

April 9, 2019

The Honorable Suzanne Bonamici
Chair
Subcommittee on Civil Rights and Human
Services
U.S. House of Representatives
Washington, DC 20515

The Honorable James Corner
Ranking Member
Subcommittee on Civil Rights and Human
Services
U.S. House of Representatives
Washington, DC 20515

Re: The Equality Act (H.R. 5)

Dear Chairman Nadler and Ranking Member Collins:

We are writing on behalf of the countless medical professionals—physicians, nurses, and other health care workers—who are deeply concerned about a mounting threat to our conscience rights and the integrity of the medical profession.

The Equality Act (H.R. 5) elevates “sexual orientation” and “gender identity” as protected categories in the federal Civil Rights Act. It also expands the definition of public accommodations to include any “establishment that provides health care.”¹ This bill would effectively mandate that all health care professionals and providers perform and pay for controversial transition-affirming therapies against their best medical judgment. The bill includes no conscience protections and explicitly removes recourse to the Religious Freedom Protection Act (RFRA) for citizens affected by this burdensome mandate.

Medical professionals must be free to exercise their best medical judgment when it comes to the treatment of our patients. There is no consensus within the medical community about how to best care for individuals who struggle with gender dysphoria (i.e. “significant distress or impairment” arising from the “incongruence between one’s experienced/expressed gender and assigned gender”).² In fact, many of these treatments remain highly controversial, especially given the accompanying medical risks.

So-called sex-reassignment therapies have not been shown to reduce the extraordinarily high rate of suicide attempts among people who identify as transgender: 41 percent, compared with 4.6 percent of the general population).³ As pointed out by the Obama Centers for Medicare and Medicaid, the most thorough study of outcomes for sex-reassigned people, a 30 year longitudinal study from Sweden, found a nineteen-times-greater likelihood for death by suicide.⁴

¹Equality Act, H. 5, 116th Cong., 1st Sess., <https://www.congress.gov/bill/116th-congress/house-bill/5/text>.

²American Psychiatric Association, “Gender Dysphoria,” Diagnostic and Statistical Manual of Mental Disorders, 5th ed. (Arlington, Va.: American Psychiatric Publishing, 2013), 452.

³American Foundation for Suicide Prevention, “Suicide Attempts among Transgender and Gender Non-Conforming Adults,” January, 2014, <https://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf> (accessed April 1, 2019).

⁴Centers for Medicare & Medicaid Services, *Proposed Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N)*, June 2, 2012, <https://www.cms.gov/medicare-coverage-database/details/nca-proposed-decision-memo.aspx?NCAId=282> (accessed April 1, 2019).

These studies do not even begin to address the experimental therapies being conducted on gender dysphoric children. Studies show that 80 to 95 percent of children who experience a discordant gender identity come to identify with their bodily sex after puberty.⁵ Yet transgender activists advise drastic hormonal and surgical interventions for gender dysphoric children: social transition as young as 4, puberty blocking drugs as young as 9, cross-sex hormones as young as 14, and surgery as young as 18.⁶ These medical interventions come with serious health consequences.

Puberty blocking drugs are non-FDA approved to permanently delay natural puberty and must be prescribed off-label by doctors. Side effects include “disfiguring acne, high blood pressure, weight gain, abnormal glucose tolerance, breast cancer, liver disease, thrombosis, and cardiovascular disease”—and, of course, sterility.⁷

Moreover, blocking therapies are non-reversible. As Drs. Hruz, Mayer, and McHugh note in a study for *The New Atlantis*, “If a child does not develop certain characteristics at age 12 because of a medical intervention, then his or her developing those characteristics at age 18 is not a ‘reversal,’ since the sequence of development has already been disrupted.”⁸

The medical community must take these numbers seriously and exercise caution when it comes to the treatment of gender dysphoria. Yet the Equality Act would leverage federal authority to silence the debate within the medical community regarding these controversial therapies.

There are already efforts at the state level to suppress any difference of opinion when it comes to these drastic therapies. Catholic hospitals in New Jersey and California were sued when they declined to perform hysterectomies on otherwise healthy females who wished to become male.⁹ A third Catholic hospital in Washington settled out of court with the ACLU after they sued the hospital for declining to perform a double mastectomy on a sixteen-year-old girl.¹⁰ These lawsuits are a direct attack on the autonomy and integrity of the medical profession.

Human sexuality is not a disease and should not be treated as such. Moreover, it is not standard medical practice to intervene in the natural, healthy sexual development of children nor to unnecessarily remove healthy organs in adults. We believe that the best therapies for gender

⁵Jessica Singal, “What’s Missing From the Conversation About Transgender Kids,” *The Cut*, July 25, 2016, <https://www.thecut.com/2016/07/whats-missing-from-the-conversation-about-transgender-kids.html> (accessed April 1, 2019).

⁶Ryan T. Anderson, *When Harry Became Sally*, (New York, NY: Encounter Books, 2018), p. 120-122.

⁷Paul Hruz, Lawrence S. Mayer, and Paul R. McHugh, “Growing Pains: Problems with Puberty Suppression in Treating Gender Dysphoria,” *The New Atlantis*, Number 52 (Spring 2017), <https://www.thenewatlantis.com/publications/growing-pains> (accessed April 1, 2019).

⁸*Ibid.*

⁹Sandhya Somashekhar, “Transgender man sues Catholic hospital for refusing surgery,” *The Washington Post*, January 6, 2017, <https://www.washingtonpost.com/news/post-nation/wp/2017/01/06/transgender-man-sues-catholic-hospital-for-refusing-surgery/> (accessed April 1, 2019). “Catholic hospital group sued for refusing transgender hysterectomy,” *Catholic News Agency*, March 25, 2019, <https://www.catholicnewsagency.com/news/catholic-hospital-group-sued-for-refusing-transgender-hysterectomy-85873> (accessed April 1, 2019).

¹⁰News release, “ACLU-WA and PeaceHealth Agree to Settle Lawsuit Involving Transgender Healthcare,” ACLU, January 3, 2019, <https://www.aclu.org/news/aclu-wa-and-peacehealth-agree-settle-lawsuit-involving-transgender-healthcare> (accessed April 1, 2019).

dysphoria will seek to make patients comfortable in their own bodies, rather than take unnecessary medical risks to attempt the impossible and make their bodies reflect their feelings.

Medical professionals must remain free to exercise their best medical judgment when it comes to their patients. A federal gender identity health care mandate like the Equality Act would have disastrous consequences.

We urge you to oppose the Equality Act in order to protect the integrity of the medical profession and allow us to serve our patients freely and in good conscience.

Sincerely,

Donna J. Harrison, MD
Executive Director
American Association of Pro-Life
Obstetricians and Gynecologists

Michelle Cretella, MD
Executive Director
American College of Pediatricians

Greg F. Burke, MD, FACP
Co-Chairman, Ethics Committee
Catholic Medical Association

David Stevens, MD, MA (Ethics)
CEO
Christian Medical Association

Diana Ruzicka, RN, MSN, CNS-BC
President
National Association of Catholic Nurses,
U.S.A.

Dr. Marie T. Hilliard, MS, MA, JCL, PhD,
RN
Senior Fellow
The National Catholic Bioethics Center

Phillip L. Stiver, MD
Chair
Physicians Resource Council of Focus on
the Family