and Monica Bertagnolli; former NIH Acting Director Lawrence Tabak; former Centers for Disease Control and Prevention (CDC) Directors Rochelle Walensky and Mandy Cohen; former Assistant Secretary for Mental Health and Substance Use, Miriam Delphin-

Rittmon; former Office of Refugee Resettlement (ORR) Director Robin Dunn Marcos; former Office of Civil Rights (OCR) Directors Melanie Fontes Rainer and Lisa Pino; former Assistant Secretary for Planning and Evaluation Rebecca Haffajee; former Agency for Healthcare Research and Quality (AHRQ) Director Robert Otto Valdez; former Acting AHRQ Director David Myers; former Health Resources and Services Administration (HRSA) Administrator Carole Johnson; former Acting HRSA Administrator Diana Espinosa; former Indian Health Service (IHS) Director Roselyn Tso; former Acting IHS Director Elizabeth Fowler; former Food and Drug Administration (FDA) Commissioner Robert Califf; former Acting FDA Commissioner Janet Woodcock; and former Administration for Children and Families (ACF) Assistant Secretary January Contreras, from January 20, 2021, through January 19, 2025, that mention “gender affirming care,” “transgender care,” “trans agenda,” “hormone therap[ies],” “cross-sex hormones,” “puberty blockers,” “sex change surger[ies],” or other related terminology.

8. Please produce all material communications and documents between former Admiral Levine and/or staff members, including chief of staff Sarah Boateng, and any directly involved HHS personnel or contractors, related to the development of HHS rules and regulations and other resources associated with “gender affirming care,” including, but not limited to:
 - a. Section 1557 of the Patient Protection and Affordable Care Act (ACA)¹²
 - b. The American Disabilities Act (ADA)¹³
 - c. Section 504 of the Rehabilitation Act of 1973¹⁴
 - d. Health Insurance Portability and Accountability Act of 1996 (HIPAA)¹⁵
 - e. Administration for Children and Families (ACF) Final Rule titled, Designated Placement Requirements Under Titles IV-E and IV-B for LGBTQI+ Children¹⁶
 - f. ACF Final Rule titled, Unaccompanied Children Program Foundational Rule¹⁷
 - g. ACF Office of Refugee Resettlement (ORR) Final Rule titled, Unaccompanied Children Program Foundational Rule¹⁸
 - h. Substance Abuse and Mental Health Services Administration (SAMHSA) resources titled, LGBTQI+ Youth – Like All Americans, They Deserve Evidence-Based Care¹⁹

¹² 42 U.S.C. § 18116.

¹³ 42 U.S.C. § 12101.

¹⁴ 29 U.S.C. § 794. 45 C.F.R. § 84 (1977).

¹⁵ Pub. L. No. 104-191.

¹⁶ 45 C.F.R. § 1355.

¹⁷ 45 C.F.R. § 410.

¹⁸ Unaccompanied Children Program Foundational Rule, 89 Fed. Reg. 53359 (2024).

¹⁹ SAMHSA, U.S. Dep’t of Health and Human Serv., LGBTQI+ Youth – Like All Americans, They Deserve Evidence-Based Care (Mar. 30, 2022), <https://www.samhsa.gov/blog/lgbtqi-youth-all-americans-deserve-evidence-based-care>.

- i. HHS Office of Population Affairs (OPA) resource titled, Gender-Affirming Care and Young People²⁰
 - j. HHS Office of Civil Rights (OCR) guidance titled, HHS Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy (2022)²¹
9. Please produce all material communications and documents between former Admiral Levine and/or staff members, including chief of staff Sarah Boateng, and members of WPATH, AAP, the Endocrine Society, and affiliated groups, related to the development of HHS rules and regulations and other resources associated with “gender affirming care,” including, but not limited to:
- a. Section 1557 of the Patient Protection and Affordable Care Act (ACA)²²
 - b. The American Disabilities Act (ADA)²³
 - c. Section 504 of the Rehabilitation Act of 1973²⁴
 - d. Health Insurance Portability and Accountability Act of 1996 (HIPAA)²⁵
 - e. Administration for Children and Families (ACF) Final Rule titled, Designated Placement Requirements Under Titles IV-E and IV-B for LGBTQI+ Children²⁶
 - f. ACF Final Rule titled, Unaccompanied Children Program Foundational Rule²⁷
 - g. ACF Office of Refugee Resettlement (ORR) Final Rule titled, Unaccompanied Children Program Foundational Rule²⁸
 - h. Substance Abuse and Mental Health Services Administration (SAMHSA) resources titled, LGBTQI+ Youth – Like All Americans, They Deserve Evidence-Based Care²⁹
 - i. HHS Office of Population Affairs (OPA) resource titled, Gender-Affirming Care and Young People³⁰
 - j. HHS Office of Civil Rights (OCR) guidance titled, HHS Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy (2022)³¹

²⁰ Office of Population Affairs, U.S. Dep’t of Health and Human Serv., <https://opa.hhs.gov/sites/default/files/2023-08/gender-affirming-care-young-people.pdf> ., <https://opa.hhs.gov/sites/default/files/2023-08/gender-affirming-care-young-people.pdf> <https://opa.hhs.gov/sites/default/files/2023-08/gender-affirming-care-young-people.pdf>.

²¹ Nondiscrimination in Health Programs and Activities, 87 Fed. Reg. 47824 (2022).

²² 42 U.S.C. § 18116.

²³ 42 U.S.C. § 12101.

²⁴ 29 U.S.C. § 794. 45 C.F.R. § 84 (1977).

²⁵ Pub. L. No. 104-191.

²⁶ 45 C.F.R. § 1355.

²⁷ 45 C.F.R. § 410.

²⁸ Unaccompanied Children Program Foundational Rule, 89 Fed. Reg. 53359 (2024).

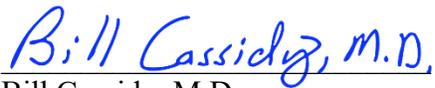
²⁹ SAMHSA, U.S. Dep’t of Health and Human Serv., LGBTQI+ Youth – Like All Americans, They Deserve Evidence-Based Care (Mar. 30, 2022), <https://www.samhsa.gov/blog/lgbtqi-youth-all-americans-deserve-evidence-based-care>.

³⁰ Office of Population Affairs, U.S. Dep’t of Health and Human Serv., <https://opa.hhs.gov/sites/default/files/2023-08/gender-affirming-care-young-people.pdf>.

³¹ Nondiscrimination in Health Programs and Activities, 87 Fed. Reg. 47824 (2022).

10. Please produce all material communications and documents between any HHS personnel or staff from January 20, 2021, through January 19, 2025, that mention “gender-affirming care,” “transgender care,” “trans agenda,” “hormone therap[ies],” “cross-sex hormones,” “puberty blockers,” “sex change surger[ies],” or other related terminology not captured by the above requests.

Sincerely,



Bill Cassidy, M.D.

Chairman

U.S. Senate Committee on Health,
Education, Labor, and Pensions