



HOW THE HUMAN RIGHTS CAMPAIGN'S HEALTHCARE EQUALITY INDEX INFECTS PEDIATRIC HOSPITALS WITH GENDER IDEOLOGY

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TABLE OF CONTENTS

SUMMARY	3
“GENDER-AFFIRMING CARE” IN PEDIATRIC HOSPITALS	4
THE HRC: A CHAMPION OF PEDIATRIC GENDER TRANSITION	5
History of the HRC.....	5
The HRC’s manuals on pediatric gender transition	5
The HRC pushes gender ideology on young children at schools.....	8
The HRC recruits large companies to oppose legislation that curtails pediatric medical transition	10
The HRC’s Corporate Equality Index pushes insurance companies to cover pediatric medical transition	11
HEALTHCARE EQUALITY INDEX.....	12
HEI: The basics and the numbers	12
Criteria 1 – Non-Discrimination and Staff Training.....	14
Requirements	14
Education through the National LGBTQIA+ Health Education Center.....	15
Criteria 2 – Patient Services and Support	17
Criteria 3 – Employee Benefits and Policies	18
Criteria 4 – Patient and Community Engagement.....	18
Criteria 5 – Responsible Citizenship.....	18
THE PEDIATRIC HEI HOSPITALS.....	21
Large health system HEI participants bring gender ideology to pediatric hospitals	22
“Red states” are not immune to the HEI’s impact	23
Pediatric hospitals backing out of the HEI	23
INCENTIVES FOR PARTICIPATING IN THE HEI	24
A national benchmark tool and best practices?.....	24
Take advantage of online, on-demand staff training from expert sources that includes CME/CEU credits.....	27
Ensure compliance with legal, CMS and The Joint Commission requirements	28
Reduce risk of litigation, complaints, and negative publicity	29
CALL TO ACTION.....	30
REFERENCES.....	32

SUMMARY

The Human Rights Campaign (HRC), along with its charity branch, the Human Rights Campaign Foundation, is an LGBTQ+ advocacy organization that takes extreme positions on pediatric sex trait modifications, advocating full force for so-called “gender-affirming care” for minors. It has successfully infiltrated pediatric hospitals through its Healthcare Equality Index (HEI), a scorecard for measuring hospitals’ compliance with various tenets of gender ideology. Forty-one children’s hospitals, in addition to several pediatric facilities embedded in larger health systems, have voluntarily sought the HRC’s approval through participation in the 2024 HEI, fulfilling criteria that entrenched gender ideology throughout their institutions. Hospitals that care for children should neither promote a political ideology nor take cues from the HRC on the care of children with gender dysphoria. Given the increased public awareness of the dangers of pediatric gender transition, directing the public’s attention to the HEI should pressure children’s hospitals, at a minimum, to disassociate from the HRC and reverse the policies and initiatives they implemented to achieve their HEI score. It’s time for hospitals to sever ties with the HRC and the harmful ideology it evangelizes.

Editor’s note: Hospital policies and practices regarding pediatric gender medicine are constantly changing and evolving. The information contained in this report is current as of August 6, 2025.

“GENDER-AFFIRMING CARE” IN PEDIATRIC HOSPITALS

Do No Harm’s *Stop the Harm Database* demonstrates the pervasiveness of sex trait modifying medications and procedures, including puberty blockers, cross-sex hormones, and surgeries, in pediatric hospitals. Over the past few years, these interventions have permanently altered the bodies of thousands of minors.¹ Esteemed children’s hospitals are disrupting normal biological development and performing life-altering surgeries on healthy children while labeling such interventions “gender-affirming care.” *Stop the Harm* defines “gender-affirming care” in the following way:

A misleading term for so-called medical care that encourages children with gender confusion to socially, medically and surgically impersonate or “transition” to the opposite sex. It is based on the dangerous premise that any child with distress should automatically be treated with social transition to the sex of their choice, followed by hormonal interventions and then surgery to remove healthy body parts. Unfortunately, underlying mental health problems are usually not addressed.²

The proponents of gender ideology who push sex trait modification claim that this approach to medicine is research-backed, but in recent years evidence reviews conducted in Finland, Sweden, and the United Kingdom prove otherwise.^{3,4,5} Moreover, Do No Harm’s review of several of the key studies gender ideology activists use to justify this approach to healthcare, *Major Pediatric Gender Studies, Major Flaws*, found significant problems in these studies. Such flaws include small sample sizes, selection bias, significant attrition of enrollees, uncontrolled confounding variables, lack of a comparison group, and relatively short follow-up periods.⁶ *The Cass Review*, a large report commissioned by the National Health Service in England which reviewed 50 studies on puberty blockers and 53 on cross-sex hormones, likewise found the evidence lacking for such medications.⁷ *Biological Integrity*, a project of the American College of Pediatrics, highlights the dangers of “gender-affirming care” and offers alternative approaches to gender dysphoria, affirming that sex cannot be changed.^{8,9} Most recently, the Department of Health and Human Services (HHS) issued a report which found that “the overall quality of evidence concerning the effects of any intervention on psychological outcomes, quality of life, regret, or long-term health, is very low.”¹⁰

How did healthcare devolve into such a state where so many children’s hospitals have come to embrace these interventions for minors, despite the shoddy research, and why are so many children seeking this care? One reason could lie in the relentless and effective efforts of the Human Rights Campaign as it relates to pediatric gender medicine.

- 1 Stop the Harm Database. (2024). Retrieved March 21, 2025, from Stop the Harm Database: <https://stoptheharmdatabase.com/>
- 2 Glossary. (2024). Retrieved May 13, 2025, from Stop the Harm Database: <https://stoptheharmdatabase.com/method/>
- 3 Palveluvalikoimaneuvosto [COHERE Finland] (2020). An unofficial translation of the guideline is available online: https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation_0.pdf.
- 4 Ludvigsson JF, et al. A systematic review of hormone treatment for children with gender dysphoria and recommendations for research. *Acta Paediatrica*. 2023;112:2279-2292.
- 5 Cass H. Independent Review of Gender Identity Services for Children and Young People: Final Report. April 2024. Accessed May 29, 2025. https://cass.independent-review.uk/wp-content/uploads/2024/04/CassReview_Final.pdf
- 6 Do No Harm. (2024, September 23). *Major Pediatric Gender Studies, Major Flaws*. Retrieved March 12, 2025, from Do No Harm: <https://donoharmmedicine.org/research/2024/major-pediatric-gender-studies-major-flaws>
- 7 Do No Harm. (2024, April 11). *The Cass Report Is Out—An Early Analysis of Findings and Recommendations*. Retrieved March 22, 2025, from Do No Harm: <https://donoharmmedicine.org/2024/04/11/cass-report-slams-gender-affirming-care-model/>
- 8 *Biological Integrity*. (n.d.). Retrieved March 22, 2025, from <https://biologicalintegrity.org/>
- 9 *Biological Integrity*. (n.d.). Retrieved June 19, 2025, from <https://biologicalintegrity.org/general-faqs/>
- 10 Department of Health and Human Services. (2025, May 1). Treatment for pediatric gender dysphoria: review of evidence and best practices. Retrieved May 9, 2025, from <https://opa.hhs.gov/sites/default/files/2025-05/gender-dysphoria-report.pdf>

THE HRC: A CHAMPION OF PEDIATRIC GENDER TRANSITION

It would be hard to find organizations as committed to promoting and normalizing pediatric sex trait modifications as the HRC and the HRC Foundation. They leave no stone unturned as they seek to transform hearts and minds through both education and propaganda, while actively working to change policies across law, business, medicine, and health insurance – all to promote so-called “gender-affirming care” for minors.

HISTORY OF THE HRC

The Human Rights Campaign started in 1980 as the Human Rights Campaign Fund, raising money for candidates for federal elective office that would promote gay and lesbian civil rights.¹¹ In 1985, the organization dropped “Fund” from its name and merged with the Gay Rights National Lobby. Headquartered in Washington, D.C., the HRC (a 501(c)4 organization), along with its charity branch, the Human Rights Campaign Foundation (a 501(c)3 organization), has expanded its mission and reach, recently including pediatric medical transition.¹² The HRC generates significant revenue to accomplish its goals, having brought in \$45.9 million in 2024, while the HRC Foundation took in \$21.4 million, though both were slight dips from the previous year.^{13,14}

THE HRC’S MANUALS ON PEDIATRIC GENDER TRANSITION

The HRC has developed extreme positions on pediatric gender transition and has asserted itself as an expert on children and gender despite a dearth of clinical or medical expertise in leadership. In 2016, the HRC Foundation produced the booklet *Supporting and Caring for Transgender Children*, a guide for caregivers and professionals working with kids ages five to 10.¹⁵ This booklet, now titled *Supporting Transgender, Non-binary, and Gender-Expansive Children*, was updated in 2024 and “focuses on providing resources, information, and calls to action that both reflect the current moment, and are grounded in the most recent data available.”¹⁶

The guide asserts that some children are transgender, gender-expansive, gender-fluid, genderqueer, or non-binary. According to the HRC, these identities can be understood at a very young age – “sometimes in preverbal stages, and [young children’s] well-being depends on their ability to express their gender freely.”¹⁷ Furthermore, the HRC claims that the mental distress these children may experience is unrelated to their “transgender or gender-expansive traits,” but rather is due to the “lack of support and safety that

11 Cornell University Library. (2006). *25 Years of Political Influence: The Records of the Human Rights Campaign*. Retrieved March 12, 2025, from Cornell University Library Division of Rare and Manuscript Collections: <https://rmc.library.cornell.edu/HRC/exhibition/changingroles/>

12 Influence Watch. (2025). *Human Rights Campaign Foundation*. Retrieved March 12, 2025, from Influence Watch: <https://www.influencewatch.org/non-profit/human-rights-campaign/>

13 Pro Publica Inc. (2025). *Nonprofit Explorer: Human Rights Campaign Foundation*. Retrieved March 12, 2025, from Pro Publica: <https://projects.propublica.org/nonprofits/organizations/521243457>

14 Pro Publica Inc. (2025). *Nonprofit Explorer: Human Rights Campaign Inc.* Retrieved March 12, 2025, from Pro Publica: <https://projects.propublica.org/nonprofits/organizations/521481896>

15 Human Rights Campaign Foundation, American College of Osteopathic Pediatricians, American Academy of Pediatrics. *Supporting and Caring for Transgender Children*. Retrieved August 6, 2025, from <https://assets2.hrc.org/files/documents/SupportingCaringforTransChildren.pdf>

16 Human Rights Campaign Foundation. (n.d.). *Supporting Transgender, Non-binary, and Gender-Expansive Children*. Retrieved March 12, 2025, from Human Rights Campaign Foundation: <https://www.hrc.org/resources/supporting-trans-non-binary-gender-expansive-children>

17 Human Rights Campaign Foundation. (2024). *Supporting Transgender, Non-binary, and Gender-Expansive Children*. Washington. Retrieved March 12, 2025, from <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/documents/Supporting-Caring-for-Trans-Children-UPDTE-100424.pdf>

causes mental health distress.”¹⁸ Such claims ignore findings observed in Finland which “found that 75% of patients presenting to [pediatric gender medicine] clinics in the mid-2010s had severe mental health problems that appeared to have predated the emergence of [gender dysphoria].”¹⁹

Unfortunately, the guide presents any effort to redirect children, who show gender-nonconforming traits, as inherently negative – equating it with bullying or shaming – rather than acknowledging that such guidance can be thoughtful, respectful, and developmentally appropriate. The HRC takes to heart the child-led model of pediatric gender medicine. Yet, the reality is that children and adolescents undergo significant cognitive development, particularly in areas of the brain responsible for impulse control, long-term planning, and understanding consequences. As a result, adolescents do not fully weigh irreversible outcomes, especially those resulting from sex trait modifications. Rather, they are quite susceptible to emotional and social influences. In their review article, *Development of the Emotional Brain*, Casey, et al. found that “teens showed diminished cognitive control relative to adults under both negative and positive emotional states.”²⁰

Quite naturally, loving parents would never follow their child’s lead in food choices, bedtime, and screen time. However, when it comes to children desiring medical transition, the HRC counters parents’ natural inclinations as well as the cognitive science. According to the HRC, “Unlike delayed transition approaches, which prohibit certain forms of gender expression until a child is older, gender-affirmative approaches follow the child’s lead.”²¹ If the child is not ready to socially transition, “pubertal suppression may be recommended to avoid the permanent changes that puberty brings and to enable them to take the time they need to explore their gender.”²² Yet, puberty blockers, which may begin as early as age eight or nine years old, progress to cross-sex hormones in “[n]early all minors who start puberty blockers.”²³



18 Human Rights Campaign Foundation. (2024). *Supporting Transgender, Non-binary, and Gender-Expansive Children*. Washington. Retrieved March 12, 2025, from <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/documents/Supporting-Caring-for-Trans-Children-UPDTE-100424.pdf>

19 Department of Health and Human Services. (2025, May 1). Treatment for pediatric gender dysphoria: review of evidence and best practices. Retrieved August 6, 2025, from <https://opa.hhs.gov/sites/default/files/2025-05/gender-dysphoria-report.pdf>

20 Casey, B.J. (2017). Development of the emotional brain. *Academia*. <https://doi.org/10.1016/J.NEULET.2017.11.055>

21 Human Rights Campaign Foundation. (2024). *Supporting Transgender, Non-binary, and Gender-Expansive Children*. Washington. Retrieved March 12, 2025, from <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/documents/Supporting-Caring-for-Trans-Children-UPDTE-100424.pdf>

22 Human Rights Campaign Foundation. (2024). *Supporting Transgender, Non-binary, and Gender-Expansive Children*. Washington. Retrieved March 12, 2025, from <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/documents/Supporting-Caring-for-Trans-Children-UPDTE-100424.pdf>

23 USA vs. Skrmetti. #u.s. Page 9 (2024). https://www.justice.gov/d9/2024-06/23-477_l.w._v._skrmetti_-_final.pdf

Despite these realities, the HRC claims that pubertal suppression through medication is “fully reversible” and can “drastically improve these children’s lives.”²⁴ These claims are simply untrue. Even the American Academy of Pediatrics, a proponent of the “affirming” model of care, notes in a footnote from its 2018 policy statement (which was reaffirmed as recently as August 2023) that the “effect of sustained puberty suppression on fertility is unknown. Pubertal suppression can be, and often is indicated to be, followed by cross-sex hormone treatment. However, when cross-sex hormones are initiated without endogenous hormones, then fertility may be decreased.”²⁵

In their work informing the World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (SOC-8), Dr. Kellan Baker and colleagues determined that the strength of the evidence supporting improved quality of life (QOL) from “gender-affirming” hormone therapy was low due to methodological constraints. Among adolescents, in particular, a “mixed-gender prospective cohort (n = 50) showed no difference in QOL scores after a year of endocrine interventions[...].” Additionally, Baker et. al. concluded that the available data were insufficient to assess the impact of hormone therapy on suicide mortality.²⁶ Similarly, a review from McDeavitt et. al. also concluded that “the existing research data is woefully insufficient to inform on the question of whether [puberty blockers/gender-affirming hormones] mitigate distress and lead to favorable mental health outcomes (including with respect to gender dysphoria or suicidality/suicide risk).”²⁷ Yet, these interventions carry “significant and inevitable risks.”²⁸

Nonetheless, the HRC has pushed this harmful and destructive gender ideology in multiple ways, one being through the publication of the guide, *Comprehensive Care Clinics for Transgender and Non-Binary Youth: Considerations and Best Practices* in 2020.²⁹ These comprehensive clinics coordinate the “care” of youth who identify as non-binary or transgender bringing the endocrinologist, mental health provider, social worker, case manager, nurse navigator, and other providers together in a seamless fashion. The asserted need for these clinics arises from the “increase in young people recognizing that their sex assigned at birth does not match the gender they know themselves to be.”³⁰ The reality, however, is quite different. Contact with “gender specialists” is associated with social transition and approximately twice the rate of use for cross-sex hormones.³¹ Unfortunately, supply creates its own demand.

24 Human Rights Campaign Foundation. (2024). *Supporting Transgender, Non-binary, and Gender-Expansive Children*. Washington. Retrieved March 12, 2025, from <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/documents/Supporting-Caring-for-Trans-Children-UPDTE-100424.pdf>

25 Rafferty, J. et. al. (2018). Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*, vol 142(4). <https://doi.org/10.1542/peds.2018-2162>

26 Baker KE, Wilson LM, Sharma R, Dukhanin V, McArthur K, Robinson KA. Hormone Therapy, Mental Health, and Quality of Life Among Transgender People: A Systematic Review. *J Endocr Soc*. 2021;5(4). doi: 10.1210/jeandro/bvab011.

27 McDeavitt, K., Cohn, J. & Kulatunga-Moruzi, C. Pediatric gender affirming care is not evidence-based. *Current Sexual Health Reports* 17/12 (2025), 1–23. <https://doi.org/10.1007/s11930-025-00404-w>.

28 Society for Evidence Based Gender Medicine (2015, May 30). Notable publications in gender medicine, April-May 2025. <https://segm.org/SEGM-Digest-Issue1-2025#Evidence>

29 Human Rights Campaign. (2020). *Comprehensive Care Clinics for Transgender and Non-Binary Youth: Considerations and Best Practices*. Human Rights Campaign. Retrieved March 12, 2025, from https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/assets/resources/Comprehensive_Care_Clinics_Transgender_Youth.pdf

30 Human Rights Campaign. (2020). *Comprehensive Care Clinics for Transgender and Non-Binary Youth: Considerations and Best Practices*. Human Rights Campaign. Retrieved March 12, 2025, from https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/assets/resources/Comprehensive_Care_Clinics_Transgender_Youth.pdf

31 Diaz, S. & Bailey, J. M. (2023). Rapid-onset gender dysphoria: Parent reports on 1,655 possible cases. *Journal of Open Inquiry in the Behavioral Sciences*. <https://doi.org/10.58408/issn.2992-9253.2023.01.01.00000012>

The guide stipulates that clinics should make every effort to create an “inclusive and welcoming environment” so that children avoid encountering anything that does not affirm their current self-professed gender identity. Clinics should “display LGBTQ-affirming symbols such as the rainbow flag or transgender symbols.”³² Children who enter these clinics will both directly and indirectly be encouraged to pursue medical interventions as they encounter an activist agenda over true care like psychotherapy, which should explore the underlying etiology of a child’s gender dysphoria.

THE HRC PUSHES GENDER IDEOLOGY ON YOUNG CHILDREN AT SCHOOLS

While the Human Rights Campaign rightly recognizes that the rate of youth identifying as “transgender” has increased in recent years, it attributes this growth to a “more accepting society.”³³ It overlooks the possibility of other factors, such as social contagion and the increased prevalence of co-occurring mental illness in youth. It also ignores the reality that this “more accepting society” has not seen an increase in the number of self-identified transgender adults over age 35.³⁴

Unfortunately, initiatives like the HRC Foundation’s “Welcoming Schools” program are largely responsible for the increase in the diagnosis of gender dysphoria. In 2023-2024, “The Welcoming Schools program provided 180 training sessions to 13,000 educators and school leaders who reach approximately 750,000 students each day.”³⁵ Through the Trojan Horse of bullying prevention and by tapping into young children’s desire to please adults and empathize with their peers, the HRC introduces impressionable minds to confusing concepts of sexuality and gender.³⁶

One example of a lesson plan intended for grades 3-8 is “Gender Snowperson: Understanding Gender Identity.” The lesson’s stated objectives are:

- To explore the concepts of gender identity and gender expression with students.
- To help students understand the differences between gender identity, sexual orientation and sex assigned at birth.
- To help students understand that there are many ways to be a girl, boy, both, or neither. To help students understand that gender, gender identity, sexual orientation and sex assigned at birth are not binaries, but spectrums.³⁷

32 Human Rights Campaign. (2020). *Comprehensive Care Clinics for Transgender and Non-Binary Youth: Considerations and Best Practices*. Human Rights Campaign. Retrieved March 12, 2025, from https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/assets/resources/Comprehensive_Care_Clinics_Transgender_Youth.pdf

33 Human Rights Campaign Foundation. (2024). *Supporting Transgender, Non-binary, and Gender-Expansive Children*. Washington. Retrieved March 12, 2025, from <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/documents/Supporting-Caring-for-Trans-Children-UPDTE-100424.pdf>

34 Twenge, J.M., Wells, B.E., Le, J. et al. Increases in Self-identifying as Transgender Among US Adults, 2014–2022. *Sex Res Soc Policy* 22, 755–773 (2025). <https://doi.org/10.1007/s13178-024-01001-7>

35 Todd, J. (2024, May 14). “Welcoming Schools,” HRC Foundation’s Award-Winning Anti-Bullying Program Reaches Record 750,000 Students, Supporting Communities Amid Wave of Anti-LGBTQ+ Book Bans, Classroom Censorship. Retrieved March 12, 2025, from Human Rights Campaign Press Releases: <https://www.hrc.org/press-releases/welcoming-schools-hrcs-award-winning-anti-bullying-program-reaches-record-750-000-students-supporting-communities-amid-wave-of-anti-lgbtq-book-bans-classroom-censorship>

36 *Creating Safe and Welcoming Schools*. (n.d.). Retrieved March 12, 2025, from Welcoming Schools: <https://welcomingschools.org/>

37 Human Rights Campaign Welcoming Schools. (2020). *Gender Snowperson: Understanding Gender Identity*. Retrieved March 12, 2025, from Human Rights Campaign Welcoming Schools: <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/welcoming-schools/documents/WS-Lesson-Gender-Snowperson.pdf?mtime=20210509204029&focal=none>

The instructor draws a “snowperson” (not a “snowman” because no one should assume a person’s gender), stating that the bottom circle represents a person’s “sex assigned at birth,” the middle circle represents “who you love or are attracted to (sexual orientation),” and the top circle with a thought bubble that states “who you are/how you feel as a person,” “which represents your gender identity.” The instructor writes “Gender Expression” under the snowperson and draws gender-expansive clothing, hair, and facial hair choices. The children then fill out their own snowperson.³⁸

There are also lesson plans for grades K-2. In “Calvin: Time to Be Me!” a young girl “knows who he is in his heart and in his mind.” When she finally decides to announce to her family and school that she is a boy, her family and classmates rally behind her and support her. In addition to learning “new vocabulary words related to gender,” the students learn how to become “allies” to a trans-identified child.³⁹ The Welcoming Schools initiative is also full of booklist recommendations, training modules for instructors, and several checklists, such as the “Gender Support Plan” and “Gender Inclusive Schools.”⁴⁰

This initiation into gender ideology should have no place in schools. These topics neither align with the developmental stages of young students nor are they relevant to core educational topics. Additionally, parents should have primary authority over when and how their children learn about sensitive topics like sexuality. The bias in the HRC’s curriculum is evident and pushes an ideology over inquiry. More so, it takes focus away from topics like reading and math at a time when schools are still recovering from the COVID pandemic and associated learning losses. Kindergarteners need to learn the alphabet, not the gender lexicon.



38 Human Rights Campaign Welcoming Schools. (2020). *Gender Snowperson: Understanding Gender Identity*. Retrieved March 12, 2025, from Human Rights Campaign Welcoming Schools: <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/welcoming-schools/documents/WS-Lesson-Gender-Snowperson.pdf?mtime=20210509204029&focal=none>

39 Human Rights Campaign Foundation Welcoming Schools. (2021). *Calvin: Time to Be Me!* Retrieved March 12, 2025, from Human Rights Campaign Foundation Welcoming Schools: <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/welcoming-schools/documents/WS-Lesson-Calvin-Time-to-Be-Me.pdf>

40 Human Rights Campaign Foundation Welcoming Schools. (2025). *Welcoming Schools Checklists and Support Plans*. Retrieved March 12, 2025, from Welcoming Schools: <https://welcomingschools.org/resources/checklists-support-plans>

THE HRC RECRUITS LARGE COMPANIES TO OPPOSE LEGISLATION THAT CURTAILS PEDIATRIC MEDICAL TRANSITION

The HRC not only creates ideological guides prescribing pediatric transgender care and lesson plans for schools, but it also wrangles public support from hundreds of large corporations to oppose legislation curtailing pediatric sex trait modifications. It effectively moves big business out of its lane and into the world of youth gender ideology. For example, the HRC's 2022 State Equality Index effectively asks corporate America to oppose state bills that allegedly "[target] support systems for transgender and non-binary youth," claiming that these legislative actions eliminate access to "age-appropriate, medically necessary health care."⁴¹

This language of "medically necessary care" echoes that found in WPATH's SOC-8 where it is recommended that "health care systems should provide medically necessary gender-affirming health care for transgender and gender diverse people"⁴² – including minors. A plea for the use of "medical necessity" language was made by Dr. Dan Karasic, chair of the WPATH SOC-8 Mental Health chapter, who wrote the following in an email uncovered in the *Boe v. Marshall* case:

The concept of medical necessity is so critical for provision of healthcare to trans people in the US... state laws require medically necessary care to be provided... There are important lawsuits happening right now in the US, one or more of which could go to the Supreme Court, on whether trans care is medically necessary vs experimental or cosmetic. I cannot overstate the importance of SOC 8 getting this right at this important time.⁴³

Yet, pediatric medical transition is not "medically necessary" care by any reasonable estimation of the phrase. Standing on weak evidence, so-called "gender-affirming care" for minors does not meet **HealthCare.gov's** definition of medically necessary services, defined as "health care services or supplies that are needed to diagnose or treat an illness, injury, condition, disease, or its symptoms – and that meet accepted standards of medicine."⁴⁴ The language of "medical necessity" as used by WPATH was deliberately dishonest given the experimental nature of these interventions and the lack of evidence, as highlighted by systematic reviews from across Europe. Unfortunately, in American gender medicine, whether a medical intervention on a minor is deemed "medically necessary" or not seems largely based on the child's wishes and the political ideology underpinning the field. True "medical necessity" is far removed from clinical reality. Take the claim that pediatric medical transition is "lifesaving." The Cass Review makes matters clear: Cross-sex hormones do not reduce the elevated risk of death by suicide in youth.⁴⁵

41 Human Rights Campaign Foundation. (n.d.). *Report: 2022 State Equality Index*. Retrieved March 12, 2025, from Human Rights Campaign Foundation: <https://reports.hrc.org/2022-state-equality-index>

42 Coleman, E. et. al (2022) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, International Journal of Transgender Health, 23:sup1, S1-S259, DOI: 10.1080/26895269.2022.2100644

43 *Boe v. Marshall*, No. 2:22-cv-00184: 700-10 (2024, p. 44): <https://www.courtlistener.com/docket/63252064/700/10/boe-v-marshall/>

44 **Medicare.org**. (2025, March 5). What does 'medically necessary' mean? <https://www.medicare.org/articles/what-does-medically-necessary-mean/>

45 Cass, H. (2024). Independent review of gender identity services for children and young people: Final report. <https://cass.independent-review.uk/home/publications/final-report/>

Businesses are regrettably ignorant of this evidence, favoring what is perceived as politically correct rather than clinically appropriate. As such, in 2023, the HRC recruited 337 businesses to sign the “Business Statement on Anti-LGBTQ State Legislation,” with great focus on trans-identified youth. This includes corporate giants like Amazon, Apple, and Google, to name a few. Effectively, these businesses called on public leaders to oppose bills that would protect minors from sex trait modifications.⁴⁶

THE HRC’S CORPORATE EQUALITY INDEX PUSHES INSURANCE COMPANIES TO COVER PEDIATRIC MEDICAL TRANSITION

Another way the HRC has effectively pushed pediatric sex trait modifying interventions is through the Corporate Equality Index (CEI), the “national benchmarking tool on corporate policies, practices, and benefits pertinent to lesbian, gay, bisexual, transgender, and queer employees.”⁴⁷ On this issue of pediatric medical transition, the CEI requires companies to provide “Transgender Inclusive Health Care Coverage,” which, according to the CEI guidebook, *Gender Diversity in the Workplace: A Transgender and Non-binary Toolkit for Employers*, include insurance coverage for puberty blockers for youth.⁴⁸ This mandate comes despite the absence of “long-term, high-certainty evidence” on outcomes such as “suicides, fractures, fertility, growth, and neurocognitive development.”⁴⁹

The guide also urges employers to go above the CEI requirements and provide “Enhanced Coverage for the CEI Best-In-Class Employer.” This “full and comprehensive care” is detailed in the WPATH SOC-8,⁵⁰ which has come under significant scrutiny and criticism due to its ideological motivations and lack of scientific rigor.⁵¹ Nevertheless, the toolkit recommends that “diagnosis and treatment [conform] to the current WPATH SOC” without any “additional restrictions.”⁵² Ultimately, adoption of SOC-8 amounts to full endorsement of puberty suppression, “gender-affirming hormone therapy,” and surgery for “transgender” adolescents within the context of falsely alleged medical necessity.⁵³

With 1,449 companies, employing over 22 million Americans, voluntarily participating in the CEI 2025, insurance coverage for pediatric medical transition is widespread.⁵⁴

46 Human Rights Campaign. (2024). *Business Statement on Anti-LGBTQ State Legislation*. Retrieved March 12, 2025, from <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/2023-National-Biz-Statement-on-Anti-LGBTQ-State-Legislation.pdf>

47 Human Rights Campaign Foundation. (2025). *Corporate Equality Index Resource Guide*. Retrieved March 12, 2025, from Human Rights Campaign Foundation: <https://www.thehrcfoundation.org/professional-resources/corporate-equality-index-resource-center>

48 Human Rights Campaign Foundation. (2023). *Gender Diversity in the Workplace: A Transgender and Non-binary Toolkit for Employers*. Washington: Human Rights Campaign Foundation. Retrieved March 12, 2025, from <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/assets/resources/2023-Workplace-Equality-Transgender-Toolkit-PDF-For-Employers.pdf>

49 Department of Health and Human Services. (2025, May 1). *Treatment for pediatric gender dysphoria: review of evidence and best practices*. Retrieved August 6, 2025, from <https://opa.hhs.gov/sites/default/files/2025-05/gender-dysphoria-report.pdf>

50 Human Rights Campaign Foundation. (2023). *Gender Diversity in the Workplace: A Transgender and Non-binary Toolkit for Employers*. Washington: Human Rights Campaign Foundation. Retrieved March 12, 2025, from <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/assets/resources/2023-Workplace-Equality-Transgender-Toolkit-PDF-For-Employers.pdf>

51 Confessore, N. (2025, June 19). How the transgender rights movement bet on the supreme court and lost. *The New York Times*. Retrieved July 15, 2025 from <https://www.nytimes.com/2025/06/19/magazine/scotus-transgender-care-tennessee-skrmetti.html>

52 Human Rights Campaign Foundation. (2023). *Gender Diversity in the Workplace: A Transgender and Non-binary Toolkit for Employers*. Washington: Human Rights Campaign Foundation. Retrieved March 12, 2025, from <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/assets/resources/2023-Workplace-Equality-Transgender-Toolkit-PDF-For-Employers.pdf>

53 Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L., Deutsch, M., . . . Arcelus, J. (2022, Sep 15). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*, S1-S259. Retrieved March 12, 2025, from <https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>

54 Human Rights Campaign Foundation. (2025). *Corporate Equality Index Resource Guide*. Retrieved March 12, 2025, from Human Rights Campaign Foundation: <https://www.thehrcfoundation.org/professional-resources/corporate-equality-index-resource-center> and <https://reports.hrc.org/corporate-equality-index-2025#scoring-criteria>

HEALTHCARE EQUALITY INDEX

In addition to writing the manual on pediatric sex trait modifications, enticing school children to consider where they fit on the gender spectrum, standing against legislation that restrains the medical transition of minors, and fighting for insurance companies to cover sex trait modifying medications and procedures for children, the HRC has also established a framework to ensure that healthcare providers are on board. This is where the Healthcare Equality Index (HEI) comes in. The HEI itself measures hospitals' adherence to the tenets of gender ideology, by evaluating healthcare facilities' policies and practices within five major categories.

HEI: THE BASICS AND THE NUMBERS

The Human Rights Campaign Foundation administered the first HEI to 88 active participants in 2008. Employing the ratchet effect, the HRC "steadily strengthened the HEI criteria," each year, making 2024 the "most rigorous year yet." Participants primarily include "inpatient facilities that provide general medical and surgical care," though "specialty hospitals and certain outpatient healthcare facilities may request to participate" if they have "at least 100 employees." A record 1,065 facilities joined in on the HEI 2024, with 384 earning the top award, "LGBTQ+ Healthcare Equality Leader," and 462 securing the runner-up "LGBTQ+ Healthcare Equality High Performer" award.⁵⁵

In its Healthcare Equality Index 2024 report executive summary, the HRC pointed to the increase of "anti-LGBTQ+ bills" as a reason the HEI is critically needed. Bills that affect trans-identified youth were particularly salient:

By preventing doctors from providing [gender-affirming] care, these bans prevent transgender youth from accessing medically necessary, safe health care backed by decades of research and supported by every major medical association representing over 1.3 million US doctors.⁵⁶

Yet, the HRC's claim obscures another key fact: Despite what the American Medical Association and other specialty medical societies may say in the United States, the agreement of 1.3 million doctors is anything but true. First off, as of April 2025 there were only 1.1 million active allopathic and osteopathic physicians in the United States.⁵⁷ Secondly, Jo Taylor, et al., in their paper, *Clinical Guidelines for Children and Adolescents Experiencing Gender Dysphoria or Incongruence: A Systematic Review of Guideline Quality (Part 1)*, highlight just one example of the close links between various guidelines, noting "WPATH adopting Endocrine Society recommendations in its own guidelines and acting as a cosponsor for and providing input on drafts of the Endocrine Society guideline."⁵⁸ Third, it's unclear to what extent the views of medical societies represent the rank and file membership of those organizations.

55 Human Rights Campaign Foundation. (2024, May). Report: Healthcare Equality Index 2024. Retrieved March 12, 2025, from Human Rights Campaign: <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/HEI-2024-Executive-Summary.pdf>

56 Human Rights Campaign Foundation. (2024, May). Report: Healthcare Equality Index 2024. Retrieved March 12, 2025, from Human Rights Campaign: <https://reports.hrc.org/hei-2024>

57 KFF. (2025). Professionally active physicians. <https://www.kff.org/other/state-indicator/total-active-physicians/?currentTimeframe=0&selectedRows=%7B%22wrapups%22:%7B%22united-states%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Primary%20Care%20Physicians%22,%22sort%22:%22asc%22%7D>

58 Taylor J, et al. (2024) Clinical guidelines for children and adolescents experiencing gender dysphoria or incongruence: a systematic review of guidelines quality (part 1). Open Access, 109:s65–s72. doi:10.1136/archdischild-2023-326499



Widespread deference to WPATH is problematic in part because it creates a mirage of consensus. This illusion of unanimity has discouraged critical evaluation within the halls of organized medicine and has gone far to suppress dissenting voices within the medical and scientific communities. Worryingly, this tactic has been quite effective in advancing youth-focused gender ideology.

In 2024 the HRC's HEI enlisted the voluntary participation of 41 pediatric hospitals. Participants in the Healthcare Equality Index earn points in several criteria with the goal of receiving the top score of 100. The five HEI criteria include "Non-Discrimination and Staff Training," "Patient Services and Support," "Employee Benefits and Policies," "Patient and Community Engagement," and "Responsible Citizenship."⁵⁹ This report will review some of the most concerning requirements in the HEI 2024 as they relate to pediatric medical transition.

⁵⁹ Human Rights Campaign Foundation. (2024, May). *Report: Healthcare Equality Index 2024*. Retrieved March 12, 2025, from Human Rights Campaign: <https://reports.hrc.org/he-2024>

CRITERIA 1 – NON-DISCRIMINATION AND STAFF TRAINING

REQUIREMENTS

By participating in the HRC's HEI, hospitals invite this activist organization into their institutions to indoctrinate their administrators and staff. In the first year of HEI participation key senior executives must complete the *LGBTQ+ Patient-Centered Care: An Executive Briefing Training* provided by the HEI.⁶⁰ Specifically, “at least one senior manager (Director, Vice President or Chief level)” in organizational leadership as well as the senior managers in nursing, patient relations/services, admitting/registration, and human resources receive such formalized training.⁶¹ This indicates that the top leadership – those who set the institutional trajectory and policies in all HEI participating healthcare facilities, including the 41 participating pediatric hospitals – at least tacitly accept the gender ideology espoused by the HRC.

For facilities moving beyond the initial phase of participation in the HEI, the next training requirement involves staff. As per the HRC, “facilit[ies] must promote the training options available through the HEI” from “BOTH the National LGBTQIA+ Health Education Center and The CAL” to staff throughout their facility and “provide specific information about how to access these trainings” as part of the promotion.⁶² The CAL, while no longer promoted on the HRC Foundation website, is The Center for Affiliated Learning, “a cutting-edge, web-based destination for education and training” operated by Affiliates Risk Management Services.⁶³ Additionally, the HRC must pre-approve trainings created by the participating facilities.⁶⁴

To aid facilities in creating their own HRC-approved trainings, the HEI Resource Guide⁶⁵ points to another guide: *Best Practices in Creating and Delivering LGBTQ Cultural Competency Training*, produced by the National LGBT Cancer Network.^{66,67,68} This guide is steeped in critical social justice, advocating a lifelong process of learning, including “self-examination and refinement of one’s own awareness, knowledge, behavior and attitudes on the interplay of power, privilege and social contexts.” Participants are invited to challenge their own unique set of biases and privileges.⁶⁹ In other words, healthcare providers who have concerns about the latest approaches to pediatric medical transition may be blinded by power, privilege and social contexts. As with typical Diversity, Equity and Inclusion (DEI) initiatives, this stifles legitimate discussion about how to best care for minors with gender dysphoria.

60 Human Rights Campaign Foundation. (n.d.). *Healthcare Equality Index Resource Guide: Staff Training*. Retrieved March 12, 2025, from Human Rights Campaign Foundation: <https://www.thehrcfoundation.org/professional-resources/staff-training>

61 Human Rights Campaign Foundation. (n.d.). *Healthcare Equality Index Resource Guide: Staff Training*. Retrieved March 12, 2025, from Human Rights Campaign Foundation: <https://www.thehrcfoundation.org/professional-resources/staff-training>

62 Hanneman, T. (n.d.). *Meeting the HEI 2024 Training Requirements On-Going Training Requirement*. Human Rights Campaign Foundation. Retrieved July 29, 2025, from <https://web.archive.org/web/20250729095110/https://hrc-prod-requests.s3-us-west-2.amazonaws.com/Meeting-the-HEI-2024-Training-Requirements-On-Going-Training-Requirement.pdf>

63 Affiliates Risk Management Services, Inc. (n.d.). *Training and Education: The Center for Affiliated Learning*. Retrieved June 27, 2025, from <https://armsnyc.org/training-and-education/>

64 Human Rights Campaign Foundation. (n.d.). *Professional Resources: HEI Training Options*. Retrieved from Human Rights Campaign Foundation: <https://web.archive.org/web/20240430130101/https://www.thehrcfoundation.org/professional-resources/hei-training-options>

65 Human Rights Campaign Foundation. (n.d.). *Healthcare Equality Index Resource Guide*. Retrieved July 29, 2025, from <https://web.archive.org/save/https://www.thehrcfoundation.org/professional-resources/hei-resource-guide>

66 Human Rights Campaign Foundation (n.d.). *Healthcare Equality Index Resource Guide: Internal Staff Trainings*. Retrieved 7/30/2025 from <https://web.archive.org/web/20250426150545/https://www.thehrcfoundation.org/professional-resources/internal-staff-trainings>

67 Margolies, L., Joo, R., & McDavid, J. (n.d.). *Best Practices in Creating and Delivering LGBTQ Cultural Competency Trainings for Health and Social Service Agencies*. National LGBT Cancer Network. Retrieved from https://archive.org/details/best_practices1/page/n1/mode/2u

68 Human Rights Campaign Foundation (n.d.). *Training Resources*. Retrieved July 30, 2025, from <https://www.thehrcfoundation.org/professional-resources/other-approved-training>

69 Margolies, L., Joo, R., & McDavid, J. (n.d.). *Best Practices in Creating and Delivering LGBTQ Cultural Competency Trainings for Health and Social Service Agencies*. National LGBT Cancer Network. Retrieved from https://archive.org/details/best_practices1/page/n1/mode/2u

EDUCATION THROUGH THE NATIONAL LGBTQIA+ HEALTH EDUCATION CENTER

For pre-approved training options, the HEI Resource Guide provides several options, giving special attention to the National LGBTQIA+ Health Education Center's online resources, with titles such as, "Gender-Affirming Pediatric Care Toolkit," "Decolonizing Gender: How Mental Health Providers Can Break Out of the Binary," "Neurodiversity and Gender-Diverse Youth: An Affirming Approach to Care 2020," and "Providing Affirmative Care for Patients with Non-Binary Identities."^{70,71,72}

The National LGBTQIA+ Health Education Center is a program of Fenway Health, a large Federally Qualified Community Health Center based in Boston.⁷³ Fenway Health founded the National LGBTQIA+ Health Education Center in 2011 after receiving a National Cooperative Agreement Grant from the Bureau of Primary Health Care (BPHC). The BPHC is a program of the Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Resources.^{74,75,76}

As part of the care it provides, Fenway Health "offer[s] low-barrier access to gender affirming care through informed consent," including hormones and puberty suppression for youth.^{77,78} As a result of this affirmation-only approach to gender transition, Fenway Health now faces a lawsuit for fast-tracking the medical and surgical transition of a patient without a proper and thorough evaluation.⁷⁹

To meet the staff training criteria, the HEI recommends the National LGBTQIA+ Education Center's recorded webinar "Achieving Health Equity for LGBTQIA+ People (2020)."⁸⁰ The presenter recommends that a standard screening tool in a general pediatric practice should include a question that asks children as young as three years old about their gender identity by saying:

"Some kids feel like a girl, some kids feel like a boy, some kids feel like something else. What do you feel like? There is no right or wrong answer."⁸¹

The presenter continues:

"That is a very appropriate and helpful question to ask all pediatric patients. Of course, you want to make sure that you're asking these questions ideally without the parent or guardian in the room initially so that you get an unfiltered answer."⁸²

70 National LGBTQIA+ Health Education Center. (2025). *Learning Resources*. Retrieved March 14, 2025, from National LGBTQIA+ Health Education Center: <https://www.lgbtqihealtheducation.org/resources/in/lgbtqi-youth/>

71 Human Rights Campaign Foundation (n.d.). *Healthcare Equality Index Resource Guide: Internal Staff Trainings*. Retrieved July 30, 2025 from <https://web.archive.org/web/20250426150545/https://www.thehrcfoundation.org/professional-resources/internal-staff-trainings>

72 Human Rights Campaign Foundation (n.d.). *The National LGBTQIA+ Health Education Center*. Retrieved July 30, 2025 from <https://www.thehrcfoundation.org/professional-resources/the-national-lgbt-health-education-center>

73 Fenway Health. (2025). About Fenway Health. Retrieved March 12, 2025, from Fenway Health: <https://fenwayhealth.org/about/>

74 National LGBTQIA+ Health Education Center. (2025). *Learning Resources*. Retrieved March 14, 2025, from National LGBTQIA+ Health Education Center: <https://www.lgbtqihealtheducation.org/resources/>

75 Health Resources and Services Administration. (n.d.). *HRSA Health Center Program*. Retrieved March 14, 2025, from Health Resources and Services Administration: <https://bphc.hrsa.gov/>

76 National LGBTQIA+ Health Education Center – A Program of the Fenway Institute. (nd). *Mission and Impact*. Retrieved August 6, 2025, from National LGBTQIA+ Health Education Center: <https://www.lgbtqihealtheducation.org/about-us/mission/>

77 Fenway Health. (nd). *Trans health program and gender-affirming care*. Retrieved June 26, 2025 from Fenway Health: <https://fenwayhealth.org/care/medical/transgender-health/>

78 Fenway Health. (2025, March 14). *Trans and Gender Diverse Youth and Adolescents*. Retrieved from Fenway Health: <https://fenwayhealth.org/care/medical/transgender-health/youth/>

79 MNF Law. (n.d.). *Lawsuits: Shape Shifter v. Fenway Health*. Retrieved March 14, 2025, from MNF Law: <https://web.archive.org/web/20250523042251/https://mnf-law.com/lawsuits/>

80 Human Rights Campaign Foundation. (n.d.) *The National LGBTQIA+ Health Education Center*. Retrieved from web archive: <https://web.archive.org/web/20250215072751/https://www.thehrcfoundation.org/professional-resources/the-national-lgbt-health-education-center>

81 Keuroghlian, A. (2020). *Achieving Health Equity for LGBTQIA+ People (2020)*. Retrieved March 12, 2025, from National LGBTQIA+ Health Education Center: <https://www.lgbtqihealtheducation.org/courses/achieving-health-equity-for-lgbtqi-people-2020/lessons/recorded-webinar-achieving-health-equity-for-lgbtqi-people-2020/>

82 Keuroghlian, A. (2020). *Achieving Health Equity for LGBTQIA+ People (2020)*. Retrieved March 12, 2025, from National LGBTQIA+ Health Education Center: <https://www.lgbtqihealtheducation.org/courses/achieving-health-equity-for-lgbtqi-people-2020/lessons/recorded-webinar-achieving-health-equity-for-lgbtqi-people-2020/>

The HRC seems to forget that parents play a crucial role in guiding and supporting their children. Excluding moms and dads from these conversations undermines their parental responsibility. Encouraging transparency and parental involvement ensures that children receive informed, thoughtful guidance rather than navigating complex issues alone.

Another example of a training module available through the National LGBTQIA+ Health Education Center is its “Puberty Blockers and Hormone Therapy for Gender Diverse Youth and Adolescents.” In this webinar, Dr. Jeremi M. Carswell, an endocrinologist at Boston Children’s Hospital’s gender clinic, offers the following:

Children are not necessarily gendered in their faces or their bodies.... So, what if we could take advantage of that and really stop the clock and then be able to kind of give the hormones to induce the changes that are consistent with the gender that a child identifies with, right?⁸³

She then goes on to discuss hormonal medications for nonbinary youth, asking the question if it is possible to use just the right cocktail of hormones to induce a “non-gendered body.” While she does not want her “patients to be the guinea pig,” she nonetheless goes on to speculate:

What will we do with an ideal agent that’s going to promote estrogen in just the right places and block it in the other places so that people don’t have to have breast development? They don’t have to have maybe some of the other things that estrogen does for people. And maybe you can combine it with a little T? I’m not sure. But we are not there yet.⁸⁴

Lost in this discussion are the ethical principles each physician must hold. Doctors are not merely technicians tinkering to formulate the right chemical composition. Autonomy, while important, is not the sole guiding principle in medical decision-making. Physicians must not forget the ethical principles of beneficence and non-maleficence, ensuring that medical recommendations prioritize the patient’s well-being and safeguard against harm. Doctors must move beyond “have it your way” medicine and remember we’re not Burger King. We can neither forget nor forgo our ethical duty to our patients.

The above exemplifies the trainings that HEI hospital administrators either promote to their staff or require their staff to complete at the expense of more salient medical topics. Even if a hospital does not yet medically transition children, the HEI trainings establish the institution’s cultural framework in which gender medicine is discussed, and they communicate to the healthcare providers what the approved and appropriate modalities are for gender-confused children. This paves the way for the development of pediatric gender transition services.

83 Carswell, J. (2021). *Puberty Blockers and Hormone Therapy for Gender Diverse Youth and Adolescents*. Retrieved March 12, 2025, from National LGBTQIA+ Health Education: <https://www.lgbtqiahealtheducation.org/courses/puberty-blockers-and-hormone-therapy-for-gender-diverse-youth-and-adolescents-2021/>

84 Carswell, J. (2021). *Puberty Blockers and Hormone Therapy for Gender Diverse Youth and Adolescents*. Retrieved March 12, 2025, from National LGBTQIA+ Health Education: <https://www.lgbtqiahealtheducation.org/courses/puberty-blockers-and-hormone-therapy-for-gender-diverse-youth-and-adolescents-2021/>

CRITERIA 2 - PATIENT SERVICES AND SUPPORT

Criteria 2 consists of four subsections: “LGBTQ+ Patient Services and Support; Transgender Services and Support; Medical Decision Making; and Patient Identification and Data Collection.” Hospitals can choose which questions they will answer as not all initiatives are required for a perfect score.

The first initiative listed in Criteria 2 states:

- Facility has a written strategy or plan for reducing health disparities specifically among LGBTQ+ patients and/or explicitly incorporates LGBTQ+ patients into a plan for reducing all patient disparities.⁸⁵

Such a plan is impossible to carry out for transgender-identifying teens undergoing sex trait modifications as their bodies will suffer harm in ways that teens who are allowed to mature naturally will not.

The second subsection deals directly with transgender services. The HEI pushes a series of initiatives on all hospitals – including children’s hospitals. For instance, hospitals are to offer transgender-specific clinical services and promote a multidisciplinary gender clinic that is distinct from a general LGBTQ+ clinic. This criterion alone places great pressure on the 41 participating pediatric hospitals to start a transgender program, if they have not done so already. Facilities are also to provide patient navigation/advocacy services specific to trans-identified patients. In terms of bathrooms, either all gender restrooms are available, or individuals are permitted to use the bathroom aligning with their gender identity.⁸⁶

The last subsection within this domain is “Patient Identification and Data Collection.” The first initiative states the following:

- Electronic health record (EHR) system offers explicit options to capture patient’s current gender identity – when it differs from the patient’s sex assigned at birth.⁸⁷

The Healthcare Equality Index 2024 Report noted that 96% of its participants fulfilled this initiative.⁸⁸ In addition to this modification of the EHR, the HEI insists that facilities train their staff – including those who work with children – on a two-question process to collect gender identity information (“i.e. first asking current gender identity and subsequently asking sex assigned at birth”). The EHR should also capture and prominently display a patient’s pronouns and name that may differ from their legal name.⁸⁹

For youth who are not confused about their gender this is quite problematic. They hear from medical professionals – people who they look up to as authority figures – that they can choose their gender regardless of their biological sex. For children who do wrestle with these questions, this policy can solidify their current confusion in medical records, setting them on a difficult and unnecessary trajectory that is very complicated to untangle in the future.

85 Human Rights Campaign Foundation. (n.d.). *HEI 2024 Scoring Criteria*. Retrieved March 12, 2025, from <https://archive.org/details/hei-2024-scoring-criteria-tiers>

86 Human Rights Campaign Foundation. (n.d.). *HEI 2024 Scoring Criteria*. Retrieved March 12, 2025, from <https://archive.org/details/hei-2024-scoring-criteria-tiers>

87 Human Rights Campaign Foundation. (n.d.). *HEI 2024 Scoring Criteria*. Retrieved March 12, 2025, from <https://archive.org/details/hei-2024-scoring-criteria-tiers>

88 Human Rights Campaign Foundation. (2024, May). *Report: Healthcare Equality Index 2024*. Retrieved March 12, 2025, from Human Rights Campaign: <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/HEI-2024-Executive-Summary.pdf>

89 Human Rights Campaign Foundation. (n.d.). *HEI 2024 Scoring Criteria*. Retrieved March 12, 2025, from <https://archive.org/details/hei-2024-scoring-criteria-tiers>

CRITERIA 3 - EMPLOYEE BENEFITS AND POLICIES

Criteria 3 includes “Equal benefits” and “Additional support for LGBTQ+ employees.” This includes “officially recogniz[ing] an LGBTQ+ employee resource group,” which, as in Inova Health System, for example, often helps to implement the HEI initiatives.^{90,91}

The last subsection, “Healthcare benefits impacting transgender employees,” must be completed in full to get all five points. Like the CEI, this must include “puberty blockers for youth.”⁹² Thus, all HEI participants with a score of 100 cover puberty blockers for youth as part of pediatric medical transition – despite the experimental nature of this intervention.

CRITERIA 4 - PATIENT AND COMMUNITY ENGAGEMENT

Under this criterion, the HEI hospitals must engage in outreach to the LGBTQ+ community and in LGBTQ+ promotion.⁹³ The upshot is a constant promotion of transgenderism at pediatric facilities which reaches the hearts and minds of children (and parents) who encounter those messages, particularly when these messages come from the very institutions that claim to be the authorities on children’s health. Instead of just seeing posters that remind kids to wear bike helmets or wash their hands after they sneeze, children are now enticed to join the transgender club and enjoy the social cache attached to it.

CRITERIA 5 - RESPONSIBLE CITIZENSHIP

This last criterion is perhaps the most important. It allows the HRC Foundation to deduct points, either through a “Major Deduction,” (-25 points) or a “Minor Deduction,” (-5 points).

The following is the Major Deduction description:

The deduction of 25 points is for major offenses to the LGBTQ+ that come to the attention of the HRC Foundation. These offenses could include revoking LGBTQ+ inclusive policies and practices or having policies in place and/or engaging in proven practices that are contrary to the organization’s written LGBTQ+ patient or employment policies, among other infractions. This deduction is rarely applied and will only be applied after prior notification and discussion with the facility.⁹⁴

This deduction effectively means that the only way hospitals can reconsider any of their LGBTQ+ related policies, such as asking children their gender identity, is to stop participating in the HEI. Otherwise, they’ll lose 25 points.

90 Human Rights Campaign Foundation. (n.d.). *HEI 2024 Scoring Criteria*. Retrieved March 12, 2025, from <https://archive.org/details/hei-2024-scoring-criteria-tiers>

91 Inova. (2024, June). *Inova DEI Impact Report 2024*. Retrieved March 16, 2025, from Inova: https://www.inova.org/sites/default/files/HR/diversity_and_inclusion/Inova_DEI_Impact_Report_2024.pdf

92 Human Rights Campaign Foundation. (n.d.). *HEI 2024 Scoring Criteria*. Retrieved March 12, 2025, from <https://archive.org/details/hei-2024-scoring-criteria-tiers>

93 Human Rights Campaign Foundation. (n.d.). *HEI 2024 Scoring Criteria*. Retrieved March 12, 2025, from <https://archive.org/details/hei-2024-scoring-criteria-tiers>

94 Human Rights Campaign Foundation. (n.d.). *HEI 2024 Scoring Criteria*. Retrieved March 12, 2025, from <https://archive.org/details/hei-2024-scoring-criteria-tiers>

From its very inception, this penalty effectively tries to silence doctors who are willing to question the science of pediatric gender transition. The HRC Foundation added this deduction in 2017 when Johns Hopkins Hospital, a high-scoring HEI participant since 2012, did not yield to the HRC Foundation's repeated demands to disassociate from Dr. Paul McHugh and Dr. Lawrence Mayer who wrote a report challenging "many of the prevailing views of gender identity among LGBT activists." While Johns Hopkins continued, and even grew, its transgender services and all other HEI policies, the HRC Foundation added the new 25-point penalty to the HEI and applied it to Johns Hopkins.⁹⁵

Another application of this penalty occurred some years later. In late 2021, the GENECIS clinic – jointly operated by Children's Health and UT Southwestern Medical Center and known for providing pediatric medical transition services – closed and with that new prescriptions for puberty blockers and cross-sex hormones were no longer being written. The HRC Foundation claimed injustice, as the hospitals continued to "provide similar treatments for cisgender youth, which amount[ed] to discrimination against transgender youth and a clear violation of their own internal Patient Non-Discrimination Policy."⁹⁶

This argument, however, is quite misleading. "Treatments for cisgender youth" might entail puberty blockers for precocious puberty or hormones for primary hypogonadism. These treatments address specific endocrine disorders unrelated to gender distress. Additionally, they have been further researched in the case of treating endocrine disease, and often come with FDA approval, indicating a measure of safety and efficacy. When used for gender dysphoria these medications are always off-label and supported by very low-quality evidence. They are experimental in nature and used despite safer, non-invasive alternatives like psychotherapy, which has proven effective for many co-occurring behavioral health conditions often associated with gender dysphoria. Nevertheless, after numerous unsuccessful attempts to pressure Children's Health and UT Southwestern Medical Center to restart their transgender youth services, the HRC Foundation imposed the 25-point deduction. Both facilities rightly walked away and did not participate in the myopic HEI in 2024.⁹⁷

Major deductions are not the HRC's only tool. Participants can receive a minor deduction if they "either follow a religious directive or have a policy in place" that does not permit medical procedures to transition patients that they would otherwise perform for other patients (such as a hysterectomy or mastectomy). As evidenced by the example above, this could escalate to a major deduction if no mitigating efforts prevent these alleged "discriminatory situations."⁹⁸ The HEI evidently does not see the difference between the removal of healthy tissue as in the case of gender dysphoria compared to the removal of a cancerous mass. This conflation raises ethical concerns. Elective procedures, as in the case of those surgeries performed to "treat" children with gender dysphoria, should never be placed in the same category as truly life-saving interventions to treat cancer.

95 Influence Watch. (n.d.). Human Rights Campaign Foundation. Retrieved June 26, 2025 from web archive: <https://web.archive.org/web/20250114022441/https://www.influencewatch.org/non-profit/human-rights-campaign-foundation/>

96 Human Rights Campaign Foundation. (n.d.). Why UT Southwestern & Children's Health Received the 25 Point Deduction in the HEI 2022. Retrieved June 20, 2025, from web archive: <https://web.archive.org/web/20250305203319/https://www.hrc.org/resources/ut-southwestern-childrens-health>

97 Human Rights Campaign Foundation. (n.d.). Why UT Southwestern & Children's Health Received the 25 Point Deduction in the HEI 2022. Retrieved June 20, 2025, from web archive: <https://web.archive.org/web/20250305203319/https://www.hrc.org/resources/ut-southwestern-childrens-health>; <https://www.hrc.org/resources/healthcare-facilities/childrens-health> and <https://www.hrc.org/resources/healthcare-facilities/university-of-texas-southwestern-medical-center>, where "Past Participant" indicates a hospital did not submit a survey for the HEI 2024.

98 Human Rights Campaign Foundation. (n.d.). HEI 2024 Scoring Criteria. Retrieved March 12, 2025, from <https://archive.org/details/he-2024-scoring-criteria-tiers>

What then is the meaning of Criteria 5? It's simple. All children's hospitals that participate in the Healthcare Equality Index with a score of 100 communicate publicly and proudly that they will perform all manner of interventions for the purpose of pediatric medical transition, and they will not tolerate dissenting voices. Our children's hospitals clearly need to do better. They have a duty to provide evidence-based care that prioritizes long-term well-being. Medical interventions, especially those that involve irreversible procedures, should be approached with the utmost caution, ensuring that treatments align with rigorous scientific standards and protect the health of young patients. Pediatric hospitals must remain committed to safeguarding children's futures and should carefully evaluate the implications of the care they provide. A perfect score on the HEI is anything but perfect.



THE PEDIATRIC HEI HOSPITALS

Listed below are the 41 pediatric hospitals listed in the 2024 HEI along with their accompanying score.⁹⁹

HEI Participating Pediatric Hospital	2024 HEI Score	HEI Participating Pediatric Hospital	2024 HEI Score
Advocate Children's Hospital - Oak Lawn	95	Intermountain Primary Children's Hospital	85
Advocate Children's Hospital - Park Ridge	95	John R. Oishei Children's Hospital	90
American Family Children's Hospital	100	Lucile Packard Children's Hospital Stanford	100
Ann & Robert H. Lurie Children's Hospital of Chicago	100	MultiCare Mary Bridge Children's Hospital and Health Center	85
Arkansas Children's Hospital	60	Nationwide Children's Hospital	85
Atrium Health Wake Forest Baptist Health - Brenner Children's Hospital	90	Nemours Children's Hospital, Delaware	85
Blank Children's Hospital	100	New York-Presbyterian Morgan Stanley Children's Hospital	100
Boston Children's Hospital*	100	Norton Children's Hospital	80
Children's Hospital Colorado*	70	Norton Women's and Children's Hospital	85
Children's Hospital Los Angeles*	95	NYU Langone Hassenfeld Children's Hospital	100
Children's Hospital of Philadelphia*	100	Randall Children's Hospital at Legacy Emanuel	95
Children's Mercy Hospital Kansas	90	Renown Regional Medical Center	90
Children's Mercy Kansas City	90	Seattle Children's Hospital*	100
Children's Minnesota - Minneapolis Hospital*	100	St. Louis Children's Hospital	85
Children's National Hospital*	100	Steven and Alexandra Cohen Children's Medical Center	100
Children's Hospital and Clinics of Minnesota - St. Paul	100	Stony Brook Children's Hospital	100
Children's Hospital of New Jersey at Newark Beth Israel Medical Center	100	The Bristol-Myers Squibb Children's Hospital at RWJUH	100
Children's Specialized Hospital - New Brunswick	100	UCLA Mattel Children's Hospital	100
Connecticut Children's Medical Center*	85	UPMC Children's Hospital of Pittsburgh*	100
Corewell Health Helen DeVos Children's Hospital	90	Wolfson Children's Hospital	100
Goryeb Children's Hospital	85		

*Hospitals included in the Dirty Dozen from Do No Harm's "Stop the Harm Database."¹⁰⁰

As troubling as this list is, it does not tell the full story.

99 Human Rights Campaign. (2024). *Healthcare Facilities Search*. Retrieved March 12, 2025, from Human Rights Campaign: <https://www.hrc.org/resources/healthcare-facilities>

100 Stop the Harm Database. (2024). Retrieved March 21, 2025, from Stop the Harm Database: <https://stoptheharmdatabase.com/>

LARGE HEALTH SYSTEM HEI PARTICIPANTS BRING GENDER IDEOLOGY TO PEDIATRIC HOSPITALS

As hospitals merge to form large health systems, the HRC Foundation has seized on this trend to pull many more hospitals into the HEI club. For the HEI 2024, it developed “a system survey tool that allowed health systems to submit information for multiple hospitals using one survey.”¹⁰¹ While each hospital involved received its own score, certain criteria, such as employee benefits, electronic health record (EHR) for patient self-identification and data collection, and foundational and communication policies became systemwide requirements. For staff training, each hospital had to fulfill its own specific training requirements, even as the hospital system would promote the same training material throughout all the hospitals.¹⁰²

Thus, in addition to the 41 participating pediatric hospitals listed as HEI participants, pediatric centers affiliated with health systems also engaged with the HEI. Virginia’s top three hospital systems provide a good example. Inova Health System, UVA Health, and VCU Health System integrated so-called “gender-affirming care” into their pediatric hospitals and clinics, complying with HEI criteria and expanding medical transition services for trans-identified youth. They championed gender ideology in all corners of their institutions with their children’s hospitals being no exception. UVA Health continues to offer “transgender youth health services for ages 11 to 25.”¹⁰³ However, Children’s Hospital of Richmond at VCU no longer provides so-called “gender affirming care” to patients under the age of 19.¹⁰⁴ Inova once reported to provide so-called “gender-affirming care” to patients as young as 12 years old through its Inova Pride Clinic.¹⁰⁵ As of this report’s writing, the Inova Pride Clinic no longer lists “gender-affirming care” among its advertised services.¹⁰⁶



101 Human Rights Campaign Foundation. (n.d.). *Healthcare Equality Index Resource Guide*. Retrieved March 16, 2025, from The Human Rights Campaign Foundation: <https://www.thehrcfoundation.org/professional-resources/hej-resource-guide>

102 Hanneman, T. (n.d.). *Introducing the HEI 2024 Systems Tool*. Retrieved March 16, 2025, from Human Rights Campaign Foundation: <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/HEI-2024-System-Survey-Tool-Webinar.pdf>

103 UVA Health Children's. (2025, February 21). Gender health services impacted by executive order. Retrieved July 22, 2025 from UVA Health: <https://childrens.uvahealth.com/services/transgender-youth-health>

104 Children's Hospital of Richmond at VCU. (2025, July 29). Gender affirming care statement. Retrieved July 29, 2025 from <https://www.chrichmond.org/services/transgender/>

105 Portnoy, J. (2022, June 8). Inova opens LGBTQ+ 'pride clinic,' a first for Northern Virginia. The Washington Post. Retrieved August 6, 2025, from <https://www.washingtonpost.com/dc-md-va/2022/06/08/pride-clinic-inova-northern-virginia/>

106 Inova. (n.d.). Inova pride clinic. Retrieved July 22, 2025 from INOVA: <https://www.inova.org/locations/inova-primary-care/pride-clinic>

“RED STATES” ARE NOT IMMUNE TO THE HEI’S IMPACT

While it’s not surprising that hospitals in “blue states” like New York and California engage in the HEI in high numbers (and they do), the HEI has also worked its way into “purple” and “red states.” North Carolina contributed 54 healthcare facilities to the HEI 2024. Additionally, the HRC boasted of six “Healthcare Equality Leaders” in Missouri and 13 in Florida.^{107,108} Indeed, the HEI’s impact is felt nationwide.

Regarding states with restrictions on pediatric medical transition, the HEI adds a “Gender-Affirming Care Alert” to all HEI 2024 participant profiles where such laws exist.¹⁰⁹ While children may be protected from the consequences of medical and surgical transition in these states, they may not be able to avoid the ideology behind these practices. Children’s hospitals beholden to the HEI can still push this damaging ideology on both staff and patients through ideologically driven trainings and the overall care environment, for example.

PEDIATRIC HOSPITALS BACKING OUT OF THE HEI

As state legislatures have passed laws curtailing gender transitions on minors, a few hospitals in red states have backed down from the HEI. Texas Children’s Hospital is an example of a previous HEI participant that no longer turns in its survey. In 2023 Texas passed a law that prohibits “drug and surgical ‘gender transition’ interventions for minors,” possibly deterring hospitals from complying with the HRC.¹¹⁰

Likewise, Cincinnati Children’s Hospital is also listed as a “past participant” in the HEI 2024.¹¹¹ In April 2024, Ohio enacted legislation that prohibited gender reassignment surgery, cross-sex hormones, or puberty-blocking drugs on minors for the purpose of gender transition. Due to this change in law, Cincinnati Children’s Transgender Health Clinic stopped offering puberty blockers and cross-sex hormones to new minor patients.¹¹² These state laws prohibiting pediatric medical transition not only stopped these harmful practices but also pushed hospitals away from the destructive influence of the Human Rights Campaign on their entire institutions.

107 Human Rights Campaign. (n.d.). *HEI 2024 LGBTQ+ Healthcare Equality Leaders*. Retrieved March 12, 2025, from Human Rights Campaign: <https://www.hrc.org/resources/hei-2024-lgbtq-healthcare-equality-leaders>

108 Human Rights Campaign Foundation. (2024, May). *Report: Healthcare Equality Index 2024*. Retrieved March 12, 2025, from Human Rights Campaign: <https://reports.hrc.org/hei-2024>

109 Human Rights Campaign. (2024). *Healthcare Facilities Search*. Retrieved June 26, 2025, from Human Rights Campaign: <https://www.hrc.org/resources/healthcare-facility-search-key>

110 Ken Paxton Attorney General of Texas. (2023, September 1). *Texas Law Forbidding “Gender Transition” Hormone and Surgical Interventions for Minors Takes Effect*. Retrieved March 12, 2025, from Ken Paxton Attorney General of Texas: <https://www.texasattorneygeneral.gov/news/releases/texas-law-forbidding-gender-transition-hormone-and-surgical-interventions-minors-takes-effect>

111 Human Rights Campaign. (2024). *Healthcare Facilities Search: Cincinnati Children’s*. Retrieved June 20, 2025, from Human Rights Campaign: <https://www.hrc.org/resources/healthcare-facilities/search?q=Cincinnati+Children%27s>

112 Cincinnati Children’s Transgender Health Clinic. (n.d.). *Developing a Treatment Plan*. Retrieved March 17, 2025, from Cincinnati Children’s Transgender Health Clinic: <https://www.cincinnatichildrens.org/service/t/transgender/treatment-options>

INCENTIVES FOR PARTICIPATING IN THE HEI

A NATIONAL BENCHMARK TOOL AND BEST PRACTICES?

It is important to understand what incentivizes hospitals to participate in the HEI. Many participants and observers refer to the HEI as a “nationally recognized benchmark tool,” implying that a committee of expert doctors and researchers carefully designed a survey that stood up against rigorous scientific testing. But is this the case? Who are the team of doctors and researchers who set this standard? They do not exist.

According to the Healthcare Equality Index 2024 Report, the HEI was authored by Tari Hanneman, Director of the Health and Aging Program at the HRC Foundation, with “more than 25 years of experience in the nonprofit and philanthropic sector,” and Shelby Dawkins, Deputy Director for Healthcare Equality Project, who, according to her Linked In page, holds a Master of Health Administration, as well as Diversity and Inclusion certification.^{113,114} Far from being anchored in sound clinical science, this “nationally recognized benchmark tool” is nothing more than an increasingly demanding wish list of the HRC enumerated by two employees.

This didn’t stop the HEI from audaciously describing the initiatives in Criteria 2-4 of the HEI as “best practices.”¹¹⁵ However, on what standard is this based? The HEI is neither evidence-based nor grounded in research. Yet, it insists on staff trainings that promote pediatric sex trait modifications, on insurance coverage for puberty blockers, and on the establishment of transgender clinics in pediatric hospitals. The HRC would do well to heed the warnings of the HHS report, *Treatment for Pediatric Gender Dysphoria: Review of Evidence Best Practice*, released in May 2025, which makes a strong case that evidence to support transition in minors is severely lacking.¹¹⁶ “This review, informed by an evidence-based medicine approach, reveals serious concerns about medical interventions, such as puberty blockers, cross-sex hormones, and surgeries, that attempt to transition children and adolescents away from their sex.”¹¹⁷

Instead, the HRC Foundation points to *Creating Equal Access to Quality Health Care for Transgender Patients: Transgender-Affirming Hospital Policies* as the resource it claims sets the standards for hospitals to integrate “best practices” when caring for trans-identified patients – including minors.¹¹⁸ Interestingly and perhaps not coincidentally, Tari Hanneman is one of the lead authors for this guide – a guide which makes no distinction between the care of children and adults.¹¹⁹ Thus, Ms. Hanneman herself established the “best practices” that she references in the HEI that she authored.

113 Human Rights Campaign Foundation. (2024, May). *Report: Healthcare Equality Index 2024*. Retrieved March 12, 2025, from Human Rights Campaign: <https://reports.hrc.org/he-2024>

114 Dawkins, S. (2025). Retrieved July 21, 2025, from LinkedIn: <https://www.linkedin.com/in/shelby-dawkins-mha-06b274106/>

115 Human Rights Campaign Foundation (n.d.). *Healthcare Equality Index Resource Guide: HEI Scoring Criteria*. Retrieved July 30, 2025 from <https://www.thehrcfoundation.org/professional-resources/he-scoring-criteria>

116 Department of Health and Human Services. (2025, May 1). *Treatment for pediatric gender dysphoria: review of evidence and best practices*. Retrieved August 6, 2025, from <https://opa.hhs.gov/sites/default/files/2025-05/gender-dysphoria-report.pdf>

117 HHS Press Office. (2025, May 1). *HHS Releases Comprehensive Review of Medical Interventions for Children and Adolescents with Gender Dysphoria*. Retrieved from U.S. Department of Health and Human Resources: <https://www.hhs.gov/press-room/gender-dysphoria-report-release.html>

118 Human Rights Campaign Foundation. (n.d.). *Healthcare Equality Index Resource Guide: Transgender-Affirming Policies*. Retrieved March 12, 2025, from Human Rights Campaign Foundation: <https://www.thehrcfoundation.org/professional-resources/transgender-affirming-hospital-policies>

119 Meyer, E., Leasseur, M. D., & Hanneman, T. (2016). *Creating Equal Access to Quality Health Care for Transgender Patients: Transgender Affirming Hospital Policies*. Lambda Legal, Human Rights Campaign Foundation, Hogan Lovells, New York City Bar. Retrieved June 20, 2025, from https://legacy.lambdalegal.org/sites/default/files/publications/downloads/fs_20160525_transgender-affirming-hospital-policies.pdf

Who else provided expertise in laying out these “best practices?” The HRC Foundation collaborated with three legal groups to write this booklet. One legal group that provided “significant contributions to this document,” the New York City Bar Association’s LGBT Rights Committee, explains some of its legal priorities on its website.¹²⁰

We updated and reissued our report supporting the repeal of New York’s law against loitering for the purposes of prostitution, popularly known as the “Walking While Trans Ban” because of its discriminatory impact, primarily on transgender women of color, which the law was ultimately repealed in February 2021. [...]

We also sponsored and hosted the City Bar’s first CLE [continuing legal education] panel on criminalization and stigma in the sex trade which discussed the importance of advocating for sex worker rights.¹²¹

Lambda Legal, another contributor, is a strong advocate for transitioning minors. In its summer 2024 *Impact* magazine, Lambda Legal stated:

We are proud to stand alongside families [...] to reaffirm the fundamental truth that transgender youth have always existed and deserve access to the same futures as everyone else, a future where trans kids can play sports with their peers and can receive critical life-saving medical care regardless of what state they live in.¹²²

Finally, the large law firm, Hogan Lovells US LLP, which contributed pro bono work to the guidebook, has created other guides to help medical companies maintain compliance with the law.¹²³

Why then would so many hospitals acquiesce to the Human Rights Campaign? Why would they promote educational materials that instruct healthcare providers to ask three-year-olds if they feel like a boy or a girl (outside the presence of their parents) or discuss the future of non-binary medicine with just the right combination of estrogen and testosterone? And how did this get approved by so many administrators and children’s hospital boards? Why would hospitals modify their intake process to ask pediatric patients their gender, sex assigned at birth, preferred name, and pronouns? How did the HRC have the power to silence pediatricians from voicing dissent regarding transgender medicine simply by threatening to deduct points from the hospital’s HEI score? Why do pediatric hospitals even care about their HEI score?

120 Meyer, E., Leasseur, M. D., & Hanneman, T. (2016). *Creating Equal Access to Quality Health Care for Transgender Patients: Transgender Affirming Hospital Policies*. Lambda Legal, Human Rights Campaign Foundation, Hogan Lovells, New York City Bar. Retrieved June 20, 2025, from https://legacy.lambdalegal.org/sites/default/files/publications/downloads/fs_20160525_transgender-affirming-hospital-policies.pdf

121 New York City Bar. (n.d.). *Committees: Lesbian, Gay, Bisexual, Transgender and Queer Rights Committee*. Retrieved March 21, 2025, from New York City Bar: <https://www.nycbar.org/committees/lesbian-gay-bisexual-transgender-and-queer-rights-committee/>

122 Lambda Legal. (2024, Summer). *Imagine It! Impact*, p. 2. Retrieved March 21, 2025, from https://lambdalegal.org/wp-content/uploads/2024/08/Summer-2024-Impact-Newsletter_v4.pdf

123 Hogan Lovells. (2024). *Life Sciences and Health Care Resource Guide*. Retrieved April 11, 2025, from Hogan Lovells: <https://www.hoganlovells.com/-/media/hogan-lovells/pdf/2024-pdfs/lshc-resource-guide.pdf>

The HEI 2024 Report's Executive Summary lists several reasons why hospitals should participate in the HEI:

- Learn best practices for LGBTQ+ equity and inclusion
- Provide patient-centered care to a long-overlooked group
- Take advantage of free online, on-demand staff training from expert sources that includes CME/CEU credits
- Enhance patient satisfaction ratings
- Ensure compliance with legal, CMS and The Joint Commission requirements
- Improve quality and safety
- Reduce risk of litigation, complaints and negative publicity
- Reach out to a highly loyal market segment
- Enjoy recognition for commitment to equity, inclusion & diversity from the nation's largest LGBTQ+ civil rights organization¹²⁴

This report will examine three of these incentives.

¹²⁴ Human Rights Campaign Foundation. (2024, May). *Report: Healthcare Equality Index 2024*. Retrieved March 12, 2025, from Human Rights Campaign: <https://reports.hrc.org/he-2024>

TAKE ADVANTAGE OF ONLINE, ON-DEMAND STAFF TRAINING FROM EXPERT SOURCES THAT INCLUDES CME/CEU CREDITS

The HEI taps into healthcare professionals' need for continuing education hours to disseminate its harmful pediatric gender ideology and information on sex trait modifications for minors throughout hospitals. These HRC-approved trainings, which provide continuing education units for physicians, nurses, and other healthcare providers, pose as both mainstream and authoritative, despite lacking evidence and being complicit with an activist agenda. Furthermore, by promoting these trainings, healthcare institutions reinforce a dangerous ideological conformity under the false notion of best practice.

In addition to the two training modules previously reviewed in this report, the National LGBTQIA+ Health Education Center, the primary HEI approved training resource, has many more modules that focus on the care of "transgender and gender diverse" children. A few of the titles include: "Current Recommended Practices in Mental Healthcare for Transgender and Gender Diverse Youth," "Building Resilience for Transgender and Gender Diverse (TGD) Youth," and "Engaging Families of Transgender and Gender Diverse Youth."¹²⁵

The recorded webinar, "Improving Mental Health Outcomes for TGD Youth Through Gender-Affirming Care," led by trans activist Dr. Jack Turban, purports to explain the cause of poor mental health for TGD youth and cite evidence for the mental health benefits of puberty blockers and cross-sex hormones. Turban argues that the "minority stress framework...describes the ways in which societal stigma drive mental health problems," and "non-affirmation of one's identity" is an external stress factor that becomes internalized and can drive anxiety or depression.¹²⁶ Ignored by this analysis are the social influences, severe trauma, and co-occurring behavioral health conditions that explain the poor mental health in this population.

Worse than just misrepresenting the totality of the individual's experience, Dr. Turban's explanation pressures healthcare providers to medicalize a child's gender distress. Supporting his claim that puberty blockers improve children's mental health, he cited eight studies, seven of which are listed in Do No Harm's *Major Pediatric Gender Studies, Major Flaws* report. Moreover, he ignores the real experiences of detransitioners suffering with painful regret and physical scars all due to "gender-affirming" interventions.¹²⁷

The psychological trauma, surgical complications, and medical consequences (e.g., infertility and cardiovascular disease) caused by pediatric medical transition should not be dismissed. Neither should regret. Unless healthcare providers are equipped with knowledge about the harms of pediatric medical transition, trainings like those pushed by the HEI may turn them into willing participants, or at a minimum, complicit observers. Neither are acceptable, especially when the health and well-being of children are at stake.

¹²⁵ National LGBTQIA+ Health Education Center. (2025). *Learning Resources*. Retrieved March 14, 2025, from National LGBTQIA+ Health Education Center: <https://www.lgbtqiahealtheducation.org/resources/>

¹²⁶ Turban, J. (2022). *Improving Mental Health Outcomes for TGD Youth through Gender-affirming Care*. Retrieved May 12, 2025, from National LGBTQIA+ Health Education Center: <https://www.lgbtqiahealtheducation.org/courses/improving-mental-health-outcomes-for-transgender-and-gender-diverse-tgd-youth-through-gender-affirming-care/>

¹²⁷ Turban, J. (2022). *Improving Mental Health Outcomes for TGD Youth through Gender-affirming Care*. Retrieved May 12, 2025, from National LGBTQIA+ Health Education Center: <https://www.lgbtqiahealtheducation.org/courses/improving-mental-health-outcomes-for-transgender-and-gender-diverse-tgd-youth-through-gender-affirming-care/>

ENSURE COMPLIANCE WITH LEGAL, CMS AND THE JOINT COMMISSION REQUIREMENTS

Healthcare institutions may choose to participate in the HEI because their score can signal to interested observers that they comply with the law, accreditation requirements (such as those issued by the Joint Commission), and the Centers for Medicare and Medicaid Services (CMS).

The HEI had appealed to requirements in the Affordable Care Act (ACA) based on HHS guidance from some years ago as a rationale for hospitals to participate. The HEI resource guide states:

Section 1557 of the Affordable Care Act prohibits sex discrimination in any hospital or health program that receives federal funds, and the U.S. Department of Health & Human Services, Office of Civil Rights, has issued regulations that this prohibition extends to claims of discrimination based on gender identity and sex stereotyping.¹²⁸

Scoring well on the HEI assured healthcare facilities that they were not in violation of Section 1557 of the Affordable Care Act as previously interpreted by the HHS Office for Civil Rights (OCR). This may have helped hospitals stave off attacks from firms like Lambda Legal which often used it as a basis for their lawsuits. For example, Lambda Legal sued Blue Cross Blue Shield of Illinois for its “administration of a blanket exclusion of gender-affirming care in an employer-provided health insurance plan provided by Catholic Health Initiatives Franciscan.” This lawsuit, on behalf of a “15 year-old-transgender boy” who could not receive insurance coverage for “gender reassignment surgery,” “argue[d] the exclusion [was] in direct violation of the nondiscrimination provisions under Section 1557 of the Affordable Care Act.”¹²⁹ In November 2022, Lambda Legal claimed victory, stating that the decision of U.S. District Court for the Western District of Washington established that “categorical exclusions for coverage of gender-affirming care are unlawful discrimination.”¹³⁰

This interpretation of Section 1557 of the Affordable Care Act, however, is based on the HHS OCR Notice and Guidance issued on March 2, 2022, which “prohibits discrimination based on gender identity in federally funded healthcare settings.” On February 20, 2025, the HHS rescinded this guidance following President Trump’s executive order “Protecting Children from Chemical and Surgical Mutilation.”¹³¹

Still, for many years prior, legal pressure credibly explained participation in the HEI. Similarly, hospitals may have also concluded that if they performed well on the HEI, they were likely achieving goals set by their accreditors. Often an accreditor’s health equity standards overlap with many HEI principles. In this manner, facilities pursuing HEI recognition may find it easier to meet accreditation requirements. While hospitals may innocently be looking to keep their accreditation, so they don’t lose CMS funding or violate commercial insurance contracts, the reality is that the entrance of the HEI paves the way for youth-focused gender ideology to influence their operational framework, guiding principles, and practices.

128 Human Rights Campaign Foundation. (n.d.). *Healthcare Equality Index Resource Guide: Patient Non-Discrimination*. Retrieved March 12, 2025, from Human Rights Campaign Foundation: <https://www.thehrcfoundation.org/professional-resources/patient-non-discrimination>

129 Lambda Legal. (n.d.). *C.P. v. Blue Cross Blue Shield*. Retrieved March 21, 2025, from Lambda Legal: <https://lambdalegal.org/case/cp-v-bcbssil/>

130 Lambda Legal. (2022, December 19). *VICTORY: Court Rules that Blue Cross Blue Shield of Illinois Cannot Administer Health Plans with Gender-Affirming Care Exclusions*. Retrieved April 16, 2025, from Lambda Legal: <https://lambdalegal.org/newsroom/cp-wa-20221219-court-rules-that-bcbs-cannot-administer-health-plans-with-gender-affirming-exclusions/>

131 Department of Health and Human Services Office of the Secretary. (2025, February 20). *Re: Recission of “HHS Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy” (issued March 2, 2022)*. Retrieved from Department of Health and Human Services Office of the Secretary: <https://www.hhs.gov/sites/default/files/ocr-rescission-february-20-2025-notice-guidance.pdf>

REDUCE RISK OF LITIGATION, COMPLAINTS, AND NEGATIVE PUBLICITY

Hospitals—including pediatric hospitals—have good reasons to be concerned about litigation and negative publicity. The HRC Foundation not only scores the healthcare facilities that voluntarily participate in the HEI, but it also researches the policies of over 1,300 non-participating healthcare facilities.¹³² The HRC is allied with active legal teams ready to punish hospitals for accusations of discrimination (which they have defined as refusing to give puberty blockers to children with gender dysphoria when they are administered to children with precocious puberty). Such legal organizations include those who collaborated with the HRC Foundation, like Lambda Legal, to write the guide *Creating Equal Access to Quality Health Care for Transgender Patients: Transgender-Affirming Hospital Policies*, and the LGBT Rights Committee of the New York City Bar Association.¹³³

Despite the absurdity of these legal claims, a good HEI score communicates that a children's hospital is in line with the expectations of the HRC and its legal partners. This approach, however, is shortsighted and foolhardy. It ignores the long-term consequences and impact on minors. It gives the illusion of security while failing to address deeper risks and ultimately fails the children and their parents who seek high quality care.



¹³² Human Rights Campaign (2022, March 28). Press Release: Record 747 Healthcare Facilities Recognized for Paving the Way Toward LGBTQ+ Equality. Retrieved July 29, 2025 from <https://www.hrc.org/press-releases/record-747-healthcare-facilities-recognized-for-paving-the-way-toward-lgbtq-equality>

¹³³ Lambda Legal (2016). *Creating Equal Access to Quality Health Care for Transgender Patients: Transgender-Affirming Hospital Policies*. Retrieved July 29, 2025 from https://legacy.lambdalegal.org/sites/default/files/publications/downloads/fs_20160525_transgender-affirming-hospital-policies.pdf

CALL TO ACTION

For those concerned about gender ideology harming children, President Trump's Executive Order (EO) on January 28, 2025, "Protecting Children from Chemical and Surgical Mutilation," in many ways was a great victory. While the EO may face court challenges, potentially limiting its immediate impact to trimming the surface of a larger issue, its deterrent effect appears significant, as evidenced by more and more hospitals pausing so-called "gender-affirming care" programs in response. The roots of gender ideology run deep and wide, carefully and thoroughly watered and fertilized by the champions of pediatric gender transition, the Human Rights Campaign, and their allies. They will not concede defeat. Each of those tangled roots entrenched in our institutions, particularly our healthcare systems, must be exposed and permanently removed. Detangling the Healthcare Equality Index and all its extensions and support networks from our healthcare system is a crucial component to ending the practice of pediatric medical transition. Once the HEI no longer imposes its will on hospitals caring for children with gender dysphoria, many of its initiatives, such as the electronic health record (EHR) modifications and educational requirements, can more easily be reversed and abandoned.

A few steps are crucial for facilitating the end of the HRC's influence. First, there must be increased public awareness of the HRC's influence on the institutions families rely on to care for their children. Most parents would be horrified to find out that many HEI hospitals train their staff to ask children if they feel like a boy or a girl when they are not present. When most parents think of a "safe and welcoming" hospital, they do not worry about children being initiated into gender ideology. As the public becomes aware that an organization promoting pediatric gender transition is influencing hospital practices, confidence in these institutions may erode.

Second, hospital leadership, including the presidents, CEOs, and trustees for these children's hospitals and health systems, must be held accountable for their participation in the HEI. The HRC's assertion that its HEI criteria promote "best practices" is absurd and does not absolve compliance with the HRC. Board members and hospital heads must answer for their role in their institution's participation in the HEI.

Third, it is time for courage. Employees of all levels employed at HEI institutions caring for children need to speak out against the trainings and policies that HRC brought in to promote gender ideology. Now is not the time to "go along to get along." The quiet majority must raise its voice. With that, healthcare workers must be educated on the latest research within pediatric gender medicine and not blindly follow the "gender-affirming" model imposed upon children. Courage is contagious, and there is strength in numbers.

Fourth, consumers should push large businesses to stop contributing to the HRC given its role in promoting pediatric medical transition.^{134,135} In 2024, a drop in revenue forced the HRC to sell off some of their assets and lay off 20% of their staff, including Shelby Dawkins, the Deputy Director for Healthcare Equality Project.^{136,137,138,139} Every dollar lost limits the ability of the HRC to disseminate gender ideology.

Finally, legislatures need to continue pushing through laws that ban all forms of gender transition interventions on minors. As noted with Texas Children's, these kinds of state bans can deter children's hospitals from participating in the HEI, thus demonstrating the effectiveness of those bans and limiting the HRC's destructive influence on the care of children. According to *Biological Integrity*:

As of March 2025, there are 27 states that have enacted legislation protecting minors from transgender interventions. The majority of laws protect minors from the harms of puberty blockers, cross-sex hormones, and transgender surgeries. A few states have narrower regulations. The protective laws have been temporarily or permanently blocked by judges in six states, and the attorney general has refused to enforce the law in one.¹⁴⁰

Representatives at the state and federal level are working on additional bans. For example, Wisconsin's State Legislature introduced Assembly Bill 104, which would prohibit sex trait modifying surgeries, cross-sex hormones, and puberty blockers for minors, with the penalty of revocation of medical professionals' licenses.¹⁴¹ At the federal level, U.S. Representative Dan Crenshaw (R-TX) introduced a bill in Congress that would block funding provided through the Children's Hospital Graduate Medical Education (CHGME) program to hospitals that "administer child sex change interventions such as cross-sex hormones, puberty blockers, and surgeries."¹⁴² Even if the HRC can't be totally defanged, state and federal legislation can protect the vulnerable kids that the HRC targets.

Given the dangers of pediatric medical transition, the LGBTQ+ Healthcare Equality Leader award should not be viewed as a mark of honor for any pediatric hospital; it should be a warning to all children and parents. Now more than ever it is time to end the influence of the Human Rights Campaign on hospitals that care for children. It's time to put the health and wellbeing of children first, free from ideological pressure and harmful, irreversible interventions. It's time to once again make exceptional patient care the priority.

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