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Congress of the United States
House of Representatives

WAYS AND MEANS COMMITTEE
SUBCOMMITTEE ON TAX
SUBCOMMITTEE ON TRADE
SUBCOMMITTEE ON OVERSIGHT

November 10, 2026

The Honorable Pete Hegseth
Secretary of Defense
U.S. Department of Defense
100 Defense Pentagon
Washington, D.C. 20301

Dear Secretary Hegseth,

We write to raise serious concerns regarding public reports that allege individuals within the Department of Defense (DoD) have inappropriately accessed, searched, and used service members' private medical records, including the potential use of psychotherapy notes, to identify transgender service members for separation, in violation of the Health Insurance Portability and Accountability Act (HIPAA).[1] We also write to request clarity regarding what DoD is doing to ensure that any HIPAA compliant disclosure of service members' protected health information from medical providers is limited to the minimum necessary, as HIPAA and DoD's own regulations require. To be clear, we oppose the underlying transgender military ban, which has forced out countless service members solely because of their gender identity. Nevertheless, Congress seeks to conduct oversight in response to allegations that DoD is weaponizing medical information that service members shared in good faith to receive care. If service members sharing medical information could be used against them in this manner, they may avoid seeking care or withhold information from their providers, which could harm all service members and military readiness.

As you know, on January 27, 2025, President Trump issued Executive Order (EO) 14183, which banned transgender people from military service.[2] On March 21, 2025, DoD published a memorandum stating that service members would be identified by reviewing medical records and that such reviews "will be conducted in accordance with DoD Manual 6025.18, 'Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy

[1] https://federalnewsnetwork.com/defense-main/2026/09/pentagon-searching-medical-records-to-identify-transgender-troops/
[2] Exec. Order No. 14183, Prioritizing Military Excellence and Readiness, 90 FR 8757, https://www.federalregister.gov/documents/2025/02/03/2025-02178/prioritizing-military-excellence-and-readiness

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Rule in DoD Health Care Programs,' March 13, 2019."[3] The memo also states that transgender service members would be identified via a new attestation on the DoD Periodic Health Assessment and that the facility or location conducting the assessment would be responsible for conducting or coordinating, if necessary, any follow-up medical evaluation and for notifying the service member's commander. On September 7, 2026, Federal News Network reported that defense officials may have gone far beyond the steps outlined in this memo. For example, one service member disclosed their belief that DoD improperly accessed and searched their psychiatric records, including protected psychotherapy notes from past clinical visits. These notes contained information showing the service member had "confidentially discussed a desire to transition" with a health care provider, and DoD allegedly used the information to initiate the service member's separation.[4]

In addition, while providers are authorized to disclose certain HIPAA protected information under the military command exception, allegations that individuals within DoD have been accessing and searching service members' private medical information would represent a new low in the implementation of this cruel transgender military ban and raise serious concerns about the protection of service members' medical privacy. Under HIPAA, individuals' psychotherapy notes are entitled to stringent privacy protections, as a "covered entity must obtain an authorization for any use or disclosure of psychotherapy notes" unless one of three limited exceptions applies.[5] It remains unclear to Congress and the public which exception, if any, DoD relied on when it allegedly searched service members' psychotherapy notes. In addition, the DoD Manual requires that "[w]hen using or disclosing protected health information (PHI) in any form or when requesting PHI from another DoD covered entity or business associate, a DoD covered entity or business associate must make reasonable efforts to limit the use, disclosure, or request of PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request" (the "Minimum Necessary Rule").[6] According to the public report, a service member alleges they did not share details of their past treatment for gender dysphoria with their colleagues, were never evaluated for separation referral, and do not currently experience dysphoria. Nevertheless, their commander received a separation referral that directly quoted the service member's health history, including when they sought treatment, their number of counseling sessions, and prescribed medication. It is unclear why this level of private medical information was necessary to establish the basis for a referral. In light of this reporting, we seek to understand how DoD determines what health information is necessary to disclose to commanders and under what circumstances.

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[3] https://media.defense.gov/2025/May/16/2003716691/-1/-1/1/PRIORITIZING-MILITARY-EXCELLENCE-AND-READINESS-MILITARY-DEPARTMENT-IDENTIFICATION.PDF

[4] https://www.military.com/pentagon-reportedly-using-medical-records-to-identify-transgender-troops

[5] 45 CFR § 164.508(a)(2)

[6] https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodm/602518m.pdf; 45 C.F.R. § 164.502(b)

Congress must conduct oversight of DoD's alleged breach of privacy protections.[7] These actions also raise serious questions regarding the scope and purpose of DoD's access to sensitive health information. Service members provide highly personal information to health care providers with the expectation that it will be used for legitimate health care and readiness purposes and protected consistently by federal law. Illicitly accessing that information to conduct broad searches for personnel with particular diagnoses, treatments, prescriptions, procedures, or medical histories, and then using it to initiate adverse personnel actions risks fundamentally undermining that trust. If true, this practice could harmfully deter service members from seeking medical care or providing complete information to their health care providers, with consequences for both individual health and military readiness.

In light of these reported privacy concerns, Congress must fully exercise its oversight authority. We request written answers to the following questions by November, 30, 2026:

1. How many service members were identified and referred for separation based on a review of their medical record outside of the DoD's mandatory annual medical evaluation, also known as the Periodic Health Assessment (PHA)?
    a. Of those service members, how many were identified by a review of their psychotherapy notes, as defined under HIPAA?
2. Has anyone within DoD, or any contractor or entity acting on its behalf, accessed, searched, or used service members' psychotherapy notes to identify transgender service members whether during or outside of their PHA?
    a. If so, provide the number of service members whose psychotherapy notes were accessed, searched, or used.
    b. If so, provide the total number of individuals who accessed, searched, or used service members' medical records (including psychotherapy notes), and for each individual, identify their office, component, and job title.
    c. If so, list all databases, record systems, or other information systems that were used to access, search, or use service members' psychotherapy notes.
    d. If so, identify the specific legal authority, including the specific exception to the authorization requirement, on which DoD relied to access service members' psychotherapy notes under Paragraph 4.2.a.(2) of DoD Manual 6025.18 and 45 C.F.R. § 164.508(a)(2).
3. Provide the criteria DoD uses to determine the minimum PHI reasonably necessary to disclose to commanders when identifying individuals for separation referral under EO 14183, as required by DoD Manual 6025.18, § 4.5(b)(4)(b).
4. Has any provider disclosed medical information to commanders under the military command exception in separation referrals that directly quote service members' health

[7] https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-C/part-164/subpart-E/section-164.508#p-164.508(a)(2)

history, including when they sought treatment for gender dysphoria, their number of counseling sessions and/or prescribed medication?

a. If so, identify how DoD is doing so for each referral while complying with restrictions set by 45 C.F.R. § 164.502(b).
b. If so, is it DoD's current practice for providers to quote health history directly in separation referrals, and does DoD plan to continue that practice?

We request a written response to the questions above no later than November, 30, 2026. Should you have any questions regarding this request, please contact Annaliese Yukawa at annaliese.yukawa@mail.house.gov.

Sincerely,

Suzan K. DelBene
Member of Congress

Mark Takano
Member of Congress

Sara Jacobs
Member of Congress

Raja Krishnamoorthi
Member of Congress

Ritchie Torres
Member of Congress

Jasmine Crockett
Member of Congress

Stephen F. Lynch
Member of Congress

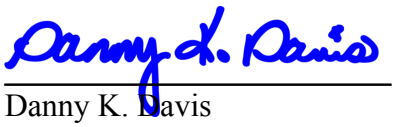
Diana DeGette
Member of Congress

Eleanor Holmes Norton
Member of Congress

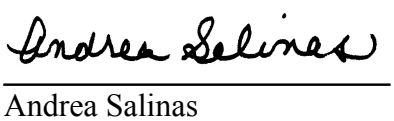
Ro Khanna
Member of Congress

Wesley Bell
Member of Congress

Debbie Wasserman Schultz
Member of Congress



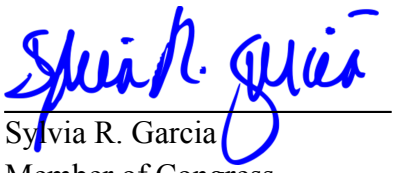
Danny K. Davis
Member of Congress



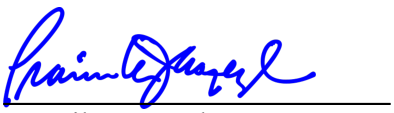
Andrea Salinas
Member of Congress



Adelita S. Grijalva
Member of Congress



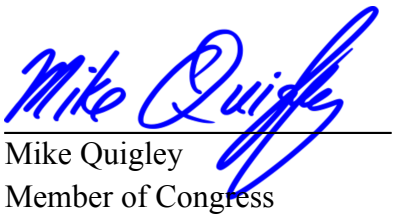
Sylvia R. Garcia
Member of Congress



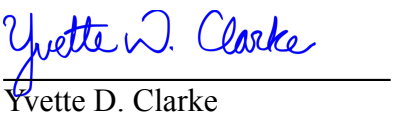
Pramila Jayapal
Member of Congress



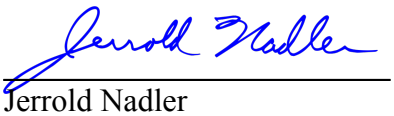
Rashida Tlaib
Member of Congress



Mike Quigley
Member of Congress



Yvette D. Clarke
Member of Congress



Jerrold Nadler
Member of Congress



Madeleine Dean
Member of Congress



André Carson
Member of Congress



Sarah McBride
Member of Congress



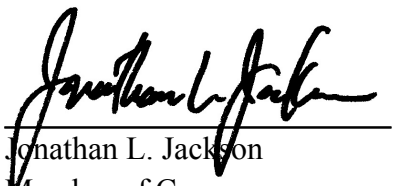
Emily Randall
Member of Congress



Eric Sorensen
Member of Congress



Sydney Kamlager-Dove
Member of Congress



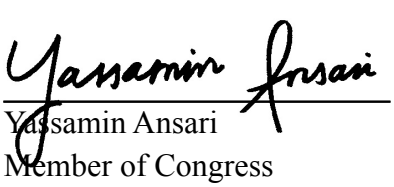
Jonathan L. Jackson
Member of Congress



Ted W. Lieu
Member of Congress



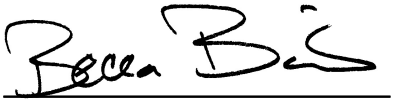
Chris Deluzio
Member of Congress



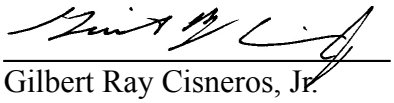
Yassamin Ansari
Member of Congress



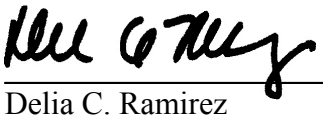
Kevin Mullin
Member of Congress



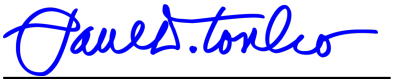
Becca Balint
Member of Congress



Gilbert Ray Cisneros, Jr.
Member of Congress



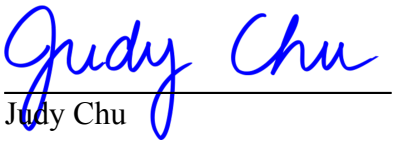
Delia C. Ramirez
Member of Congress



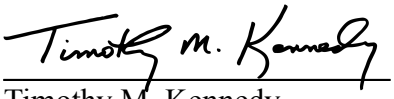
Paul D. Tonko
Member of Congress



Troy A. Carter, Sr.
Member of Congress



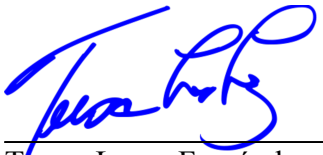
Judy Chu
Member of Congress



Timothy M. Kennedy
Member of Congress



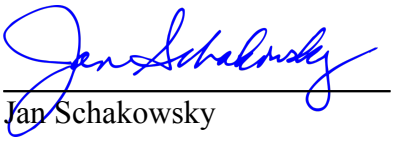
Al Green
Member of Congress



Teresa Leger Fernández
Member of Congress



Maxwell Alejandro Frost
Member of Congress



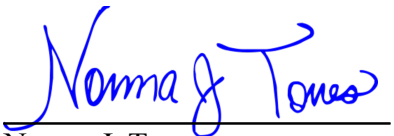
Jan Schakowsky
Member of Congress



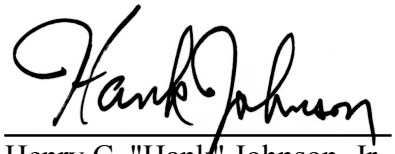
Mark DeSaulnier
Member of Congress



Lois Frankel
Member of Congress



Norma J. Torres
Member of Congress



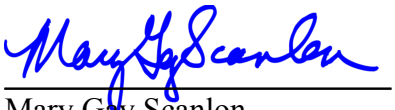
Henry C. "Hank" Johnson, Jr.
Member of Congress



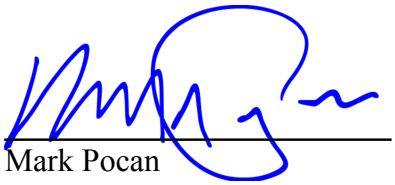
Rick Larsen
Member of Congress



James P. McGovern
Member of Congress



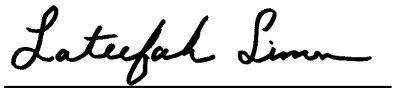
Mary Gay Scanlon
Member of Congress



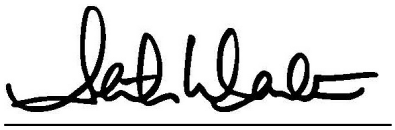
Mark Pocan
Member of Congress



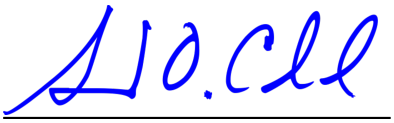
Maxine Dexter, M.D.
Member of Congress



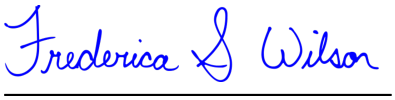
Lateefah Simon
Member of Congress



Seth Moulton
Member of Congress



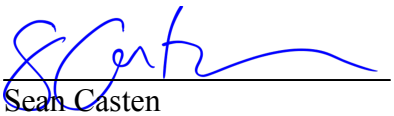
Salud Carbajal
Member of Congress



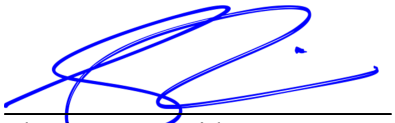
Frederica S. Wilson
Member of Congress



Veronica Escobar
Member of Congress



Sean Casten
Member of Congress



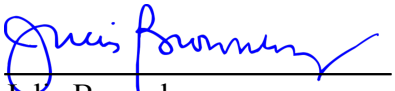
Sharice L. Davids
Member of Congress



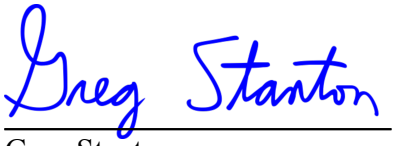
Herbert C. Conaway, Jr.
Member of Congress



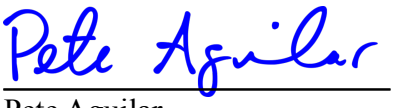
Angie Craig
Member of Congress



Julia Brownley
Member of Congress



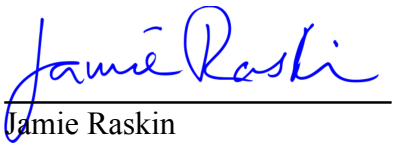
Greg Stanton
Member of Congress



Pete Aguilar
Member of Congress



Val Hoyle
Member of Congress



Jamie Raskin
Member of Congress



Bradley Scott Schneider
Member of Congress