

# NASW-TX SOGIE Committee

## Statement on HHS Report on Gender Affirming Care

On May 1, 2025, the Department of Health and Human Services (HHS) released [Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices](#), a report issued following the Executive Order, "[Protecting Children From Chemical and Surgical Mutilation](#)," which directed the HHS Secretary to publish an evidence review related to gender dysphoria in young people within 90 days. This report represents a significant escalation in the Trump administration's systematic efforts to undermine transgender rights. Framed as a scientific review, the report promotes "exploratory therapy"—a rebranded form of conversion therapy—while dismissing the well-established benefits of gender-affirming care. Major medical organizations, including the American Academy of Pediatrics and the American Psychiatric Association, have condemned the report for misrepresenting scientific consensus and relying on discredited sources. This report is part of a broader pattern of anti-trans actions by the administration, including Executive Order 14168, which mandates the federal government to recognize only binary, birth-assigned sex, effectively erasing transgender identities from federal recognition. Additionally, Executive Order 14183 reinstates a ban on transgender individuals serving in the military. This ban was just allowed to go into effect by the United States Supreme Court.

Below is a critical summary of the report. The report presents a selective and ideologically driven narrative that aligns with broader anti-transgender efforts and misrepresents current best practices in trans-affirming healthcare.

### **Theme 1: Undermining Gender-Affirming Care Through Selective Interpretation of Evidence**

- The report systematically discredits gender-affirming care by labeling the evidence base as "very low quality," disregarding endorsements from major U.S. medical associations.
- It elevates recent European policy changes while ignoring the differing healthcare contexts and critiques of those reversals.
- Psychotherapeutic alternatives are framed as "neutral," though these often echo discredited practices resembling conversion therapy.
- The report fails to account for real-world outcomes showing that access to affirming care reduces mental health distress in trans youth.
- It dismisses or minimizes the experiences and expertise of trans people, families, and supportive clinicians.

### **Theme 2: Framing Trans Youth as Pathologized and Undecidable**

- Transgender identity in youth is repeatedly treated as a temporary or misinformed state, invoking the controversial and unproven notion of "Rapid Onset Gender Dysphoria."
- The report asserts that many youth will "desist" and thus argues against early medical intervention—despite evidence that proper assessments already take this into account.

- The language pathologizes gender diversity by centering regret, detransition, and developmental “risks” rather than resilience and affirmation.
- The notion of “embodiment goals” is framed as consumeristic rather than a legitimate clinical and identity-related consideration.
- It claims that the diagnostic process lacks objectivity, ignoring that many mental health diagnoses also rely on subjective criteria.

### **Theme 3: Delegitimizing U.S. Medical and Professional Guidelines**

- WPATH, the Endocrine Society, and AAP are portrayed as politically compromised and lacking scientific rigor.
- The report accuses these organizations of conflict of interest and guideline manipulation—without equivalent scrutiny of its own ideological underpinnings.
- It elevates whistleblower anecdotes and unverified claims from detransitioners as central to policy critique.
- There's an implication that affirming care is driven more by activism than clinical integrity—an assertion unsupported by mainstream medical consensus.
- U.S. gender clinics are characterized as reckless, despite following careful, multidisciplinary assessment protocols.

### **Theme 4: Promoting a Return to “Exploratory” or Reparative Psychotherapy**

- Psychotherapy is portrayed as the primary and “safer” intervention, despite international concern over its use as a gatekeeping tool.
- The report claims psychotherapy has no adverse effects, ignoring evidence that non-affirming therapy can cause harm.
- It minimizes the ethical concerns raised by forcibly delaying or denying gender-affirming interventions.
- Conversion therapy is subtly rehabilitated under the guise of “neutral psychotherapeutic alternatives.”
- The framing of psychotherapy as “compassionate” ignores that affirming care is a therapeutic and evidence-based approach.

### **Theme 5: Aligning with Broader Anti-Trans Political Agendas**

- The report reflects a broader campaign under the Trump administration to reverse federal recognition of transgender people (e.g., Executive Orders 14168 and 14183).
- It mirrors rhetoric used in anti-trans legislation across the U.S., suggesting social contagion and exaggerating regret and harm.
- It uses emotionally charged yet misleading language to provoke fear about bodily integrity and youth autonomy.
- Trans identities are framed as a cultural or ideological trend, not a recognized aspect of human diversity.
- The report functions not as neutral scientific guidance, but as a policy weapon in ongoing efforts to erase trans people from public life.

These policies and the HHS report on pediatric gender dysphoria not only threaten the rights and well-being of transgender individuals but also challenge the ethical obligations of social workers committed to affirming and supporting marginalized communities. As social workers, we often define ourselves as “Agents of Change”. So let’s be just that. As professionals dedicated to social justice, it is imperative to critically assess these developments and take action to advocate for policies that uphold the dignity and rights of all individuals. Our action guide below features talking points from The Trevor Project for pushing back against this report as well as Holding the Line: A Resistance Guide for Texas Social Workers Protecting Our Trans Youth. Pushing Back with Purpose, a document developed by SOGIE Committee member Rynn Miles, which can help you identify actions you can take, and potential risk level associated with those actions. We want to emphasize that now more than ever it is important for us as social workers to be in community with each other. To rely on and support each other. We are here for you. Don’t hesitate to reach out to us.

In solidarity,

A handwritten signature in blue ink that reads "Ashley Heidebrecht". The signature is fluid and cursive, with the first name being more prominent.

Ashley Heidebrecht, LMSW  
Chair, NASW-TX SOGIE Committee  
[www.naswtx.org/page/Comm\\_SOGIE](http://www.naswtx.org/page/Comm_SOGIE)



## ACTION GUIDE

### Talking Points to Push Back Against the HHS Report

- Medical care is the only effective treatment for transgender youth.
- For decades, every major medical association—including the American Medical Association and the American Academy of Pediatrics—has recognized medical care as the only safe and effective treatment for gender dysphoria.
- Transgender health care relies on the same trusted medications used to treat youth for a range of health care issues, like early-onset puberty.
- Decades of substantial peer-reviewed research shows that this care is safe, effective and essential to the health and well-being of transgender youth.
- Evidence around the safety and effectiveness of health care for transgender people of all ages is as strong as the evidence for treatments across other areas of medicine. This report is just promoting conversion therapy by another name.
- The overarching theme of this report is that it will deny essential health care for transgender youth and force conversion therapy.
- This is the same dangerous, discredited conversion therapy agenda that fringe therapists have been pushing on gay youth for decades.
- Every major U.S. medical and mental health association has spoken out against conversion practices or so-called “conversion therapy,” which has long been used to shame LGBTQ+ young people into hating themselves for being unable to change.
- They try to shame gay kids into hating themselves and rejecting who they are—and now the federal government wants to do the same thing to transgender young people.
- Similar to being gay or lesbian, no amount of pressure or talk—including conversion practices—can make a transgender person not transgender. Trying to do so leads to distress, and—too often—lasting harm. Just like being gay, being transgender is not a choice. It’s rooted in biology and genetics. No amount of pressure or persuasion will change that.
- Like being gay or lesbian, being transgender is not a choice—it's a natural variation rooted in biology, with endocrine, neurobiological, and genetic factors supported by decades of research in child development and brain science.
- No amount of talk pressure can change biology—pretending otherwise is false and increases stigma and stereotypes and has historically been used to shame LGBTQ+ people into hating themselves, resulting in real harms, such as anxiety, depression, and increased risk of suicidal thoughts and attempts.
- 98% of people who receive transition-related health care continue to receive that health care throughout their lifetime.
- When it comes to transition-related health care, multiple studies show that regret is extremely low—around 1% or less. By comparison, regret rates for knee replacement surgeries can be as high as 30%, and that’s a very common procedure with generally good results.

# Holding the Line: A Resistance Guide for Social Workers

## *Protecting Our Trans Youth. Pushing Back with Purpose.*

By Rynn Myles, LMSW-in-Training, Organizer, Community Builder

We're watching a coordinated, cruel attempt to erase the humanity and autonomy of trans youth under the guise of "protecting children." Let's be real: the April 2025 HHS Report is an attack. It's using misinformation and fear to strip young people of care proven to save lives and it's forcing social workers into silence or complicity.

We're not having it. We are trained to challenge injustice, not sit quietly while our people are targeted.

This guide breaks down how we can fight back. Whether you're new to this work or ready to throw down, there's something in here for you.

### **Low-Risk Moves (Quiet Power)**

These actions are discreet but impactful. If you're in a vulnerable position like at a school or conservative agency, start here. These are resistance moves that protect your people and your job.

#### Ethical Documentation: Protecting Clients Through Strategic Record-Keeping

In the current Texas climate, where gender-affirming care for minors is under intense scrutiny, our documentation practices must prioritize client safety and confidentiality. Here's how to document effectively:

#### Document Only What's Clinically Necessary

- Use General Terms: When noting relationship details, opt for terms like "partner" or "support system" without specifying the number or nature of relationships unless clinically relevant.
- Focus on Dynamics, Not Labels: Describe relational patterns or power dynamics without delving into specifics that aren't pertinent to treatment.
- Avoid Unnecessary Details: Refrain from including information about a client's gender identity, transition status, or sexual orientation unless it's directly related to the therapeutic goals.

#### Employ Vague but Legal Language for Gender-Affirming Care

- Use Recognized Diagnoses: Document diagnoses like "gender dysphoria" as outlined in the DSM-5 when applicable.
- Frame Care as Medically Necessary: Note that interventions are in line with established standards of care, such as those from [WPATH](#), the [AMA](#), or the [AAP](#), without detailing specific treatments.
- Highlight Client Autonomy: Emphasize the client's informed consent and autonomy in care decisions.

#### Secure and Confidential Record-Keeping

- Limit Access: Ensure that only authorized personnel have access to sensitive client information.
- Use Secure Systems: Store records in secure, encrypted systems to prevent unauthorized access.

- Stay Informed: Regularly update your knowledge on best practices for confidentiality and data protection.

#### Build Quiet Networks

- Keep a vetted, confidential referral list of affirming providers—especially those in states like NM, CO, and CA. [Centerlink](#) and the [LGBTQ+ Healthcare Directory](#) may be helpful.
- Set up whisper networks. If you're in a school or clinic, connect with others doing the same. Share tools, stories, guidance.

#### Educate Through the Back Door

- Host CEUs and trainings under titles like “Youth Mental Health Best Practices” or “Supporting Marginalized Adolescents.”
- Slide in the real talk. Share resources from [WPATH](#), [AAP](#), [AMA](#). Normalize trans-affirming care as standard practice—because it is.

### Medium-Risk Moves (Louder, Bolder, Strategic)

These steps might ruffle feathers. You might get pushback. But you're still operating inside the system and making noise where it counts.

#### Pressure Your Workplace to Take a Stand

- Call a meeting. Ask: “Where do we stand on this HHS report?” Push for a public statement. If they stall, document it. Silence is policy.
- If they won't speak up, find ways to use internal trainings, newsletters, or policy reviews to shift the culture from the inside.

#### Organize and Mobilize

- Start or join a local resistance pod: 5-10 folks who commit to regular check-ins, coordinated messaging, resource sharing, and action.
- Plug into state networks like [TENT](#) or [Equality Texas](#). Show up together—school board meetings, city council hearings, legislative visits.

#### Speak Truth to Power (With Backup)

- Schedule meetings with your reps—even if they're hostile. Bring evidence. Bring parents. Bring survivors. Make it real. Find who represents you at [Ballotpedia](#).
- If your agency blocks you from advocacy, share your story anonymously through local coalitions or aligned journalists.

#### Educate the Families

- Run parent workshops. Teach folks how to legally advocate for their trans kids in hostile systems—schools, CPS, health care.
- Give them the words, the laws, the strategies. Empowerment starts with information.

### High-Risk Moves (Radical and Intentional)

These moves carry more risk—disciplinary action, employment retaliation, scrutiny—but sometimes they're necessary. Just don't do them alone.

- Keep Writing the Letters
- Even if your institution discourages it, you can still write letters of support for HRT or surgeries as long as you're practicing within standards of care.
- Use the language of medicine, not politics. Back it with science. Cite WPATH v8, AAP, AMA. Let the research speak.

### Whistleblow with Purpose

- If you're witnessing unethical gag orders, retaliation, or care denials—document everything. Screenshot. Save emails. Back up files.
- Link with [ACLU](#), [TLDEF](#), or other legal advocates before going public. Protect yourself while protecting others.

### Take Up Space, Disrupt When Needed

- Organize or support direct actions: walkouts, protests, press events.
- Show up at state agency buildings, HHS offices, the governor's next press stop. Be visible. Be unafraid.

### Assist with Interstate Care Navigation

- Help clients legally access care across state lines. Build relationships with out-of-state clinics offering telehealth or sliding scale options.
- Map out travel options and financial aid. Safety first. Care always.

### Legal Considerations: Facilitating Interstate Care Navigation

Regarding the legality of assisting clients in accessing gender-affirming care out-of-state:

- Current Legal Landscape: Texas law prohibits the provision of gender-affirming care to minors within the state. However, there's no explicit law criminalizing the act of informing or assisting clients in accessing legal medical care in other states.
- Potential Risks: While not explicitly illegal, facilitating out-of-state care could attract scrutiny from state authorities. For instance, Seattle Children's Hospital ceased operations in Texas following an investigation into their provision of gender-affirming care to Texas minors.
- Best Practices:
  - Provide Information, Not Direction: Share publicly available resources about out-of-state providers without directly coordinating care.
  - Document Ethically: If discussing out-of-state options, document the conversation in terms of exploring all available legal and medically appropriate options.
  - Consult Legal Counsel: When in doubt, seek guidance from legal professionals or organizations like the [ACLU](#) or [Lambda Legal](#).

### Protecting You While You Protect Others

- Never do this work alone. Find your crew. Check in. Rotate out. Take breaks.
- Carry malpractice insurance if you're doing anything that steps beyond your agency's cover.
- Remember your code of ethics: You are allowed—and often required—to stand up when clients are being harmed by policy.

This is more than a policy battle. This is a survival issue. Trans youth deserve care, dignity, and people who will fight for them like their lives depend on it.

You're not just a social worker. You're a protector. A strategist. A lifeline. A changemaker. Let's act like it.

Let's be agents of change!