

November 19, 2024

Meg Sullivan, MD, MPH
Principal Deputy Assistant Secretary
Administration for Children and Families
U.S. Department of Health and Human Services (HHS)
Mary E. Switzer Building
330 C Street SW, Room 5123
Washington, DC 20201

RE: “Office of Management and Budget Review; Legal and Advocacy Services for Unaccompanied Children” (Office of Management and Budget #0970-0565) 2024-24588 (89 FR 84884)

Dear Deputy Assistant Secretary Sullivan:

Below are the comments of Advancing American Freedom (“AAF”) on the Office of Refugee Resettlement’s Proposed “Office of Management and Budget Review; Legal and Advocacy Services for Unaccompanied Children” information collection revisions by the Health and Human Services Department on 11/19/2024.

Introduction

Advancing American Freedom (AAF) is a 501(c)(4) non-profit organization that advocates for conservative values and policies by developing innovative policy solutions, strategies, coalitions, and messaging that build upon the accomplishments of the last administration and expand freedom for all Americans.

AAF has many questions about these proposed information collection revisions and whether the Office of Refugee Resettlement is abandoning truth as its foundation. If enacted, this Rule would distract the Office from its mission and instead confuse vulnerable children.¹

Vulnerable Unaccompanied Minors Should Not Be Pawns of Gender Ideology

The notice includes that the gender field on information collection forms for the Office of Refugee Resettlement (ORR)’s Unaccompanied Children Program will include a “nonbinary” option going forward.² Why are we asking minors this? When vulnerable unaccompanied minors

¹ This proposal, seemingly designed to introduce chaos into order, reminds us of what C.S. Lewis described as schemes “conceived and ordered (moved, seconded, carried, and minuted) in clean, carpeted, warmed and well-lighted offices, by quiet men with white collars and cut fingernails and smooth-shaven cheeks who do not need to raise their voices.” *The Screwtape Letters* at viii (MacMillan Publishing Co. 1961).

² <https://www.federalregister.gov/documents/2024/10/24/2024-24588/submission-for-office-of-management-and-budget-review-legal-and-advocacy-services-for-unaccompanied>

are in the hands of ORR, the agency's priority in providing legal and advocacy services should be their safety and basic needs, not inculcating woke theories about gender.

According to District Court Judge Danny Reeves of the Eastern District of Kentucky (who recently heard the *Tennessee v. Cardona* case) and in agreement with virtually everyone in history until very recently, "There are two sexes: male and female." A pivotal question regarding this Rule is whether the federal government, in this case the federal bureaucracy rather than the elected representatives of the people, can impose on the whole nation a vision of reality that rejects this basic fact. That distorted vision depends on the assumption that men and women are fundamentally interchangeable and indistinguishable. Girls and women are the first and most profound victims of this attempted reconstitution of reality, despite the fact that the ideas behind this movement arose in part from feminist authors like Shulamith Firestone. As Carl Trueman explains, "her philosophy ultimately dissolves the human being to a disembodied will limited only by the technological tools available to it. The problem with such a view is that it is ultimately dehumanizing in its rejection of any notion of natural limits, limits that it typically treats as problems to be overcome."³ This revision sounds a lot like Vice President Kamala Harris' proposal to provide taxpayer funded-gender reassignment surgeries for inmates detained after illegal border crossings, which reportedly played a pivotal role in her losing this year's presidential election, according to pro-Harris Super PAC Future Forward.⁴

HHS recently proposed a Rule adopting the following series of pronouns to include in medical records databases: he/him/his/his/himself; she/her/her/hers/herself; they/them/their/theirs/themselves; ze/zir/zir/zirs/zirself; xie/hir ("here")/hir/hirs/hirself; co/co/cos/cos/coself, en/en/ens/ens/enself; ey/em/eir/eirs/emself; ve/vis/ver/ver/verself; [and] yo/yo/yos/yos/yoself. That Rule,⁵ and the LOINC standards⁶ it relies upon, enshrined an arbitrary and faddish approach that serves as a madcap distraction for medical professionals. Will ORR expose unaccompanied minors to this labyrinth of pronouns?

Bringing harm to children is an evil that has, no doubt, existed in every society throughout human history. Even more tragically, different forms of harm have been considered socially acceptable and even obligatory in many societies at different times in history. In America, such harm is, rightly, nearly universally criminalized. However, one form of such harm, the chemical or surgical manipulation of children in response to alleged gender dysphoria, is accepted by many. That children seeking refuge in this country are being subjected to suggestions that this sort of bodily mutilation based on their self-impression is an outrage. Here we are, with a department that exists to promote the health of the American people, embracing a harmful

³ Carl R. Trueman, *Shulamith Firestone Was a Prophet*, First Things (July 25, 2024)

<https://www.firstthings.com/web-exclusives/2024/07/shulamithfirestone-was-a-prophet>

⁴ <https://www.nytimes.com/2024/11/07/us/politics/trump-win-election-harris.html>

⁵ <https://www.federalregister.gov/documents/2024/08/05/2024-14975/health-data-technology-and-interoperability-patient-engagement-information-sharing-and-public-health#sectno-reference-172.400>

⁶ <https://loinc.org/90778-2/>

ideology that is most visible in the aberrant pronouns it imposes, implying that childrens' bodies have something inherently wrong with them. How does this make sense? Children fleeing life-threatening situations in their home countries should experience the United States as a safe haven, not a place where their bodies are mutilated.

HHS should not be collecting data on unaccompanied minors that might be used to chemically block their natural maturation. Puberty blockers have been approved by the FDA for treating precocious puberty, the condition in which children begin puberty earlier than is normal or healthy. They are used in such cases to delay puberty until the normal age at which puberty should begin. However, they are being prescribed to arrest the natural pubertal process not because that process has begun too early or to address some other physical malady, but to address gender dysphoria in young people.

As is explained in the Cass Review,⁷ a review of gender medicine conducted in Great Britain by Dr. Hilary Cass, the safety of puberty blockers as a temporary fix for gender dysphoria cannot be extrapolated from their safety as a treatment for precocious puberty. When used to delay natural puberty, puberty blockers “are blocking the normal rise in hormones that should be occurring into teenage years, and which is essential for psychosexual and other developmental processes.” The administration of puberty blockers may alter “the trajectory of development of sexual and gender identity.”⁸ Sadly, puberty blockers may well prevent a natural resolution of young people’s gender identity issues. By preventing the natural pubertal process, young people may well be locked into their mental state rather than developing out of it. Further, even if used as intended, cross-sex hormones may lead to sexual dysfunction and, by biological necessity, to sterility.⁹ It is increasingly clear that starting kids on puberty blockers constitutes not a singular intervention, but rather starting them down an unproven path with a high risk of harm. Second, puberty blockers may well hinder neurocognitive development. As the Cass Review explains:

⁷ Dr. Hillary Cass, *Independent Review of Gender Identity Services for Children and Young People* 174. The full report is available for download at <https://cass.independent-review.uk/home/publications/final-report/>. The evidence that the science behind “trans medicine” is unreliable has continued to come in. *Research Into Trans Medicine has Been Manipulated*, *The Economist* (July 27, 2024) <https://tinyurl.com/46esdsr6>. Yet the Federal Government may be acting to cover up the data that would expose that lack of evidence in America. As Leor Sapir explains, the Department of Justice (DOJ) may be trying “to halt release of more information in the Alabama case, as that material could further expose [the World Professional Association for Transgender Health (WPATH)] and shed more light on how HHS and other executive-branch officials misled the American public about youth gender transition.” Leor Sapir, *What Does the DOJ Not Want Americans to Know?*, *City Journal* (July 12, 2024) <https://www.city-journal.org/article/what-does-the-doj-not-want-americans-to-know>.

⁸ E. Abbruzzese, Stephen B. Levine, Julia W. Mason, *The Myth of “Reliable Research” in Pediatric Gender Medicine: A Critical Evaluation of the Dutch Studies—and Research That Has Followed*, 49 *Journal of Sex and Marital Therapy* 673 (2023).

⁹ And, as Dr. Marci Bowers, president of the WPATH said, the administration of puberty blockers before a certain stage of pubertal development leads to sexual dysfunction. Hannah Grossman, *Influential Trans Care Doctor Once Warned Puberty Blockers Could Cause Permanent Sexual Dysfunction*, *Fox News* (May 23, 2022 4:24 AM) <https://www.foxnews.com/media/influential-trans-care-doctor-once-warned-puberty-blockers-could-cause-permanent-sexual-dysfunction>.

“[A]dolescent sex hormone surges may trigger the opening of a critical period for experience-dependent rewiring of neural circuits underlying executive function (i.e. maturation of the part of the brain concerned with planning, decision making and judgement). If this is the case, *brain maturation may be temporarily or permanently disrupted by the use of puberty blockers, which could have a significant impact on the young person’s ability to make complex risk-laden decisions, as well as having possible longer-term neuropsychological consequences.*”¹⁰

One study mentioned in the Cass Review found no cognitive difference between those adolescents given puberty blockers for less than a year and those not given puberty blockers at all, “but found worse executive functioning in those treated for more than one year compared to those not treated.”¹¹

Common sense suggests that delaying puberty, one of the most important physiological and psychological developmental milestones in a person’s life, would have lifelong impacts. Next, the Cass Review argues that, “[i]f puberty suppression is started too early in birth-registered males it can make subsequent vaginoplasty (creation of a vagina and vulva) more difficult due to *inadequate penile development.*”¹² Puberty blockers can prevent a child’s sexual development such that, as an adult, he or she will not have properly developed genitalia.¹³ Such destruction of young bodies is not unlike those mutilations discussed above of young boys’ and girls’ bodies now rightly seen as barbaric relics. Why would a health agency promote them, especially in the context of addressing vulnerable refugee children?

By legitimizing false conceptions of gender, the Rule at issue here makes the aforementioned harms more likely. America needs this proposal like a fish needs a bicycle. Why would anyone enable such experimentation on children who do not understand the implications of what they are doing?

Conclusion

The unaccompanied minors that the Office of Refugee Resettlement works with are some of the most vulnerable children on the planet. Asking youth about whether they have a non-binary gender identity would only further confuse them, potentially leading them to follow the path of making a life-altering decision with permanent destructive consequences. Introducing such children to the concept, which is likely less common in many of the countries they are fleeing, may actively encourage them to adopt such an identity in hopes that it could give them a “special” advantage to staying in the United States. In the fundamental interest of operation upon

¹⁰ Cass at 178, emphasis added.

¹¹ *Id.*

¹² Emphasis added.

¹³ That these interventions could permanently close doors the importance of which the child or adolescent in question could not possibly understand at his or her age is not the exercise of autonomy, but its destruction. See, generally, Moti Gorin, *What is the Aim of Pediatric “Gender-Affirming” Care?*, 54 *Hastings Center Report* 15 (2024).

a foundation of truth in the medical field and the right to life of the unborn, Advancing American Freedom demands that the Department of Health and Human Services withdraw the information collection revisions and reassign staff who worked on it to more suitable positions, where they are not a danger to public health.