

*Marie Gluesenkamp Perez voted to allow taxpayer-funded sex change procedures, including irreversible surgeries on children.*

## **[TARGET] Voted Against A National Defense Authorization Act Amendment Prohibiting Gender Transition Procedures For Children, Including Surgery Or Medication**

**On June 13, 2024, [TARGET] Voted Against An Amendment That Would Prohibit Using The Exceptional Family Medical Program For Gender Transition Procedures.** “Norman, R-S.C., amendment no. 53 that would prohibit the provision of gender transition procedures, including surgery or medication, through the Exceptional Family Medical Program.” (H.R. 8070, Amendment No. 53, [Roll Call #275](#), Adopted 218-205, R 217-1, D 1-204, [TARGET] Voted [Yea/Nay]; 6/13/24, [CO Summary](#), Accessed 7/2/24)

- **The Text Of The Amendment Was Included In Part B Of House Report 118-551.** “An amendment numbered 53 printed in Part B of House Report 118-551 to prohibit the provision of gender transition procedures, including surgery or medication, through the Exceptional Family Medical Program.” ([H.Amdt.987 to H.R.8070](#), Offered 6/13/24)
  - **Rep. Ralph Norman’s Amendment Stipulated That “No Gender Transition Procedures, Including Surgery Or Medication, May Be Provided To A Minor Dependent Child Through An EFMP.”** “53. An Amendment To Be Offered by Representative Norman of South Carolina or His Designee, Debatable for 10 Minutes. At the end of subtitle H of title V, insert the following: SEC. 5\_\_\_. PROHIBITIONS ON PROVISION OF GENDER TRANSITION SERVICES THROUGH AN EXCEPTIONAL FAMILY MEMBER PROGRAM OF THE ARMED FORCES. (a) In General.--No gender transition procedures, including surgery or medication, may be provided to a minor dependent child through an EFMP. (b) Referrals.--No referral for procedures described in subsection (a) may be provided to a minor dependent child through an EFMP. (c) Reassignment.--No change of duty station may be approved through an EFMP for the purpose of providing a minor dependent child with access to procedures described in subsection (a). (d) EFMP Defined.--In this section, the term ``EFMP'' means the program referred to as the Exceptional Family Member Program under section 1781c(d)(4)(I) of title 10, United States Code.” (Rep. Ralph Norman, “H. Rept. 118-551 - And An Accompanying Resolution; And For Other Purposes,” [Congress.gov](#), Accessed 8/26/24)
- **The Exceptional Family Member Program (EFMP) Is A Mandatory Enrollment Program That Works To Provide Comprehensive And Coordinated Community Support, Housing, Educational, Medical, And Personnel Services To Families With Special Needs.** “The Exceptional Family Member Program (EFMP) is a mandatory enrollment program that works with other military and civilian agencies to provide comprehensive and coordinated community support, housing, educational, medical, and personnel services to Families with special needs. Soldiers on active duty enroll in the program when they have a Family member with a physical, emotional, developmental, or intellectual disorder requiring specialized services so their needs can be considered in the military personnel assignment process. The overall goal of EFMP is to help Families accompany the Service member to the right duty locations, not to exclude them.” (“Exceptional Family Member Program (EFMP),” [U.S. Army](#), Accessed 8/26/24)

## **Gender Transition Care, Also Known As “Gender-Affirming Care” Includes Medical Care, Including Puberty Blockers And “Hormone Therapy” And In Rare Instances Can Include “Gender-Affirming Surgeries” For Minors, Including “Top Surgery” To Make Changes To The Chest And “Bottom Surgery” To Make Changes To The Genitals**

**According To The Human Rights Campaign, Gender-Affirming Care Can Also Be Known As Gender “Transition-Related Care.”** “Gender affirming care, sometimes referred to as transition-related care, is life-saving healthcare for transgender people of all ages. It is not a single category of services but instead is a range of services, including mental health care, medical care, and social services. At all ages, clear, well-established, evidence-based standards of care exist for who can

access what form of gender affirming care, and when they are eligible to receive it.” (“Get The Facts On Gender-Affirming Care,” [Human Rights Campaign](#), Accessed 7/9/24)

- **According To The Human Rights Campaign, “Gender-Affirming Care” Includes Medical Care.** “Gender-affirming care, sometimes referred to as transition-related care, is life-saving healthcare for transgender people of all ages. It is not a single category of services but instead is a range of services, including mental health care, medical care, and social services. At all ages, clear, well-established, evidence-based standards of care exist for who can access what form of gender affirming care, and when they are eligible to receive it.” (“Get The Facts On Gender-Affirming Care,” [Human Rights Campaign](#), Accessed: 3/30/24)

**On The Human Rights Campaign’s Resource On “Gender-Affirming Care” They List Puberty Blockers, Which Delay Puberty, As A Form Of Such Care.** (“Get The Facts On Gender-Affirming Care,” [Human Rights Campaign](#), Accessed: 3/30/24)

#### **What are puberty blockers? Why are they used? Are they safe?**

“Puberty blockers” (or simply “blockers”) are a type of medication which can temporarily [pause puberty](#) and are fully reversible.

For transgender and non-binary youth who are aware of their gender at a young age, going through puberty can [cause intense distress and dysphoria](#), as it leads their body to develop into a gender that is not theirs — including in ways that are irreversible, or only reversible with surgery. For example, teenage transgender boys who do not have access to blockers will have to go through a puberty that includes growing breasts and later in life will require surgery.

(“Get The Facts On Gender-Affirming Care,” [Human Rights Campaign](#), Accessed: 3/30/24)

**On The Human Rights Campaign’s Resource On “Gender-Affirming Care” They List Surgeries Including “Top Surgery” To Make Changes To The Chest And “Bottom Surgery” To Make Changes To The Genitals.** “There is no single gender-affirming surgery — nor does a person have to have any surgery, or a specific surgery, to be transgender. Gender-affirming surgery includes a wide range of procedures such as plastic surgery to change features in the face to be more typically masculine or feminine, ‘top surgery’ to make changes to the chest or torso or ‘bottom surgery’ to make changes to genitals.” (“Get The Facts On Gender-Affirming Care,” [Human Rights Campaign](#), Accessed: 3/30/24)

**The Human Rights Campaign Notes That Transgender And Non-Binary Individuals Do Not Typically Have “Gender-Affirming Surgery” Before 18, Though There Have Been Exceptions Made For 16 And 17 Year Old’s.** “Transgender and non-binary people typically do not have gender-affirming surgeries before the age of 18. In some rare exceptions, 16 or 17 year-olds have received gender-affirming surgeries in order to reduce the impacts of significant gender dysphoria, including anxiety, depression, and suicidality. However, this is limited to those for whom the surgery is deemed clinically necessary after discussions with both their parents and doctors, and who have been consistent and persistent in their gender identity for years, have been taking gender-affirming hormones for some time, who have undergone informed consent discussions and have approvals from both their parents and doctors, and who otherwise meet standards of care criteria (such as those laid out by WPATH).” (“Get The Facts On Gender-Affirming Care,” [Human Rights Campaign](#), Accessed: 3/30/24)

**According To The AAMC, “Gender-Affirming Care” Includes Medical Interventions.**

“Gender-affirming care, as defined by the World Health Organization, encompasses a range of social, psychological, behavioral, and medical interventions ‘designed to support and affirm an individual’s gender identity’ when it conflicts with the gender they were assigned at birth. The interventions help transgender people align various aspects of their lives — emotional, interpersonal, and biological — with their gender identity. As noted by the American Psychiatric Association (APA), that identity can run anywhere along a continuum that includes man, woman, a combination of those, neither of those, and fluid.” (Patrick Boyle, “What Is Gender-Affirming Care? Your Questions Answered,” [AAMC](#), 4/12/22)

**According To The AAMC, Interventions For Children Include “Hormone Therapy,” Whereas Surgeries Are “Rarely” Provided To People Under 18.** “The interventions fall along

a continuum as well, from counseling to changes in social expression to medications (such as hormone therapy). For children in particular, the timing of the interventions is based on several factors, including cognitive and physical development as well as parental consent. Surgery, including to reduce a person's Adam's Apple, or to align their chest or genitalia with their gender identity, is rarely provided to people under 18." (Patrick Boyle, "What Is Gender-Affirming Care? Your Questions Answered," [AAMC](#), 4/12/22)

### **A Study From A Pediatric Organization Found That "Puberty Blockers And Cross-Sex Hormones Have No Demonstrable, Long-Term Benefit On The Psychosocial Well-Being Of Adolescents With Gender Dysphoria" And Such Care Was Linked To A Higher Need For Psychiatric Care**

**According To The American College Of Pediatricians, "Social Transition, Puberty Blockers And Cross-Sex Hormones Have No Demonstrable, Long-Term Benefit On The Psychosocial Well-Being Of Adolescents With Gender Dysphoria."** "The American College of Pediatricians (ACPed), based in Florida, released a position statement on Feb. 7 stating that 'social transition, puberty blockers and cross-sex hormones have no demonstrable, long-term benefit on the psychosocial well-being of adolescents with gender dysphoria.'" (Melissa Rudy, "Gender-Affirming' Treatments Don't Benefit Youth, Says Pediatricians Group: 'Irreversible Consequences'," [Fox News](#), 2/8/24)

**According To The Vice President Of The American College Of Pediatricians, A Review Of 60 Research Papers Demonstrated No Benefit To Social Affirmation, Puberty Blockers, Cross-Sex Hormones, Or Surgical Interventions For Youth.** "A review of at least 60 research papers demonstrates no benefit to social affirmation, puberty blockers, cross-sex hormones or surgical interventions for these youth,' lead author and vice president of ACPeds, Dr. Jane Anderson, wrote in an email to Fox News Digital." (Melissa Rudy, "Gender-Affirming' Treatments Don't Benefit Youth, Says Pediatricians Group: 'Irreversible Consequences'," [Fox News](#), 2/8/24)

**The American College Of Pediatricians Found That The Use Of Puberty-Blocking Drugs Did Not Have Significant Benefits For Youths Experiencing Gender Dysphoria.** "In terms of specific therapies, the researchers found that the use of puberty-blocking drugs — medications that delay puberty in children — did not have significant benefits for youths experiencing gender dysphoria." (Melissa Rudy, "Gender-Affirming' Treatments Don't Benefit Youth, Says Pediatricians Group: 'Irreversible Consequences'," [Fox News](#), 2/8/24)

**The American College Of Pediatricians Found That The Use Of Cross-sex hormonal interventions Had Little Mental Health Benefit And Were Linked To A Higher Need For Psychiatric Care.** "Cross-sex hormonal interventions — treatments that trigger a transition to a desired gender — were also shown to have 'little mental health benefit' and were even linked to a higher need for psychiatric care, ACPeds stated." (Melissa Rudy, "Gender-Affirming' Treatments Don't Benefit Youth, Says Pediatricians Group: 'Irreversible Consequences'," [Fox News](#), 2/8/24)

### **Puberty Blockers Have Been Warned Against In The US And Has Not Been Approved By The FDA**

**The FDA Hasn't Approved Puberty Blockers For Gender-Affirming Care.** "Rafferty said it's a quickly evolving field, but said that doctors have more than a decade of peer-reviewed research to guide their patient treatment. Puberty blockers, for example, have been used for decades to pause the process in very young kids. The FDA hasn't approved puberty blockers for gender-affirming care, but such off-label use is not unusual or illegal." (Renuka Rayasam, "The Transgender Care That States Are Banning, Explained," [Politico](#), 3/25/22)

**Doctors In The US Have Warned Against The Usage Of Puberty Blockers.** "In the US, doctors have also been warning against the use of puberty blockers for the past few years. Last year, two of the world's top medics for gender reassignment procedures - both of whom are transgender women - publicly expressed their concern about the growing number of children being given the medication." (Melissa Koenig, "Transgender Assistant Secretary Of Health Rachel Levine Sparks Fury By Claiming ALL Pediatricians Agree On 'Gender-Affirming Care' - Despite Doctors Warning Against 'Chemical Castration' Puberty Blockers That Have Been Linked To Infertility," [Daily Mail](#), 5/1/22)

- **In 2021, Two Of The World's Top Medics For Gender Reassignment Procedures Expressed Concern Regarding The Growing Number Of Children Being Prescribed Puberty Blockers.** “Last year, two of the world's top medics for gender reassignment procedures - both of whom are transgender women - publicly expressed their concern about the growing number of children being given the medication.” (Melissa Koenig, “Transgender Assistant Secretary Of Health Rachel Levine Sparks Fury By Claiming ALL Pediatricians Agree On 'Gender-Affirming Care' - Despite Doctors Warning Against 'Chemical Castration' Puberty Blockers That Have Been Linked To Infertility,” [Daily Mail](#), 5/1/22)

## **Puberty Blockers Could Cause Side Effects With The Patient’s Fertility/Sterility**

**“Puberty Blockers Come With Side Effects — Potentially An Impact On Future Fertility And A Loss Of Bone Density, But Recent Studies Have Shown Those Effects Can Be Reversed ...”** “Is gender-affirming care reversible? It depends. Puberty-blocking medications are used temporarily, and they help young people and their families figure out next steps, these doctors said. They prevent adolescents from developing gender characteristics that might be hard to later reverse, like full breast development. But they also give people time to decide whether to pursue interventions like hormone therapy. Puberty blockers come with side effects — potentially an impact on future fertility and a loss of bone density, but recent studies have shown those effects can be reversed, Rosenthal said.” (Renuka Rayasam, “The Transgender Care That States Are Banning, Explained,” [Politico](#), 3/25/22)

**Most Children Prescribed Puberty Blockers Go On To Cross-Sex Hormones As Well, A Combination That Can Have Irreversible Consequences, Including Sterility And The Inability To Orgasm.** “Worries about the use of puberty blockers, which are prescribed to some children to prevent the development of secondary sex characteristics (like breasts and facial hair) have been mounting in much of the rich world. Some countries have scaled back their use. Not America. Doctors who work in transgender clinics routinely claim that prescribing such drugs is conservative, because their effects are largely reversible, and compassionate, because they save children with gender dysphoria (the feeling of being in the wrong body) from enormous distress. That may be beginning to change. Last week Abigail Shrier, a writer, published interviews in ‘Common Sense With Bari Weiss’, a newsletter, with two transgender health-care professionals who suggested that some doctors were irresponsible in the way they treated children. The women, both trans, are on the board of the World Professional Association for Transgender Health (wpath), which endorses the use of blockers early in puberty in some cases. Though blockers are often described as operating like a pause button, most children prescribed them go on to cross-sex hormones. This combination can have irreversible consequences, including sterility and the inability to orgasm.” (“Opinion On The Use Of Puberty Blockers In America Is Turning,” [The Economist](#), 10/16/21)

## **Other Countries Have Banned The Use Of Puberty-Blocking Medication For Children Due To Health Concerns**

**Several Countries Have Banned The Use Of Puberty-Blocking Medication For Those Under The Age Of 18.** “But puberty blockers have been shown to have unintended side-effects as well - with several countries now banning the use of the medication for those under the age of 18.” (Melissa Koenig, “Transgender Assistant Secretary Of Health Rachel Levine Sparks Fury By Claiming ALL Pediatricians Agree On 'Gender-Affirming Care' - Despite Doctors Warning Against 'Chemical Castration' Puberty Blockers That Have Been Linked To Infertility,” [Daily Mail](#), 5/1/22)

**In Sweden, There Were Several Instances Of Transgender Children Who Suffered Catastrophic Injuries Due To Puberty Blockers, Including Liver Damage, Unexplained Weight Gains, And Skeletal Damage.** “He is one of 13 transgender children of the 440 treated by the country's famous Karolinska University Hospital who were found by a Swedish television crew to have suffered catastrophic injuries as a result of the puberty blockers.” (Melissa Koenig, “Transgender Assistant Secretary Of Health Rachel Levine Sparks Fury By Claiming ALL Pediatricians Agree On 'Gender-Affirming Care' - Despite Doctors Warning Against 'Chemical Castration' Puberty Blockers That Have Been Linked To Infertility,” [Daily Mail](#), 5/1/22)