
Protecting Our Kids from Harmful Research Act

The NIH Sexual and Gender Minorities Research Office (SGMRO) has awarded grant money to four pediatric clinics to study hormonal interventions on children with healthy bodies as young as 8 years old. This means that due to a feeling of discomfort, girls as young as 8 could receive high-dose testosterone solely on the basis of their “gender identity” as a boy. The Biden Administration recently renewed and extended this research until 2026.¹

The medical interventions on the bodies of children done to “affirm” their “gender identity” are experimental, irreversible, and lacking in diagnostic rigor.^{2,3,4} Existing research on genital surgeries, called “sex reassignment,” show that they rarely produce the intended clinical outcomes of improving mental health and alleviating gender dysphoria and may even exacerbate these problems in patients.⁵ In 2016, the Obama administration concluded, after reviewing evidence-based literature, that studies “did not demonstrate clinically significant changes or differences in psychometric test results” after the surgery.⁶ American taxpayer funds should not be used for these dangerous and harmful studies.

Bill Specifics:

- Would prohibit federal funds from being used to fund research or publications relating to gender transitions in individuals under the age of 18, including any observational studies that gather evidence on the provision of hormonal treatments or surgical procedures on minors, for the purpose of affirming a minor’s perception of his or her sex or affirming an identity if that perception or identity is incongruent with the minor’s biological sex.

¹ National Institute of Health RePORT. “The Impact of Early Medical Treatment in Transgender Youth.” <https://reporter.nih.gov/project-details/10122677>

² Heneghan, C. Tom Jefferson. “Gender-affirming hormone in children and adolescents.” Blog | BMJ EBM Spotlight. February 25, 2019. <https://blogs.bmj.com/bmjebmspotlight/2019/02/25/gender-affirming-hormone-in-children-and-adolescents-evidence-review/> (accessed August 4, 2021).

³ Richards, C., Julie Maxwell, and Noel McCune. “Use of puberty blockers for gender dysphoria: a momentous step in the dark”. Archives of Disease in Childhood. 2019; 104(6). <http://dx.doi.org/10.1136/archdischild-2018-315881> (accessed August 4, 2021).

⁴ Anderson, R. Robert T. George. “Physical Interventions on the Bodies of Children to “Affirm” their “Gender Identity” Violate Sound Medical Ethics and Should be Prohibited.” Public Discourse. December 8, 2019. <https://www.thepublicdiscourse.com/2019/12/58839/> (accessed August 4, 2021).

⁵ Dhejne, C., et al. “Long-term follow-up of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden.” PLoS One. 2011;6(2):e16885

⁶ Centers for Medicare & Medicaid Services. “Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N).”

For more information concerning this bill or to be added as a cosponsor, please contact Ryan Neuhaus (Ryan_Neuhaus@lee.senate.gov) in Senator Lee’s office.