

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

PENN STATE HEALTH AND ST. JOSEPH	:	
REGIONAL HEALTH NETWORK D/B/A	:	
PENN STATE HEALTH ST. JOSEPH,	:	
	:	
Petitioners	:	
	:	
v.	:	
	:	
COMMONWEALTH OF PENNSYLVANIA,	:	NO. 335 M.D. 2025
PENNSYLVANIA HUMAN RELATIONS	:	
COMMISSION,	:	
	:	
Respondent.	:	

NOTICE TO DEFEND

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within thirty (30) days after this Petition and Notice are served, by entering a written appearance personally or by an attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so, the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the Complaint or for any claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.

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MidPenn Legal Services
213-A North Front Street
Harrisburg, Pennsylvania 17101
Telephone Number (717) 232-0581

Dauphin County Lawyer Referral Service
Dauphin County Bar Association
213 North Front Street
Harrisburg, Pennsylvania 17101
Telephone Number (717) 232-7536

BUCHANAN INGERSOLL & ROONEY PC
Anthony (T.J.) Andrisano (Pa. I.D. No. 201231)
Alyssa K. Stouder (Pa. I.D. No. 324468)
409 N. Second St., Suite 500
Harrisburg, PA 17101
(717) 237-4856
anthony.andrisano@bipc.com
alyssa.stouder@bipc.com

Geoffrey F. Sasso, Esq. (Pa. I.D. No. 202936)
Makenzie P. Leh, Esq. (Pa. I.D. No. 333895)
50 S 16th Street, Suite 3200
Philadelphia, PA 19102
(215) 665-3918
geoffrey.sasso@bipc.com
makenzie.leh@bipc.com

Attorneys for Petitioners,
Penn State Health and St. Joseph Regional Health Network
d/b/a Penn State Health St. Joseph

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AMENDED PETITION FOR REVIEW IN THE NATURE OF A
COMPLAINT

Petitioners Penn State Health (“PSH”) and St. Joseph Regional Health Network d/b/a Penn State Health St. Joseph (“SJRHN”) (collectively, “Petitioners”),

by and through their attorneys, Buchanan Ingersoll & Rooney PC, hereby file this Amended Petition for Review in the Nature of a Complaint for Declaratory Judgment against the Commonwealth of Pennsylvania, Pennsylvania Human Relations Commission (the “PHRC” or “Respondent”). In support of this Amended Petition for Review, Petitioners aver as follows:

INTRODUCTION

PSH is an integrated academic health system serving patients and communities across central Pennsylvania, including through its Catholic-affiliated hospital, SJRHN. Petitioners, through their dedicated employees and healthcare providers, work tirelessly to deliver the best available healthcare, while simultaneously doing their utmost to comply with robust state and federal requirements.

PSH is dedicated to providing care for transgender and gender-diverse adults aged 19 years and older in a supportive and safe environment. Primary care physicians and other health care providers at PSH are trained in gender-affirming care, and they support the comprehensive health needs of transgender and gender-diverse adult patients throughout central Pennsylvania.

PSH was recently faced with Executive Orders, memos, directives, subpoenas, and other guidance from the Executive Branch, including federal agencies, which demand that healthcare entities receiving any type of federal

funds—including PSH—cease certain gender-affirming care for patients under the age of 19, at the risk of civil liability, loss of federal funding, and even criminal prosecution of individual medical providers.

While PSH remains committed to providing excellent care to all patients, PSH is a healthcare entity that, from time to time, receives payments through Medicare and Medicaid, and it must comply with federal law. Accordingly, PSH seeks declaratory relief from this Honorable Court related to certain state law challenges PSH is facing as a result of it being required to comply with federal law.

Further, SJRHN is recognized by the Roman Catholic Diocese of Allentown as a Catholic hospital and is operated consistent with the moral, ethical, sacramental and social teachings of the Roman Catholic Church. The regulation at issue here ignores religious freedoms afforded by Pennsylvania Religious Freedom Protection Act to a hospital operated consistent with the moral, ethical, sacramental and social teachings of the Roman Catholic Church. SJRHN provides services to all patients, but a Catholic hospital cannot be expected to perform gender affirming surgeries inconsistent with its religious beliefs.

Therefore, Petitioners file this action in the Court’s original jurisdiction to challenge the PHRC’s implementation of regulations revising Title 16 – Community Affairs, Part II – Governor’s Office, Subpart A – Human Relations Commission, Chapter 41 – Preliminary Provisions (“PHRC regulations”) (16 Pa. Code. §§ 41.201

– 41.207) as well as the construction of the Pennsylvania Human Relations Act, 43 P.S. § 951, *et seq.* (“PHRA”), and the PHRC regulations as violating the Pennsylvania Religious Freedom Protection Act, 71 P.S. §§ 2401 *et seq.* (“RFPA”), and federal law.

Petitioners seek review of the PHRC regulations and the construction of the PHRA as well as the PHRC regulations on three (3) primary grounds:

- 1) they constitute an unconstitutional exercise of lawmaking power by an administrative agency, exceeding the scope of the PHRC’s statutory authority and violating the Non-Delegation Doctrine; Article II, Section 1 of the Pennsylvania Constitution (Pa. Const., art. II, § 1); Article III, Section 1 of the Pennsylvania Constitution (Pa. Const., art. III, § 1); and Article III, Section 6 of the Pennsylvania Constitution (Pa. Const., art. III, § 6);
- 2) they substantially burden Petitioner SJRHN’s free exercise of religion in violation of the RFPA;
- 3) they are at least partially preempted by federal law—specifically, by Executive Order 14187, which required the head of each department or agency that provides research or education grants to medical institutions to immediately take steps to ensure that institutions receiving Federal research or education grants cease providing gender-affirming care to children under the age of nineteen (19), and by the laws, programs, issues, and documents that were subsequently issued in accordance with Executive Order 14187. *See* FR Doc. 2025-02194.

Petitioners now file this action seeking declaratory relief, including a declaration that the PHRC regulations as well as the construction of the PHRA and the PHRC regulations are unlawful, unconstitutional, and preempted by federal law.

JURISDICTIONAL STATEMENT

1. This Honorable Court has original jurisdiction over this Petition for Review pursuant to 42 Pa. C.S. § 761(a). This Petition for Review is addressed to the Court's original jurisdiction and is in the nature of a Complaint for Declaratory Judgment.

2. Under the Declaratory Judgments Act, 42 Pa. C.S. §§ 7531-7541, this Court has the authority "to declare rights, status, and other legal relations whether or not further relief is or could be claimed . . . The declaration may be either affirmative or negative in form and effect, and such declarations shall have the force and effect of a final judgment or decree." 42 Pa. C.S. § 7532.

3. "[T]he propriety of invoking the original equitable jurisdiction of the Commonwealth Court in a case seeking preenforcement review of a substantial challenge to the validity of regulations promulgated by an administrative agency is clear." *Arsenal Coal Co. v. Commonwealth, Dep't of Env't Res.*, 477 A.2d 1333, 1338 (Pa. 1984).

THE PARTIES

4. Petitioners are Pennsylvania nonprofit corporations offering a full range of outpatient and inpatient diagnostic, medical, and surgical services, which have a registered business address at 100 Crystal A Drive MC CA210, Hershey,

Pennsylvania 17033, and which operate the SJRHN Catholic acute care hospital located at 2500 Bernville Road, Reading, Pennsylvania 19605.

5. As a provider of healthcare, Petitioners, from time to time, receive federal reimbursement payments, such as Medicare/Medicaid, from the federal government of the United States of America.

6. SJRHN is recognized by the Roman Catholic Diocese of Allentown (the “Diocese”) as a Catholic hospital and is operated consistent with the moral, ethical, sacramental and social teachings of the Roman Catholic Church.

7. SJRHN holds a sincerely held religious belief that God created humans as male and female.

8. SJRHN also holds a sincerely held religious belief that technological interventions on the human body that do not aim to repair some defect in the body or sacrifice a part of the body for the sake of the whole—including gender-affirming procedures¹—should not be performed on patients.

9. SJRHN is a Catholic hospital and it is recognized by the Roman Catholic Diocese of Allentown (the “Diocese”) as a Catholic hospital.

¹ Petitioners utilize the term “gender-affirming” procedures or care throughout this Petition, as this is the term utilized by several complainants in administrative complaints filed with the PHRC against Petitioners, and alleging violations of the PHRA related to these procedures/care.

10. Respondent the PHRC is an independent agency of the Commonwealth of Pennsylvania, organized and existing pursuant to the PHRA, with an office located at 333 Market Street, 8th Floor, Harrisburg, Pennsylvania 17101.

GENERAL STATEMENT OF MATERIAL FACTS

11. The PHRA Pennsylvania Human Relations Act (“PHRA”) guarantees individuals the right to obtain all accommodations, advantages, facilities, and privileges of any public accommodation without discrimination because of sex. 43 P.S. § 953.

12. A “public accommodation, resort or amusement” includes clinics and hospitals. 43 P.S. § 954.

13. On or about August 16, 2023, Respondent issued the PHRC regulations, 16 Pa. Code §§ 41.201 – 41.207, which define “sex” as used in the PHRA and the Pennsylvania Fair Educational Opportunities Act (“PFEAO”), as inclusive of “gender, including a person’s gender identity or gender expression.” 16 Pa. Code § 41.206.

14. The PHRC regulations further define “gender identity or expression” as “[h]aving or being perceived as having a gender-related identity, appearance, expression or behavior, which may or may not be stereotypically associated with the person’s sex assigned at birth. Gender identity or expression may be demonstrated

by consistent and uniform assertion of the gender identity or any other evidence that the gender identity is part of a person's core identity." 16 Pa. Code § 41.204.

15. The PHRC regulations purport to "ensure that all unlawful discriminatory practices proscribed by the PHRA ... are interpreted and applied consistently ... also ensures that all complaints filed with the PHRC are investigated consistent with the rules outlined in this subchapter." 16 Pa. Code § 41.201.

16. Prior to the issuance of the PHRC regulations, the PHRA did not contain a definition of "sex" for purposes of the prohibition of sex discrimination, nor did the General Assembly explicitly grant the PHRC the authority to promulgate a regulation including such a broad and expansive definition².

17. Even after the issuance of the PHRC regulations, the Pennsylvania Supreme Court clearly defined "sex" as "either the male or female division of a species ..." for purposes of the Equal Rights Amendment to the Pennsylvania Constitution, Pa. Const. art. I, § 28. *Allegheny Reprod. Health Ctr. v. Pa. Dep't of Hum. Servs.*, 309 A.3d 808, 868-869 (Pa. 2024).

² During its 2023-2024 session, the Pennsylvania House of Representatives introduced HB 300, an Act amending the PHRA to explicitly include gender identity and expression as included in the protections of the PHRA. After at least three (3) considerations by committees, on October 8, 2024, a resolution was presented to discharge the committee from further consideration of HB 300. To be clear, HB 300 was never passed into law by the Pennsylvania legislature. The PHRA does not include gender identity and expression in its protections; nor does it define "sex" to include gender identity and expression.

18. The Pennsylvania Supreme Court further explained: “There is no reason to conclude, based on the text of Section 28, that there was an intention to give a different meaning to sex than the meaning given to it in the PHRA that preceded it.” *Allegheny*, 309 A.3d at 876.

19. The PHRA affords the PHRC the power to “adopt, promulgate, amend and rescind rules and regulations to effectuate the policies and provisions of [the PHRA].” 43 P.S. § 957(d).

20. However, Article II, Section 1 of the Pennsylvania Constitution provides:

The legislative power of this Commonwealth shall be vested in a General Assembly, which shall consist of a Senate and a House of Representatives.

Pa. Const., art. II, § 1.

21. The non-delegation doctrine, derived from Article II, Section 1 of the Pennsylvania Constitution, “requires that the basic policy choices involved in ‘legislative power’ actually be made by the [l]egislature as constitutionally mandated.” *City of Lancaster v. Pa. Pub. Util. Comm’n*, 313 A.3d 1020, 1027-1028 (Pa. 2024).

22. The Pennsylvania General Assembly has not delegated any authority to the PHRC to amend the PHRA to include a new definition of “sex;” nor has it

delegated any authority to the PHRC to amend and expand the definition of “sex” for purposes of Pennsylvania statutes.

23. Article III, Section 1 of the Pennsylvania Constitution provides:

No law shall be passed except by bill, and no bill shall be so altered or amended, on its passage through either House, as to change its original purpose.

Pa. Const., art. III, § 1.

24. The PHRC regulations were not passed by bill through the Pennsylvania General Assembly.

25. Article III, Section 6 of the Pennsylvania Constitution provides:

No law shall be revived, amended, or the provisions thereof extended or conferred, by reference to its title only, but so much thereof as is revived, amended, extended or conferred shall be re-enacted and published at length.

Pa. Const., art. III, § 6.

26. The PHRC regulations amend the PHRA.

27. The Pennsylvania Religious Freedom Protection Act (“RFPA”) provides, in relevant part:

- (a) General Rule.—Except as provided in subsection (b), an agency shall not substantially burden a person’s free exercise of religion, including any burden which results from a rule of general applicability.
- (b) Exceptions.—An agency may substantially burden a person’s free exercise of religion if the agency proves, by a preponderance of the evidence, that the burden is all of the following:

- (1) In furtherance of a compelling interest of the agency
- (2) The least restrictive means of furthering the compelling interest.

71 P.S. § 2404.

28. The definition of “person” under RFPA includes an individual or a church, association of churches or other religious order, body or institution which qualifies for exemption from taxation under section 501(c)(3) or (d) of the Internal Revenue Code of 1986 (26 U.S.C. § 501). 71 P.S. § 2403.

29. Petitioners qualify for exemption from taxation under section 501(c)(3) of the Internal Revenue Code of 1986, and they operate SJRHN consistent with the moral, ethical, sacramental, and social teachings of the Roman Catholic Church.

30. The definition of “substantially burden” under RFPA is an agency action which does any of the following:

- (1) Significantly constrains or inhibits conduct or expression mandated by a person’s sincerely held religious beliefs.
- (2) Significantly curtails a person’s ability to express adherence to the person’s religious faith.
- (3) Denies a person a reasonable opportunity to engage in activities which are fundamental to the person’s religion.
- (4) Compels conduct or expression which violates a specific tenet of a person’s religious faith.

71 P.S. §2403.

31. The RFPA also provides: “The General Assembly intends that all laws which it has heretofore enacted or will hereafter enact and all ordinances and regulations which have been or will be adopted by political subdivisions or executive agencies shall be construed so as to avoid the imposition of substantial burdens upon the free exercise of religion without compelling justification.” 71 P.S. §2402.

32. On or about January 22, 2025, E.S.³ filed a Complaint with the PHRC, captioned *E.S. v. SJRHN et al.*, PHRC Case No. 202401365 (“E.S.’s Complaint”) alleging that Petitioners discriminated against E.S. based on E.S.’s sex, “non-binary.” A redacted copy of E.S.’s Complaint is attached hereto as **Exhibit A**.

33. E.S. did not allege that Petitioners discriminated against E.S. because E.S. is male or because E.S. is female.

34. E.S. specifically alleged that, in 2024, Petitioners refused to perform a gender-affirming mastectomy at SJRHN on the basis that performing gender-affirming surgeries would be against SJRHN’s religious beliefs; E.S. claimed this was discrimination on the basis of sex, i.e., non-binary, because Petitioner SJRHN performs mastectomies on patients for non-gender-affirming reasons⁴.

³ Petitioners utilize PHRC Complainants’ initials rather than full names to protect the privacy of the Complainants and will likewise redact the full names of the Complainants on any attached materials.

⁴ E.S. has confirmed that PSH provided E.S. the gender-affirming procedure E.S. sought at PSH’s Hampden Medical Center location. *See Exhibit A* at pg. 4.

35. Petitioner SJRHN's free exercise of religion is substantially burdened by the PHRC regulations' new and expansive definition of "sex" for purposes of sex discrimination under the PHRA.

36. On March 20, 2023, the United States Conference of Catholic Bishops' ("USCCB") Committee on Doctrine issued a Doctrinal Note entitled Doctrinal Note on the Moral Limits to Technological Manipulation of the Human Body ("Doctrinal Note"). A copy of the Doctrinal Note is attached hereto as **Exhibit B**.

37. The Doctrinal Note specifically references an integral tenet of the Catholic faith—that God created Man as *male and female*, stating as follows:

5. Human bodiliness is, in turn, intrinsically connected with human sexual differentiation. Just as every human person necessarily has a body, so also human bodies, like those of other mammals, are sexually differentiated as male or female: "Male and female he created them" (Gen 1:27).⁸ Saint John Paul II reminded us that, in the Book of Genesis, we learn that "Man is created 'from the very beginning' as male and female: the life of all humanity—whether of small communities or of society as a whole—is marked by this primordial duality."⁹ The *Catechism of the Catholic Church* affirms: "Man and woman have been *created*, which is to say, *willed* by God: on the one hand, in perfect equality as human persons; on the other, in their respective beings as man and woman. 'Being man' or 'being woman' is a reality which is good and willed by God."¹⁰

⁶ *Catechism of the Catholic Church*, no. 365 (https://www.vatican.va/archive/ENG0015/_P1B.HTM): "The unity of soul and body is so profound that one has to consider the soul to be the 'form' of the body: i.e., it is because of its spiritual soul that the body made of matter becomes a living, human body; spirit and matter, in man, are not two natures united, but rather their union forms a single nature."

⁷ International Theological Commission, *Communion and Stewardship: Human Persons Created in the Image of God* (2002), no. 26 (https://www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_con_cfaith_doc_20040723_communione-stewardship_en.html).

⁸ Persons affected by Disorders of Sexual Development do not fall outside the two categories of male and female, but they do exhibit ambiguous or abnormal indicators of sexual difference, so that the sex of their bodies is difficult to determine, though not impossible for modern medical and genetic techniques.

⁹ Saint Pope John Paul II, *Letter to Families* (1994), no. 6 (https://www.vatican.va/content/john-paul-ii/en/letters/1994/documents/hf_jp-ii_let_02021994_families.html). Cf. *Catechism of the Catholic Church*, no. 2333.

¹⁰ *Catechism of the Catholic Church*, no. 369.

38. The Doctrinal Note further explains that Catholic principles view technological interventions on the human body that do not aim to repair some defect in the body or sacrifice a part of the body for the sake of the whole—including gender-affirming procedures—as “not morally justified” and as not “respect[ing] the fundamental order of the human person as an intrinsic unit of body and soul...” *See*

Exhibit B.

39. The USCCB specifically directs: “Catholic health care services must not perform interventions, whether surgical or chemical, that aim to transform the sexual characteristics of a human body into those of the opposite sex or take part in the development of such procedures. They must employ all appropriate resources to mitigate the suffering of those who struggle with gender incongruence, but the means used must respect the fundamental order of the human body. Only by using morally appropriate means do healthcare providers show full respect for the dignity of each human person.” *Id.*

40. To compel Petitioners to perform gender-affirming surgeries at SJRHN (and to hold Petitioners liable for failing to do so) would be to compel conduct violating a specific tenet of their faith and would jeopardize SJRHN’s classification as a Catholic hospital.

41. To compel Petitioners to perform gender-affirming surgeries at SJRHN (and to hold Petitioners liable for failing to do so) would not be the least restrictive means of furthering a government interest in protecting against sex discrimination.

42. To illustrate less restrictive means, another integral tenet of the Catholic faith is the belief that human life should be respected, and that abortion is contrary to the moral law. *See* USCCB Educational Resource: “The Catholic Church is a Pro-Life Church,” attached hereto as **Exhibit C**.

43. In enacting the PHRA, the Pennsylvania General Assembly explicitly included a carve-out allowing hospitals to refuse to perform or permit abortion or sterilization contrary to its stated ethical policy, and which allows providers stating objections to performing abortions or sterilizations on moral, religious, or professional grounds, to do the same without violating the PHRA; accordingly, hospitals may not be subject to litigation for declining to perform abortions for religious reasons. *See* 43 P.S. § 955.2.

44. When the PHRC issued the PHRC regulations, it failed to include any similar carve-outs allowing hospitals and providers to refuse to perform gender-affirming surgeries without violating the PHRA; thus, Petitioners can be and have been subject to discrimination lawsuits for SJRHN’s declination to provide gender-affirming care in accordance with their religious beliefs. *See* 16 Pa. Code. §§ 41.201 – 41.207.

45. In response to E.S.’s Complaint, Petitioners timely filed an Answer with Affirmative Defenses, asserting, in relevant part, that Petitioner SJRHN’s free exercise of religion is substantially burdened by the PHRC regulations’ new and expansive definition of “sex” for purposes of sex discrimination under the PHRA.

46. Petitioners also asserted that the PHRC regulations must not be construed as requiring Petitioners to provide all accommodations, advantages, facilities, and privileges without discrimination because of “sex,” to include “gender identity,” including providing gender-affirming surgical procedures and care, in violation of SJRHN’s sincerely held religious beliefs.

47. On September 30, 2025, after SJRHN initiated the present litigation, counsel for the PHRC notified Petitioners that the PHRC would be closing E.S.’s case and dismissing E.S.’s Complaint; on October 2, 2025, the PHRC filed a Motion to Discontinue E.S.’s case. *See Motion to Discontinue by the PHRC*, attached hereto as **Exhibit D**.

48. Despite the PHRC’s finding that E.S.’s claims lack merit in light of the RFPA, E.S. has approximately two (2) years to file suit against Petitioners in the appropriate Court of Common Pleas and E.S. has represented the intent to file such suit.

49. Petitioners’ free exercise of religion remains substantially burdened by the PHRC regulations’ new and expansive definition of “sex” for purposes of sex

discrimination under the PHRA because it allows individuals to bring administrative complaints of discrimination and subsequent discrimination lawsuits in state court against Petitioners based on SJRHN’s exercise of its religious freedom, *i.e.*, declining to provide gender-affirming care at SJRHN.

50. PSH offers gender-affirming care and services to adult patients in need of such care, regardless of the patients’ sex or transgender status. *See* PSH Webpage: Care for Transgender and Gender-Diverse Individuals, attached hereto as **Exhibit E**⁵.

51. On January 28, 2025, President Donald J. Trump issued Executive Order 14187, which made it the policy of the United States that it will not fund, sponsor, promote, assist, or support the “so-called ‘transition’” of a child from one sex to another, and it will rigorously enforce all laws that prohibit or limit gender-affirming procedures. *See* Executive Order 14187, Protecting Children from Chemical and Surgical Mutilation, FR Doc. 2025-02194, attached hereto as **Exhibit F**.

52. Executive Order 14187 directed the head of each executive department or agency that provides research or education grants to medical institutions to immediately take appropriate steps to ensure that institutions receiving Federal

⁵ The attached Webpage was last visited on November 26, 2025, at the following web address: <https://www.pennstatehealth.org/services-treatments/care-transgender-gender-diverse-individuals>.

research or education grants, like Petitioners, cease providing gender-affirming care to children under the age of nineteen (19). *See Exhibit F.*

53. Executive Order 14187 directed the Secretary of HHS to take certain actions to ensure healthcare providers who receive federal funding cease providing gender-affirming care to children, including changing Medicare or Medicaid conditions of participation or conditions for coverage and clinical-abuse or inappropriate-use assessments relevant to State Medicaid programs. *See id.*

54. Executive Order 14187 also directed the Secretary of HHS to promptly withdraw HHS's March 2, 2022 guidance document titled "HHS Notice and Guidance on Gender Affirming Care, Civil Rights and Patient Privacy" and, in consultation with the Attorney General, issue new guidance protecting whistleblowers who take action related to ensuring compliance with the order; the Secretary of HHS did so. *See id.; see also* February 20, 2025 HHS Guidance, attached hereto as **Exhibit G** (rescinding the March 2, 2022 guidance document titled "HHS Notice and Guidance on Gender Affirming Care, Civil Rights and Patient Privacy"); April 14, 2025 HHS Guidance, attached hereto as **Exhibit H** ("Guidance for Whistleblowers on the Chemical and Surgical Mutilation of Children").

55. Executive Order 14187 directed the Attorney General of the United States to prioritize enforcement of protections against female genital mutilation and

prioritize investigations and take appropriate action to end gender-affirming care for children. *See Exhibit F.*

56. On April 22, 2025, the Office of Attorney General of the United States issued a Memorandum for Select Component Heads to Petitioners with the subject Preventing the Mutilation of American Children (“OAG Memorandum”). *See OAG Memorandum*, attached hereto as **Exhibit I.**

57. The OAG Memorandum advises healthcare providers that, in the United States, it is a felony to perform, attempt to perform, or conspire to perform female genital mutilation on any person under the age of eighteen (18); that crime carries a maximum prison sentence of ten (10) years per count; and the Attorney General has directed all U.S. Attorneys to investigate and prosecute all female genital mutilation offenses to the fullest extent possible. *See id.*

58. The OAG Memorandum also advises healthcare providers that the DOJ will undertake investigations of violations of the Food, Drug, and Cosmetic Act and the False Claims Act related to the information medical providers give to the public about the long-term side effects of gender-affirming care. *See id.*

59. In order to follow federal law and protect PSH and its medical providers from criminal prosecution, governmental investigations for violations of laws, civil liability, and the loss of critical federal funding, in or around April 2025, PSH changed its policy regarding gender-affirming care.

60. In compliance with the new federal mandates, it is now PSH's policy that it offers gender-affirming care only to adults aged nineteen (19) and older. *See Exhibit E.*

61. In response to PSH following the new federal mandates established by President Trump and his administration, at least two (2) new complaints of discrimination have been filed against PSH.

62. On or about September 5, 2025, E.W. filed a Complaint with the PHRC, captioned as *E.W. obo P.T.S. v. PSH*, PHRC Case No. 202502571 ("E.W.'s Complaint"), alleging that PSH discriminated against her minor child, P.T.S., based on P.T.S.'s sex, "transgender." *See* E.W.'s Complaint, attached hereto as **Exhibit J.**

63. E.W. does not allege PSH discriminated against P.T.S. because P.T.S. is male or because P.T.S. is female.

64. E.W. specifically alleges that, in or around May 2025, PSH ceased providing gender-affirming care to children under the age of nineteen (19), including P.T.S., which E.W. claims constitutes sex-based discrimination prohibited by the PHRA, through the PHRC regulations.

65. The PHRC has accepted E.W.'s Complaint and requires PSH to timely file an Answer to the same.

66. On or about October 20, 2025, K.S. filed a Complaint with the PHRC, captioned as *K.S. obo C.A.S.W. v. PSH*, PHRC Case No. 202503272 ("K.S.'s

Complaint”), alleging, in part, that PSH discriminated against her minor child, C.A.S.W., based on the child’s sex, “non-binary/ungendered.” *See* K.S.’s Complaint, attached hereto as **Exhibit K**.

67. K.S. does not allege PSH discriminated against C.A.S.W. because C.A.S.W. is male or because C.A.S.W. is female.

68. K.S. specifically alleges that, in or around July 2025, PSH ceased providing gender-affirming care to children under the age of nineteen (19), including C.A.S.W., which K.S. claims constitutes sex-based discrimination prohibited by the PHRA, through the PHRC regulations.

69. The PHRC has accepted K.S.’s Complaint and requires PSH to timely file an Answer to the same.

70. Even if the PHRC were to dismiss the Complaints of E.W. and K.S. on the basis that the federal law set forth in Executive Order 14187 and subsequent documents issued by HHS and the OAG preempt the PHRA (including the PHRC regulations), E.W., K.S., and other individuals currently have the ability to file discrimination lawsuits in the appropriate Courts of Common Pleas pursuant to the PHRA, including through the PHRC regulations).

COUNT I
DECLARATORY JUDGMENT

71. Petitioners incorporate Paragraphs 1 through 71 above by reference as though set forth fully herein.

72. Under the Declaratory Judgments Act, 42 Pa. C.S. §§ 7531-7541, this Court has authority “to declare, rights, status and other legal relations whether or not further relief is or could be claimed....The declaration may be either affirmative or negative in form and effect, and such declarations shall have the force and effect of a final judgment or decree.” 42 Pa. C.S. § 7532.

73. The Declaratory Judgments Act further provides that “[a]ny person...whose rights, status or other legal relations are affected by a statute, municipal ordinance, contract, or franchise, may have determined any question of construction or validity arising under the instrument, statute, ordinance, contract, or franchise, and obtain a declaration of rights, status, or other legal relations thereunder.” 42 Pa. C.S. § 7533.

74. Finally, the Declaratory Judgments Act provides that “[i]ts purpose is to settle and to afford relief from uncertainty and insecurity with respect to rights, status, and other legal relations, and is to be liberally construed and administered.” 42 Pa. C.S. § 7541(a).

75. The RFPA explicitly authorizes declaratory relief for persons whose free exercise of religion has been burdened or likely will be burdened in violation of the RFPA. 71 P.S. § 2405(f).

76. For the reasons discussed herein, an actual, justiciable controversy exists between Petitioners and the PHRC regarding the PHRC’s issuance of and

reliance on the invalid, unconstitutional, and federally preempted PHRC regulations, with respect to which Petitioners are entitled to a declaration of their rights and further relief.

77. An entity created by statute, such as the PHRC, “can only exercise those powers which have been conferred upon it by the Legislature in clear and unmistakable language.” *Aetna Cas. & Ins. Co. v. Insurance Dep’t*, 638 A.2d 194, 200 (Pa. 1994) (quoting *Human Relations Comm’n v. Transit Cas. Ins. Co.*, 387 A.2d 58, 62 (Pa. 1978)); *see also Small v. Horn*, 722 A.2d 664, 669 (Pa. 1998) (“Administrative agencies are creatures of the legislature...and they have only those powers that are conferred by statute.”); *Koken v. Legion Ins. Co.*, 831 A.2d 1196, 1227 (Pa. Cmwlth. 2003) (“A creature of statute, such as the Insurance Commissioner acting as a rehabilitator, can only exercise those powers which have been conferred by the Legislature in clear and unmistakable language.” (citing *Aetna*)).

78. The PHRC exceeded its authority by issuing the PHRC regulations which included a new and expansive definition of “sex” without being granted the authority to do so. *See Insurance Federation of Pa., Inc. v. Com., Dept. of Ins.*, 889 A.2d 550, 555 (Pa. 2005) (explaining that authority may be given to a government official or administrative agency to make rules and regulations to cover “mere matters of detail for the implementation of a statute” but that “where the statute itself

is lacking in essential substantive provisions the law does not permit a transfer of the power to supply them, for the legislature cannot delegate its power to make a law”).

79. The PHRC’s issuance of the PHRC regulations is unconstitutional as violative of the Non-Delegation Doctrine; Article II, Section 1 of the Pennsylvania Constitution (Pa. Const., art. II, § 1); Article III, Section 1 of the Pennsylvania Constitution (Pa. Const., art. III, § 1); and Article III, Section 6 of the Pennsylvania Constitution (Pa. Const., art. III, § 6).

80. The PHRC’s issuance of the PHRC regulations substantially burdens SJRHN’s free exercise of religion in violation of the Pennsylvania Religious Freedom Protection Act, 71 P.S. §§ 2401 et seq. (“RFPA”).

81. The PHRC’s issuance of and reliance on the PHRC regulations are improper where federal law preempts the PHRA (and the PHRC regulations).

82. The PHRC’s issuance of and reliance on the PHRC regulations will force PSH to either comply with federal law and face continued discrimination lawsuits under the PHRA and PHRC regulations at great cost and expense or to violate federal law and subject its entities and providers to a loss of critical federal funding, civil liability, and criminal liability; PSH respectfully requests declaratory relief because either option would require it to suffer ongoing uncertainty in its day-to-day operations while proceeding through the administrative process.

83. A declaratory judgment in a pre-enforcement regulatory challenge is appropriate where the petitioner alleges that it would suffer ongoing uncertainty in its day-to-day operations and would sustain substantial expense in complying with the challenged regulations while proceeding through the administrative process. *Arsenal Coal Co.*, 477 A.2d at 1340. In this regard, “[w]here the effect of the challenged regulations upon the industry regulated is direct and immediate, the hardship thus presented suffices to establish the justiciability of the challenge in advance of enforcement.” *Id.* at 1339.

84. PSH seeks a Declaratory Judgment that the PHRA and PHRC regulations are preempted by federal law and, thus, PSH’s compliance with federal law and declination to provide gender-affirming care to children under the age of 19 is not violative of the PHRA, including the PHRC regulations.

WHEREFORE, Petitioners respectfully request that this Honorable Court enter declaratory judgment in their favor and against the PHRC and award such other relief as set forth in the Statement of Relief Requested section below.

STATEMENT OF RELIEF REQUESTED

WHEREFORE, based on the foregoing averments which are incorporated herein by reference, Petitioners PSH and SJRHN respectfully request that this Honorable Court:

1. Enter judgment in favor of Petitioners and against the PHRC;

2. Declare that the PHRC regulations are and always have been void, invalid, and unenforceable as the result of actions undertaken without statutory authority and in violation of the Non-Delegation Doctrine, the Pennsylvania Constitution, and the RFPA;
3. Declare that the PHRA and the PHRC regulations do not compel Petitioner SJRHN to provide technological interventions on the human body that do not aim to repair some defect in the body or sacrifice a part of the body for the sake of the whole, such as gender-affirming procedures and care, in violation of specific tenets of SJRHN's Roman Catholic faith;
4. Declare that the PHRA and the PHRC regulations are preempted by federal law, specifically Executive Order 14187 and its subsequently issued guidance and documents as it relates to providing gender-affirming care to children under the age of nineteen (19);
5. Declare that the PHRA and the PHRC regulations do not require Petitioners to provide gender-affirming care to children under the age of nineteen (19) in direct contravention of Executive Order 14187 and its subsequently issued guidance and documents, and that the PHRC must dismiss any Complaints claiming violations of the PHRA related to Petitioners ceasing to provide gender-affirming care to minors in compliance with federal law;
6. Award Petitioners attorney's fees and costs as permitted by law, including 42 Pa. C.S. § 1726; and
7. Enter such other and further relief as this Honorable Court deems just and proper.

[SIGNATURE PAGE FOLLOWS]

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

/s/Anthony (T.J.) Andrisano

Anthony (T.J.) Andrisano (Pa. I.D. No. 201231)
Alyssa K. Stouder (Pa. I.D. No. 324468)
409 N. Second St., Suite 500
Harrisburg, PA 17101
(717) 237-4856
anthony.andrisano@bipc.com
alyssa.stouder@bipc.com

Geoffrey F. Sasso, Esq. (Pa. I.D. No. 202936)
Makenzie P. Leh, Esq. (Pa. I.D. No. 333895)
50 S 16th Street, Suite 3200
Philadelphia, PA 19102
(215) 665-3918
geoffrey.sasso@bipc.com
makenzie.leh@bipc.com

*Attorneys for Petitioners Penn State Health and
St. Joseph Regional Health Network d/b/a Penn
State Health St. Joseph*

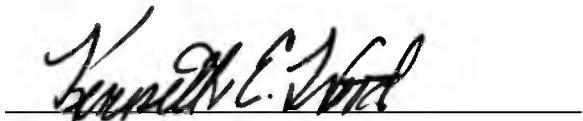
DATE: November 26, 2025

VERIFICATION

I, Kenneth E. Wood, DO, as a representative of Penn State Health and St. Joseph Regional Health Network d/b/a Penn State Health St. Joseph, verify that the facts appearing in the foregoing Petition for Review are true, accurate and correct to the best of my knowledge, information and belief.

This statement and verification is made subject to the penalties of 18 Pa.C.S.A. § 4904 relating to unsworn falsification to authorities.

Date: November 25, 2025

A handwritten signature in black ink that reads "Kenneth E. Wood". The signature is fluid and cursive, with "Kenneth" on the top line and "E. Wood" on the bottom line.

CERTIFICATE OF COMPLIANCE

I hereby certify that this filing complies with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents.

By: /s/ Anthony (T.J.) Andrisano

Anthony (T.J.) Andrisano (Pa. I.D. 201231)

DATE: November 26, 2025

EXHIBIT A

COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE
PENNSYLVANIA HUMAN RELATIONS COMMISSION

:
E[S]█, :
Complainant :
: :
v. : PHRC Case No. 202401365
:
St. Joseph Regional Health Network, :
d/b/a Penn State Health St. Joseph; The :
Pennsylvania State University; Penn State :
Health,
Respondents :
:

AMENDED COMPLAINT

JURISDICTION

Jurisdiction is pursuant to the Pennsylvania Human Relations Act 43 P.S. §§ 951-963.

PARTIES

The Complainant herein is:

E[S]█
██████████

The Respondents herein are:

St. Joseph Regional Health Network, d/b/a Penn State Health St. Joseph
100 Crystal A Drive MC CA210
Hershey, PA 17033

The Pennsylvania State University
208 Old Main
University Park, PA 16802

Penn State Health
100 Crystal A Drive MC CA210
Hershey, PA 17033

COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE
PENNSYLVANIA HUMAN RELATIONS COMMISSION

E[REDACTED] S[REDACTED],

: PHRC Case No.

Complainant :

v.

St. Joseph Regional Health Network,
Penn State Health, and The
Pennsylvania State University,

Respondents :

2025 JAN 22 AM 9:01

COMPLAINT

1. COMPLAINANT

E[REDACTED] S[REDACTED]

[REDACTED]

Counsel:

Richard T. Ting
ACLU of Pennsylvania
P.O. Box 23058
Pittsburgh, PA 15222
rting@aclupa.org
412-634-1151

2. RESPONDENTS

St. Joseph Regional Health Network,
d/b/a Penn State Health St. Joseph, a
Pennsylvania nonprofit corporation
with a registered office at:
100 Crystal A Drive MC CA210
Hershey, PA 17033

The Pennsylvania State University,
a state-related university as part of
the Commonwealth System of
Higher Education, and a
Pennsylvania nonprofit corporation
with a registered office at:
208 Old Main
University Park, PA 16802

Penn State Health,
a Pennsylvania nonprofit corporation
with a registered office at:
100 Crystal A Drive MC CA 210
Hershey, PA 17033

3. Respondent St. Joseph Regional Health Network, under the direction and control of Penn State Health and The Pennsylvania State University, operates Penn State Health St. Joseph Medical Center, which is a public accommodation which is open to, accepts, or solicits the patronage of the general public.

4a. Penn State Health St. Joseph Medical Center is located at 2500 Bernville Road, Reading, PA 19605.

4b. I did not visit Penn State Health St. Joseph Medical Center, because I was denied services there.

5. **Protected Class:** Sex, nonbinary

6. **Dates of Discrimination:**

Beginning: 07/23/2024 **Ending:** 07/23/2024

Continuing? No.

7. **DESCRIBE THE DISCRIMINATORY CONDUCT, WITH SPECIFICITY, AND EXPLAIN HOW THE DISCRIMINATORY CONDUCT IS RELATED TO YOUR PROTECTED CLASS:**

(e.g. denial of admittance, denial of disability accommodation, retaliation, different terms and conditions of services provided)

Discriminatory Conduct

This complaint relates to refusal to provide gender-affirming procedures at Penn State Health St. Joseph Medical Center, a hospital located at 2500 Bernville Road, Reading, PA 19605 (Berks County). Penn State Health St. Joseph Medical Center is operated by St. Joseph Regional Health Network, and is part of the Penn State Health system, which is controlled by The Pennsylvania State University.

On July, 23, 2024, The Pennsylvania State University, Penn State Health, and/or St. Joseph Regional Health Network (d/b/a Penn State Health St. Joseph) discriminated against me on the basis of sex by cancelling my mastectomy surgery, which was scheduled for July 24, 2024, at Penn State Health St. Joseph Medical Center. The reason for the cancellation is that Penn State Health and St. Joseph Regional Health Network do not allow gender-affirming procedures at Penn State Health St. Joseph Medical Center.

Dr. [REDACTED] a Penn State Health surgeon specializing in all aspects of plastic and reconstructive surgery, including breast reconstruction and cosmetic surgery, agreed to perform my surgery. The surgery was deemed medically necessary by my

primary care provider, Dr. [REDACTED] to alleviate emotional duress of gender dysphoria. Dr. [REDACTED] in pre-surgery notes explained the surgery would benefit me “given the severity of [my] anxiety and emotional distress with the gender dysphoria.”

On July 23, 2024, at 2:08 PM, Penn State Health St. Joseph Medical Center’s scheduling department called me to confirm my 5:30 AM arrival time for my surgery the next day. On July 23, 2024, at 4:39 PM, [REDACTED] Chief Nursing Officer for Penn State Health St. Joseph Medical Center, and [REDACTED] Vice President of Medical Affairs for Penn State Health St. Joseph Medical Center, called me to tell me my surgery was cancelled. In that and subsequent conversations, Ms. [REDACTED] and Ms. [REDACTED] told me that I may not receive gender-affirming procedures at Penn State Health St. Joseph Medical Center because such procedures are not in alignment with the Diocese at St. Joseph and the Catholic Church.

Cancellation of my surgery less than 24 hours before the scheduled time was devastating. I planned for this procedure for almost six months and put my life on hold for it. When Ms. [REDACTED] and Ms. [REDACTED] told me my surgery was cancelled, I became distraught and had to leave the room. My mother had to continue and finish the phone call for me.

In simple terms, my world came crashing down. I was hysterical and immediately caved into my previous history of acute depressive and manic episodes due to various reasons (Generalized Anxiety Disorder, Major Depressive Disorder, PTSD and Gender Dysphoria). The immediate course of my life was completely derailed and I did not know what to do. I considered checking myself into an in-patient mental health facility.

My understanding is that Dr. [REDACTED] in the past had performed mastectomies for gender-affirming purposes at Penn State Health St. Joseph Medical Center, with express permission from Penn State Health and/or St. Joseph Regional Health Network. Ms. [REDACTED] and Ms. [REDACTED] have told me that Dr. [REDACTED] and other doctors have permission to perform breast reduction and mastectomy surgeries at Penn State Health St. Joseph Medical Center for reasons other than gender-affirming care, but Dr. [REDACTED] no longer has permission to perform gender-affirming procedures at Penn State Health St. Joseph Medical Center. Ms. [REDACTED] and Ms. [REDACTED] told me Dr. [REDACTED] should not have been given past permission to perform such procedures at Penn State Health St. Joseph Medical Center.

Penn State Health offers gender-affirming mastectomies at other Penn State Health facilities. After my surgery was cancelled, Ms. [REDACTED] and Ms. [REDACTED] gave me the options of finding a different surgeon at Penn State Health Hampden Medical Center, or trying to get permission for Dr. [REDACTED] to perform my surgery at a facility other than Penn State Health St. Joseph Medical Center. Penn State Health and St.

Joseph Regional Health Network do not require patients seeking mastectomies for reasons other than gender-affirming care to seek these alternatives.

Although I would have preferred to have my surgery performed by Dr. [REDACTED] since my primary care doctor referred me to him and I had spent months building a trusting relationship with him, Dr. [REDACTED] was unable to secure an alternate location to perform my surgery. I eventually was able to have a mastectomy at Penn State Health Hampden Medical Center, but this required referral to a different doctor and additional pre-surgery appointments.

Relationships Among Respondents

Penn State Health controls St. Joseph Regional Health Network. According to St. Joseph Regional Health Network's 2022 IRS Form 990, Penn State Health is St. Joseph Regional Health Network's sole member, Penn State Health controls election and removal of St. Joseph Regional Health Network's directors and officers, and Penn State Health has the authority "to adopt or modify the mission, vision, or objectives of [St. Joseph Regional Health Network]" and "to approve and authorize additions and eliminations of clinical services of [St. Joseph Regional Health Network] and to determine the distribution of clinical and support services across the [Penn State Health] system."

The Pennsylvania State University controls Penn State Health. According to Penn State Health's 2022 IRS Form 990, Penn State Health's program services "promote, support, and further The Pennsylvania State University," and "the purposes of [Penn State Health and The Pennsylvania State University's College of Medicine] are intertwined and mutually supportive." The Pennsylvania State University is one of two members of Penn State Health (the other being Highmark Health), and maintains control over many aspects of Penn State Health's governance.

Additionally, The Pennsylvania State University, by allowing Penn State Health and St. Joseph Regional Health Network to use service marks and symbols (e.g., the "Penn State" name, Nittany Lion logos and statues) associated with The Pennsylvania State University, has authorized Penn State Health and St. Joseph Regional Health Network to hold themselves out as providing health care services that originate from The Pennsylvania State University.

8. Based upon the foregoing, I allege that the Respondents violated Section 5 of the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
9. The Pennsylvania Human Relations Commission has jurisdiction over this matter pursuant to the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
10. I pray that the Respondents be required to provide all appropriate remedies under Section 9 of the Pennsylvania Human Relations Act.

VERIFICATION

I hereby verify that the statements contained in this Complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.

1/21/2025

Signal

E S _____
Printed Name

WARNING: COMPLAINTS MUST BE SIGNED AND FILED WITHIN 180 DAYS OF THE ALLEGED ACT OF HARM.

EXHIBIT B

**DOCTRINAL NOTE ON THE MORAL LIMITS TO
TECHNOLOGICAL MANIPULATION OF THE HUMAN BODY**

*Committee on Doctrine
United States Conference of Catholic Bishops*

1. Modern technology offers an ever-increasing range of means—chemical, surgical, genetic—for intervening in the functioning of the human body, as well as for modifying its appearance. These technological developments have provided the ability to cure many human maladies and promise to cure many more. This has been a great boon to humanity. Modern technology, however, produces possibilities not only for helpful interventions, but also for interventions that are injurious to the true flourishing of the human person. Careful moral discernment is needed to determine which possibilities should be realized and which should not, in order to promote the good of the human person. To do this discernment, it is necessary to employ criteria that respect the created order inscribed in our human nature.

THE NATURAL ORDER

2. A fundamental tenet of the Christian faith is that there is an order in the natural world that was designed by its Creator and that this created order is good (Gen 1:31; Ps 19:1ff.). The Church has always affirmed the essential goodness of the natural order and called on us to respect it. The Second Vatican Council taught: “From the fact of being created, every thing possesses its own stability, truth and goodness, and its own laws and order, which should be respected by us in recognizing the methods which are appropriate to the various sciences and arts.”¹ Pope Benedict XVI explained that the natural world has an “inbuilt order,” a “grammar” that “sets forth ends and

¹ Second Vatican Council, Pastoral Constitution *Gaudium et Spes*, no. 36; in *Decrees of the Ecumenical Councils*, ed. Norman P. Tanner, S.J. (Washington, D.C.: Georgetown University Press, 1990).

criteria for its wise use, not its reckless exploitation.”² Pope Francis has warned against a “technological paradigm” that treats the natural world as “something formless, completely open to manipulation.”³ He observes that human beings have always been intervening in nature,

but for a long time this meant being in tune with and respecting the possibilities offered by the things themselves. It was a matter of receiving what nature itself allowed, as if from its own hand. Now, by contrast, we are the ones to lay our hands on things, attempting to extract everything possible from them while frequently ignoring or forgetting the reality in front of us.⁴

3. What is true of creation as a whole is true of human nature in particular: there is an order in human nature that we are called to respect. In fact, human nature deserves utmost respect since humanity occupies a singular place in the created order, being created in the image of God (Gen. 1:27). To find fulfillment as human persons, to find true happiness, we must respect that order. We did not create human nature; it is a gift from a loving Creator. Nor do we “own” our human nature, as if it were something that we are free to make use of in any way we please. Thus, genuine respect for human dignity requires that decisions about the use of technology be guided by genuine respect for this created order.

4. A crucial aspect of the order of nature created by God is the body-soul unity of each human person. Throughout her history, the Church has opposed dualistic conceptions of the human person that do not regard the body as an intrinsic part of the human person, as if the soul were essentially complete in itself and the body were merely an instrument used by the soul.⁵ In opposition to dualisms both ancient and modern, the Church has always maintained that, while

² Pope Benedict XVI, Encyclical Letter *Caritas in Veritate* (2009), no. 48 (https://www.vatican.va/content/benedict-xvi/en/encyclicals/documents/hf_ben-xvi_enc_20090629_caritas-in-veritate.html).

³ Pope Francis, Encyclical Letter *Laudato Si'* (2015), no. 106 (https://www.vatican.va/content/francesco/en/encyclicals/documents/papa-francesco_20150524_enciclica-laudato-si.html).

⁴ Pope Francis, *Laudato Si'*, no. 106.

⁵ While in ancient and medieval thought dualism was typically expressed in terms of soul and body, in modern thought it is often expressed in terms of mind and body.

there is a distinction between the soul and the body, *both* are constitutive of what it means to be human, since spirit and matter, in human beings, “are not two natures united, but rather their union forms a single nature.”⁶ The soul does not come into existence on its own and somehow happen to be in this body, as if it could just as well be in a different body. A soul can never be in another body, much less be in the wrong body. *This* soul only comes into existence together with *this* body. What it means to be a human person necessarily includes bodilyness. “Human beings are physical beings sharing a world with other physical beings.”⁷

5. Human bodilyness is, in turn, intrinsically connected with human sexual differentiation. Just as every human person necessarily has a body, so also human bodies, like those of other mammals, are sexually differentiated as male or female: “Male and female he created them” (Gen 1:27).⁸ Saint John Paul II reminded us that, in the Book of Genesis, we learn that “Man is created ‘from the very beginning’ as male and female: the life of all humanity—whether of small communities or of society as a whole—is marked by this primordial duality.”⁹ The *Catechism of the Catholic Church* affirms: “Man and woman have been *created*, which is to say, *willed* by God: on the one hand, in perfect equality as human persons; on the other, in their respective beings as man and woman. ‘Being man’ or ‘being woman’ is a reality which is good and willed by God.”¹⁰

⁶ *Catechism of the Catholic Church*, no. 365 (https://www.vatican.va/archive/ENG0015/_P1B.HTM): “The unity of soul and body is so profound that one has to consider the soul to be the ‘form’ of the body: i.e., it is because of its spiritual soul that the body made of matter becomes a living, human body; spirit and matter, in man, are not two natures united, but rather their union forms a single nature.”

⁷ International Theological Commission, *Communion and Stewardship: Human Persons Created in the Image of God* (2002), no. 26 (https://www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_con_cfaith_doc_20040723_communio-stewardship_en.html).

⁸ Persons affected by Disorders of Sexual Development do not fall outside the two categories of male and female, but they do exhibit ambiguous or abnormal indicators of sexual difference, so that the sex of their bodies is difficult to determine, though not impossible for modern medical and genetic techniques.

⁹ Saint Pope John Paul II, *Letter to Families* (1994), no. 6 (https://www.vatican.va/content/john-paul-ii/en/letters/1994/documents/hf_jp-ii_let_02021994_families.html). Cf. *Catechism of the Catholic Church*, no. 2333.

¹⁰ *Catechism of the Catholic Church*, no. 369.

Just as bodiliness is a fundamental aspect of human existence, so is either “being a man” or “being a woman” a fundamental aspect of existence as a human being, expressing a person’s unitive and procreative finality. The Congregation for the Doctrine of the Faith insists that

the importance and the meaning of sexual difference, as a reality deeply inscribed in man and woman, needs to be noted. “Sexuality characterizes man and woman not only on the physical level, but also on the psychological and spiritual, making its mark on each of their expressions.” It cannot be reduced to a pure and insignificant biological fact, but rather “is a fundamental component of personality, one of its modes of being, of manifestation, of communicating with others, of feeling, of expressing and of living human love.” This capacity to love – reflection and image of God who is Love – is disclosed in the spousal character of the body, in which the masculinity or femininity of the person is expressed.¹¹

6. In our contemporary society there are those who do not share this conception of the human person. Pope Francis has spoken about an ideology that promotes “a personal identity and emotional intimacy radically separated from the biological difference between male and female,” in which “human identity becomes the choice of the individual, one which can also change over time.”¹² In response to this, Pope Francis affirmed:

It needs to be emphasized that “biological sex and the socio-cultural role of sex (gender) can be distinguished but not separated.” … It is one thing to be understanding of human weakness and the complexities of life, and another to accept ideologies that attempt to sunder what are inseparable aspects of reality. Let us not fall into the sin of trying to replace the Creator. We are creatures, and not omnipotent. Creation is prior to us and must be received as a gift. At the same time, we are called to protect our humanity, and this means, in the first place, accepting it and respecting it as it was created.¹³

¹¹ Congregation for the Doctrine of the Faith, *Letter on the Collaboration of Men and Woman in the Church and in the World* (2004), no. 8 (https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20040731_collaboration_en.html); quotations from Congregation for Catholic Education, *Educational Guidance in Human Love: Outlines for Sex Education* (1983), no. 5 and no. 4, respectively.

¹² Pope Francis, Post-Synodal Apostolic Exhortation *Amoris Laetitia* (2016), no. 56; quoting the *Relatio Finalis* of the Synod on the Family (2015), no. 8 (https://www.vatican.va/content/francesco/en/apost_exhortations/documents/papa-francesco_esortazione-ap_20160319_amoris-laetitia.html).

¹³ Pope Francis, *Amoris Laetitia*, no. 56; quoting the *Relatio Finalis*, no. 58.

TECHNOLOGICAL INTERVENTIONS

7. The human person, body and soul, man or woman, has a fundamental order and finality whose integrity must be respected. Because of this order and finality, neither patients nor physicians nor researchers nor any other persons have unlimited rights over the body; they must respect the order and finality inscribed in the embodied person. Pope Pius XII taught that the patient “is not the absolute master of himself, of his body, of his mind. He cannot dispose of himself just as he pleases.”¹⁴ The Pope went on to affirm that, with regard to the faculties and powers of one’s human nature, a patient “is the user and not the owner” and thus “does not have an unlimited power to effect acts of destruction or of mutilation of a kind that is anatomical or functional.”¹⁵ The body is not an object, a mere tool at the disposal of the soul, one that each person may dispose of according to his or her own will, but it is a constitutive part of the human subject, a gift to be received, respected, and cared for as something intrinsic to the person. As Pope Francis affirmed: “The acceptance of our bodies as God’s gift is vital for welcoming and accepting the entire world as a gift from the Father and our common home, whereas thinking that we enjoy absolute power over our own bodies turns, often subtly, into thinking that we enjoy absolute power over creation.”¹⁶

8. There are essentially two scenarios recognized by the Church’s moral tradition in which technological interventions on the human body may be morally justified: 1) when such

¹⁴ Pope Pius XII, “Discours aux participants au Congrès International d’Histopathologie du Système Nerveux,” 14 September 1952 (https://www.vatican.va/content/pius-xii/fr/speeches/1952/documents/hf_p-xii_spe_19520914_istopatologia.html). See also his “Discours à la VIII^e Assemblée de l’Association Médicale Mondiale,” 30 September 1954 (https://www.vatican.va/content/pius-xii/fr/speeches/1954/documents/hf_p-xii_spe_19540930_viii-assemblea-medica.html).

¹⁵ Pope Pius XII, “Discours,” 14 September 1952.

¹⁶ Pope Francis, *Laudato Si’*, no. 155. In the same paragraph, Pope Francis quotes Pope Benedict XVI, who asserted: “Man too has a nature that he must respect and that he cannot manipulate at will” (Address to the Bundestag, 22 September 2011 (https://www.vatican.va/content/benedict-xvi/en/speeches/2011/september/documents/hf_ben-xvi_spe_20110922_reichstag-berlin.html)).

interventions aim to repair a defect in the body; 2) when the sacrifice of a part of the body is necessary for the welfare of the whole body. These kinds of technological interventions respect the fundamental order and finality inherent in the human person. However, there are other technological interventions that aim neither to repair some defect in the body nor to sacrifice a part for the sake of the whole but, rather, aim to alter the fundamental order of the body. Such interventions do not respect the order and finality inscribed in the human person.

REPAIRING A DEFECT IN THE BODY

9. Much of the practice of medicine involves using the available technology to repair defects in the body, usually when it has been affected by some injury or ailment.¹⁷ The intention to repair defects in the body shows respect for the fundamental order of the body, which is commendable. In fact, each of us has a duty to care for our bodies. The *Ethical and Religious Directives for Catholic Health Care Services* affirm that “every person is obliged to use ordinary means¹⁸ to preserve his or her health.”¹⁹ This obligation no longer holds, however, when the benefits of the intervention are no longer proportionate to the burdens involved.²⁰ Thus, judging whether or not

¹⁷ Sometimes the technology is used not to return the body to a previous state but to compensate for some lack of normal development in the body.

¹⁸ Use of extraordinary means is never morally obligatory. Cf. Pope Pius XII, “Discours du Pape Pie XII en réponse à trois questions de morale médicale sur la réanimation,” 24 November 1957 (https://www.vatican.va/content/pius-xii/fr/speeches/1957/documents/hf_p-xii_spe_19571124_rianimazione.html); Congregation for the Doctrine of the Faith, “Commentary on the Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration,” 1 August 2007 (https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20070801_nota-commento_en.html).

¹⁹ United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, Sixth Edition (2018), no. 32 (<https://www.usccb.org/about/doctrine/ethical-and-religious-directives/upload/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06.pdf>); cf. no. 56. See also Congregation for the Doctrine of the Faith, *Declaration on Euthanasia* (1980), Pt. IV (https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19800505_euthanasia_en.html).

²⁰ USCCB, *Ethical and Religious Directives*, no. 32: “...no person should be obliged to submit to a health care procedure that the person has judged, with a free and informed conscience, not to provide a reasonable hope of benefit without imposing excessive risks and burdens on the patient or excessive expense to family or community”.

a reparative medical intervention is morally licit requires a consideration not only of the object of the act and of the intention in undertaking it, but also of the consequences of the action, which would include an evaluation of the likelihood of discernible benefit to the person and a comparison of expected benefits with expected burdens. Sometimes the expected benefits (such as improved health or function) will outweigh the expected burdens (such as cost or physical pain involved in the procedure), but sometimes they will not.

10. A similar analysis is involved in considering the morality of interventions undertaken to improve the body not in terms of its functioning but rather in terms of its appearance, which can involve either restoring appearance or improving it. In this regard, Pope Pius XII acknowledged that the physical beauty of a person “is in itself a good, though subordinated to others that are much higher, and consequently precious and desirable.”²¹ He goes on to point out that physical beauty “does not stand at the summit of the scale of values, for it is a good that is neither spiritual nor essential”; indeed, it is “a good, but a corporal one … As a good and a gift from God, it must be esteemed and cared for, without, however, requiring recourse to extraordinary means as a duty.”²² Since the moral analysis requires that the expected benefits of a procedure be proportionate to the expected burdens and risks, a higher level of burden and risk can be justified in the case of someone who seeks to repair defects in order to achieve a normal appearance than in the case of someone who already has a normal appearance and who, as Pope Pius XII put it, seeks “the perfection of

²¹ Pope Pius XII, “Discorso ai partecipanti al X Congresso Nazionale della Società Italiana di chirurgia plastica,” 4 Oct. 1958, III (https://www.vatican.va/content/pius-xii/it/speeches/1958/documents/hf_p-xii_spe_1958_1004_chirurgia-plastica.html).

²² Pope Pius XII, “Discorso,” 4 October 1958, III.

his or her features.”²³ Still, both of these could be morally licit, if undertaken with the correct intention and in the correct circumstances.²⁴

THE SACRIFICE OF A PART FOR THE SAKE OF THE WHOLE

11. Pope Pius XII’s predecessor, Pope Pius XI, also stressed the need to respect the fundamental order of the body, affirming that, as a rule, one is not allowed “to destroy or mutilate” members of one’s body. At the same time, however, he affirmed that there can be exceptions when the welfare of the body as a whole is at stake.

Christian doctrine establishes, and the light of human reason makes it most clear, that private individuals have no other power over the members of their bodies than that which pertains to their natural ends; and they are not free to destroy or mutilate their members, or in any other way render themselves unfit for their natural functions, *except when no other provision can be made for the good of the whole body.*²⁵

This teaching was further developed by Pope Pius XII, who explained that

each particular organ is subordinated to the body as a whole and must yield to it in case of conflict. Therefore, the one who has been given the use of the whole organism has the right to sacrifice a particular organ, if its retention or its functioning causes significant harm to the whole, harm that cannot possibly be avoided any other way.²⁶

12. Pope Pius XII stipulated three conditions that must be fulfilled for a medical intervention “that involves anatomical or functional mutilation” to be morally permissible:

First, the retention or functioning of a particular organ in the organism as a whole causes serious damage to it or constitutes a threat.

²³ Pope Pius XII, “Discorso,” 4 October 1958, III.

²⁴ Pope Pius XII provides some examples of incorrect intentions, such as increasing one’s power of seduction or protecting a guilty party from justice. He also gives as an example of an illicit cosmetic intervention one “that causes damage to the regular functions of the physical organs” (“Discorso,” 4 October 1958, III).

²⁵ Pope Pius XI, Encyclical Letter *Casti Connubii* (1930), no. 71 (https://www.vatican.va/content/pius-xi/en/encyclicals/documents/hf_p-xi_enc_19301231_casti-connubii.html). Emphasis added.

²⁶ Pope Pius XII, “Discours aux Participants au XXVIe Congrès Organisé par la Société Italienne d’Urologie,” 8 October 1953, I (https://www.vatican.va/content/pius-xii/fr/speeches/1953/documents/hf_p-xii_spe_19531008_congresso-urologia.html). Cf. St. Thomas Aquinas, *Summa theologiae* II-II, q. 65, a. 1; I-II, q. 90, a. 2.

Second, this damage cannot be avoided, or at least appreciably diminished, otherwise than by the mutilation in question and the effectiveness of the mutilation is well assured.

Finally, it can reasonably be expected that the negative effect, i.e., the mutilation and its consequences, will be compensated for by the positive effect: removal of the danger for the whole organism, lessening of suffering, etc.²⁷

These conditions ensure proper respect for the fundamental order of the human person in that they establish that the sacrifice of the part of the body is not itself what is sought, that this is truly a last resort that is necessary for the welfare of the body, there being no other options for securing the welfare of the body as a whole.

ATTEMPTS TO ALTER THE FUNDAMENTAL ORDER OF THE HUMAN BODY

13. While the foregoing two types of technological interventions take the basic order of the human person as a given and do not intend to alter it, there is another type of intervention that regards this order as unsatisfactory in some way and proposes a more desirable order, a redesigned order. Some proposals for genetic engineering fit into this category: not those that aim to repair some defect, but those that are non-therapeutic manipulations of human genetic material. The Congregation for the Doctrine of the Faith has explained that “procedures used on somatic cells for strictly therapeutic purposes are in principle morally licit” since these procedures “seek to restore the normal genetic configuration of the patient or to counter damage caused by genetic anomalies or those related to other pathologies.”²⁸ By contrast, genetic engineering “for purposes other than medical treatment” is not morally permissible.²⁹ Here the intention is to replace the

²⁷ Pope Pius XII, “Discours,” 8 October 1953, I.

²⁸ Congregation for the Doctrine of the Faith, *Instruction on Certain Bioethical Questions (Dignitas Personae)* (2008), no. 26 (https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20081208_dignitas-personae_en.html). The Congregation adds the qualifications that the patient must not be “exposed to risks to his health or physical integrity which are excessive or disproportionate to the gravity of the pathology for which a cure is sought” and that the patient or his legitimate representative must give informed consent.

²⁹ Congregation for the Doctrine of the Faith, *Instruction on Certain Bioethical Questions (Dignitas Personae)*, no. 27.

natural order with what is imagined to be a new and better order. The Congregation warns that “in the attempt to create *a new type of human being* one can recognize *an ideological element* in which man tries to take the place of his Creator.”³⁰ In a similar way, some proposals for “cybernetic enhancement” also aim to redesign the fundamental order of the human being and to produce a new type of human being by replacing some or all³¹ bodily organs with artificial devices. These kinds of technological interventions are, in most cases, currently in the developmental stage or are under theoretical consideration.

14. What is widely in practice today, however, and what is of great concern, is the range of technological interventions advocated by many in our society as treatments for what is termed “gender dysphoria” or “gender incongruence.”³² These interventions involve the use of surgical or chemical techniques that aim to exchange the sex characteristics of a patient’s body for those of the opposite sex or for simulations thereof. In the case of children, the exchange of sex characteristics is prepared by the administration of chemical puberty blockers, which arrest the natural course of puberty and prevent the development of some sex characteristics in the first place.

15. These technological interventions are not morally justified either as attempts to repair a defect in the body or as attempts to sacrifice a part of the body for the sake of the whole. First, they do not repair a defect in the body: there is no disorder in the body that needs to be addressed; the bodily organs are normal and healthy. Second, the interventions do not sacrifice one part of

³⁰ Congregation for the Doctrine of the Faith, *Instruction on Certain Bioethical Questions (Dignitas Personae)*, no. 27

³¹ Some even envision transferring what they imagine to be the essence of the human person from the brain into a computer, thereby leaving bodily existence behind altogether.

³² The term “gender dysphoria” was introduced in 2013 in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (Arlington, VA: American Psychiatric Association, 2013), 452-53. The term “gender incongruence” was introduced in 2022 in the eleventh revision of the *International Classification of Diseases* published by the World Health Organization (<https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2fid%2fentity%2f411470068>).

the body for the good of the whole. When a part of the body is legitimately sacrificed for the sake of the whole body, whether by the entire removal or substantial reconfiguration of a bodily organ, the removal or reconfiguring of the bodily organ is reluctantly tolerated as the only way to address a serious threat to the body. Here, by contrast, the removal or reconfiguring is itself the desired result.³³

16. Instead, rather than to repair some defect in the body or to sacrifice a part for the sake of the whole, these interventions are intended to transform the body so as to make it take on as much as possible the form of the opposite sex, contrary to the natural form of the body. They are attempts to alter the fundamental order and finality of the body and to replace it with something else.

17. There is a wide range of interventions used for this purpose, corresponding to the variety of ways in which sexual differentiation affects various parts of the body. Currently, not all persons who seek this kind of treatment undergo all the interventions available, either because they are unable to do so, or they choose not to do so for some reason; instead, they typically undergo some limited selection of the available interventions. These interventions differ in the magnitude of the changes brought about in the body. They are alike, however, in that they all have the same basic purpose: that of transforming sex characteristics of the body into those of the opposite sex.

18. Such interventions, thus, do not respect the fundamental order of the human person as an intrinsic unity of body and soul, with a body that is sexually differentiated. Bodiliness is a fundamental aspect of human existence, and so is the sexual differentiation of the body. Catholic health care services must not perform interventions, whether surgical or chemical, that aim to

³³ With some procedures of this category, the removal of the organ is directly intended in order to allow for its replacement with a simulation of the corresponding organ of the opposite sex; in other procedures, the removal of the organ is directly intended because the absence of the organ is a characteristic of the opposite sex; in still others, the reconfiguring of the organ is directly intended in order to make the organ resemble as much as possible the corresponding organ of the opposite sex.

transform the sexual characteristics of a human body into those of the opposite sex or take part in the development of such procedures. They must employ all appropriate resources to mitigate the suffering of those who struggle with gender incongruence, but the means used must respect the fundamental order of the human body. Only by using morally appropriate means do healthcare providers show full respect for the dignity of each human person.

CONCLUSION: MORAL LIMITS TO THE TECHNOLOGICAL MANIPULATION OF THE HUMAN BODY

19. The use of technology in order to manipulate the natural world has a history that goes back to the earliest use of tools. What is different in our day is the greatly expanded capabilities that modern technology offers and the rapid development of ever-new possibilities. As the boundaries of what is technologically possible continue to expand, it is imperative to identify moral criteria to guide our use of technology. As the range of what we *can* do expands, we must ask what we *should* or *should not* do. An indispensable criterion in making such determinations is the fundamental order of the created world. Our use of technology must respect that order.

20. To be sure, many people are sincerely looking for ways to respond to real problems and real suffering.³⁴ Certain approaches that do not respect the fundamental order appear to offer solutions. To rely on such approaches for solutions, however, is a mistake. An approach that does not respect the fundamental order will never truly solve the problem in view; in the end, it will only create further problems. The Hippocratic tradition in medicine calls upon all healthcare providers first and foremost to “do no harm.” Any technological intervention that does not accord with the fundamental order of the human person as a unity of body and soul, including the sexual difference inscribed in the body, ultimately does not help but, rather, harms the human person.

³⁴ With regard to those who identify as transgender or non-binary, there is a range of pastoral issues that need to be addressed, but that cannot be addressed in this document.

21. Particular care should be taken to protect children and adolescents, who are still maturing and who are not capable of providing informed consent. As Pope Francis has taught, young people in particular

need to be helped to accept their own body as it was created, for “thinking that we enjoy absolute power over our own bodies turns, often subtly, into thinking that we enjoy absolute power over creation... An appreciation of our body as male or female is also necessary for our own self-awareness in an encounter with others different from ourselves. In this way we can joyfully accept the specific gifts of another man or woman, the work of God the Creator, and find mutual enrichment.”³⁵

22. The search for solutions to problems of human suffering must continue, but it should be directed toward solutions that truly promote the flourishing of the human person in his or her bodily integrity. As new treatments are developed, they too should be evaluated according to sound moral principles grounded in the good of the human person as a subject with his or her own integrity. Catholic health care services are called to provide a model of promoting the authentic good of the human person. To fulfill this duty, all who collaborate in Catholic health care ministry must make every effort, using all appropriate means at their disposal, to provide the best medical care, as well as Christ’s compassionate accompaniment, to all patients, no matter who they may be or from what condition they may be suffering. The mission of Catholic health care services is nothing less than to carry on the healing ministry of Jesus, to provide healing at every level, physical, mental, and spiritual.³⁶

³⁵ Pope Francis, Encyclical Letter *Amoris Laetitia*, no. 285; quotation from his Encyclical Letter *Laudato Si'*, no. 155.

³⁶ See USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, General Introduction.

USCCB Committee on Doctrine

Most Reverend Daniel E. Flores
Bishop of Brownsville
Chairman

Most Reverend Michael C. Barber, S.J.
Bishop of Oakland

Most Reverend Richard G. Henning
Auxiliary Bishop of Diocese of Rockville Centre

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Most Reverend Kevin C. Rhoades
Bishop of Fort Wayne-South Bend

Most Reverend William E. Lori
Archbishop of Baltimore
Bishop Consultant

Doctrinal Note on the Moral Limits to Technological Manipulation of the Human Body is a statement of the Committee on Doctrine. It was authorized by the USCCB Administrative Committee at its March 2023 meeting. It has been directed for publication by the undersigned.

Rev. Michael J. K. Fuller
General Secretary, USCCB

EXHIBIT C

Why is the Catholic Church such a strong voice for life?

The *Catechism of the Catholic Church* puts it this way:

“ Human life must be respected and protected absolutely from the moment of conception. From the first moment of his existence, a human being must be recognized as having the rights of a person—among which is the inviolable right of every innocent being to life...”¹



“ Since the first century the Church has affirmed the moral evil of every procured abortion. This teaching has not changed and remains unchangeable. Direct abortion, that is to say, abortion willed either as an end or a means, is gravely contrary to the moral law...”²

“ We are the *people of life* because God, in his unconditional love, has given us the Gospel of life ... and we are called to act accordingly.”

Saint John Paul II
Evangelium Vitae, 79
1995

People of *Life*

People of Life is the pro-life action campaign of the Catholic Church in the United States, under the direction of the USCCB Secretariat of Pro-Life Activities.

USCCB Secretariat of Pro-Life Activities
3211 Fourth Street, N.E.
Washington, DC 20017-1194
202-541-3070
www.usccb.org/prolife

1 *Catechism of the Catholic Church*, 2nd ed., 2270.

2 *Catechism of the Catholic Church*, 2nd ed., 2271.

3 *The Didache*, by Charles H. Hoole, [1894], at [sacred-texts.com](http://sacred-texts.com/chr/did/did03.htm).
<<http://www.sacred-texts.com/chr/did/did03.htm>>

4 Translated by S. Thelwall. From *Ante-Nicene Fathers*, Vol. 3.
Edited by Alexander Roberts, James Donaldson, and A. Cleveland Coxe. (Buffalo, NY: Christian Literature Publishing Co., 1885.)
Revised and edited for New Advent by Kevin Knight.
<<http://www.newadvent.org/fathers/0301.htm>>.

5 Charles H. Hoole, 1885 translation
<<http://www.earlychristianwritings.com/text/barnabas-hoole.html>>

6 Congregation for the Doctrine of the Faith, *Declaration on Procured Abortion*, (Vatican City: Libreria Editrice Vaticana, 1974), no. 11.

7 Pope John Paul II, *Evangelium vitae*, (Vatican City: Libreria Editrice Vaticana, 1995), no. 28.

8 *Ibid.*

Catechism of the Catholic Church, second edition © 2001 LEV-USCCB. Used with permission. Excerpts from *Declaration on Procured Abortion* © 1974, *Evangelium vitae* © 1995, Libreria Editrice Vaticana. Used with permission. All rights reserved. Models used for illustrative purposes only. Cover photo via Twenty20 / 5byseven. Inside photo via Twenty20 / crystalmariesing. Photos used with permission. All rights reserved. Copyright © 2018, United States Conference of Catholic Bishops, Washington, D.C. All rights reserved.

The Catholic Church is a *Pro-Life Church*



All persons, not just Catholics, can know from scientific and medical evidence that what grows in a mother's womb is a new, distinct human being. All persons can understand that each human being merits respect. At the very least, respecting human life excludes the deliberate and direct destruction of life.

Throughout her rich tradition, the Catholic Church has always been pro-life. As Saint John Paul II reminded us, we believe that "all human life is sacred, for it is created in the image and likeness of God." Aborting an unborn child destroys a precious human life which God has called uniquely into existence.

Our Faith also obliges us to follow in the footsteps of Jesus Christ, who spoke and acted strongly and compassionately in favor of the most despised and vulnerable persons in society. Jesus touched lepers, spoke with prostitutes, and showed mercy and tenderness to the sick, the poor and children.

Our society has many vulnerable persons including women in difficult pregnancies as well as unborn children whose lives may legally be ended at any time during pregnancy,

The DIDACHE 2nd Cent.

"You shall not commit murder. You shall not commit adultery. You shall not corrupt the young. You shall not commit fornication. You shall not steal. You shall not kill an unborn child or murder a newborn infant."³

and for any reason. In following Jesus Christ, Catholics have a responsibility to speak and act in defense of these persons. This is part of our special care for the poor and powerless.

TERTULLIAN 3rd Cent.

"For us, killing and murder forbidden once and for all, it is not permitted to destroy what is conceived in the mother's womb. To hinder the birth of a child is a faster way to murder. It makes little difference whether one destroys a life already born or prevents it from coming to birth. It is a human being, for the whole fruit is already present."⁴

The Church's mission to defend human life applies over the entire course of life, from conception to natural death. And so the Catholic Church has defended human rights and conducted international relief and development efforts. Catholic hospitals and other healthcare facilities form the largest network of private, not-for-profit healthcare providers in the United States. Our Catholic charitable organizations provide countless social services to all Americans, regardless of race, creed or national origin.

The Catholic Church strives to be a prophetic voice, speaking out to protest injustices and indignities against the human person. We will continue in this work, whether our words are popular or unpopular.

Since its beginning, the Church has maintained a firm and clear teaching on the sacredness of human life. Abortion was rejected in the earliest known Christian manual of discipline, the Didache.

Early Christian fathers likewise condemned abortion as the killing of innocent human life. A third century Father of the Church, Tertullian,

called it "accelerated homicide." Early Church councils considered it one of the most serious crimes. Since that time, science has only further confirmed the humanity of the child growing in his or her mother's womb. Church teaching continues to insist, to the present day, that a just society protects and cares for life before as well as after birth.

DECLARATION ON PROCURED ABORTION, 11

Congregation for the Doctrine of the Faith, 1974

"The first right of the human person is his life. He has other goods and some are more precious, but this one is fundamental - the condition of all the others. Hence it must be protected above all others."⁵

Saint John Paul II challenged us:

"We find ourselves not only faced with but necessarily in the midst of this conflict: we are all involved and we all share in it, with the inescapable responsibility of choosing to be unconditionally pro-life."⁶ As a people who believe in life, how are we responding to this challenge?

EVANGELIUM VITAE, 28

1995

"... we are facing an enormous and dramatic clash between good and evil, death and life, the 'culture of death' and the 'culture of life'. We find ourselves not only faced with but necessarily in the midst of this conflict: we are all involved and we all share in it, with the inescapable responsibility of choosing to be unconditionally pro-life."⁸

EXHIBIT D

**COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE
PENNSYLVANIA HUMAN RELATIONS COMMISSION**

E [REDACTED] S [REDACTED],

Complainant : PHRC Case No. 202401365
Complainant :
Complainant :
v. :
v. :
St. Joseph Regional Health Network, d/b/a :
Penn State Health St. Joseph; The :
Pennsylvania State University; Penn State :
Health, :
Respondent :
Respondent :

COMMISSION'S MOTION TO DISCONTINUE

AND NOW, comes Stacy McNaney, Assistant Chief Counsel, on behalf of the Pennsylvania Human Relations Commission (hereinafter “Commission”), and files this Motion to Discontinue, and sets forth the following in support:

1. On January 22, 2025, E [REDACTED] S [REDACTED] (“Complainant”) filed a Complaint alleging that St. Joseph Regional Health Network et. al. (“Respondents”) discriminated against Complainant by denying access to services based on sex.
2. On March 31, 2025, Respondents filed an Answer to the Complainant raising the Pennsylvania Religious Freedom Protection Act, 71 P.S. §§ 2401-2408 (“RFPA”), as a defense and requesting dismissal.
3. On August 29, 2025, Respondents filed a Petition for Review against the Commission in the Commonwealth Court of Pennsylvania, docketed at 335 MD 2025. The Petition alleges that the Commission’s enactment and enforcement of its August 2023 regulations burdens Respondent’s free exercise of religion in violation of the RFPA.

4. On September 5, 2025, Respondent filed a Motion to Stay the instant case pending resolution of the matter filed in Commonwealth Court.

5. Respondent has established that it is entitled to relief pursuant to the RFPA. The Commission's regional office staff closed the instant case on October 1, 2025.

WHEREFORE, in accordance with the foregoing, the Commission respectfully requests that this matter be marked discontinued and dismissed.

Respectfully submitted,

October 2, 2025
Date

/s/ Stacy McNaney
Stacy McNaney, Esq.
Assistant Chief Counsel
PA Human Relations Commission
333 Market Street, 8th floor
Harrisburg, PA 17101
smcnaney@pa.gov

**COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE
PENNSYLVANIA HUMAN RELATIONS COMMISSION**

E [REDACTED] S [REDACTED],

PHRC Case No. 202401365

Complainant	:	
	:	
v.	:	
	:	
St. Joseph Regional Health Network, d/b/a	:	
Penn State Health St. Joseph; The	:	
Pennsylvania State University; Penn State	:	
Health,	:	
Respondent	:	

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing was served this 2nd day of October
2025, upon the persons and in the manner indicated below:

Attorney for Complainant:

Richard T. Ting, Esq.
ACLU of Pennsylvania
PO Box 23058
Pittsburgh, PA 15222
rtting@aclupa.org
Via email

Attorneys for Respondents:

Anthony (T.J.) Andrisano, Esq.
Alyssa K. Stouder, Esq.
Buchanan Ingersoll & Rooney PC
409 N. Second Street, Suite 500
Harrisburg, PA 17101
anthony.andrisano@bipc.com
alyssa.stouder@bipc.com
Via email

/s/ Stacy McNaney

EXHIBIT E

Care for Transgender and Gender-Diverse Individuals

Gender-Affirming Health Care - Adults

Penn State Health Internal Medicine provides care for transgender and gender-diverse adults aged 19 and older in a supportive and safe environment. Primary care clinicians and other health care providers at Penn State Health are trained in gender-affirming care, and they support the comprehensive health needs of transgender and gender-diverse adult patients throughout central Pennsylvania and the surrounding mid-Atlantic region.

Our services include:

- Primary care
- Hysterectomy and/or bilateral salpingo-oophorectomy
- Chest surgeries
- Vocal care
 - Speech-Language Pathology
- Sexual health care
 - Contraception
- Reproductive and family building care
 - Reproductive Endocrinology and Infertility
- Hormone therapy and other gender-focused consultative care

For more information or to schedule an appointment, call 800-243-1455 or visit <https://www.pennstatehealth.org/doctors>.

Gender Health Program - Pediatrics

The Gender Health Clinic at Penn State Health Children's Hospital provides psychosocial care for children, adolescents and young adults throughout Pennsylvania. The clinic's collaborative team of providers are specially trained to meet the needs of their patients within a supportive and safe environment.

Penn State Health does not perform gender-affirming surgery on individuals under age 19.

Your Voice, Our Action: The Sexual and Gender Minority Advisory Council

At Penn State Health, our commitment to improving health care services extends to our governance. The Sexual and Gender Minority Advisory Council works to advance health care outcomes for our patients, using feedback from our community to inform policy changes, education initiatives and service improvements.

Our People, Our Pride: The LGBTQ+ Business Employee Resource Group

We understand that the strength of our health care system lies in the diversity of our staff. Our LGBTQ+ Business Employee Resource Group fosters an inclusive workplace where every voice is heard, promoting policies and practices that make Penn State Health a welcoming environment for our LGBTQ+ employees.

We Ask About Pronouns Because We Care

Sometimes people make assumptions about a person's gender based on their appearance. These assumptions can send a potentially harmful message that people have to look a certain way to demonstrate gender. Using a person's preferred name and correct pronouns is important to ensure every person feels heard, valued and respected.

Asking for your preferred name and pronouns helps us understand who you are and ensures you are addressed in a way that makes you feel comfortable and respected.

Frequently Asked Questions

Who has access to view a patient's preferred name vs. legal name?

Anyone who accesses a patient's electronic medical record will see their legal name, with the preferred name in parentheses.

What name will Penn State Health use in mailed appointment reminders, bills, etc.?

Penn State Health will use the legal name on file in all mailed correspondence. A preferred name is meant to indicate how to address a patient when speaking to them directly.

What name will be listed in the patient portal?

A patient's preferred name can be listed in the patient portal in the "Update Account" setting.

What name will be listed on patient materials, such as stickers, armbands, etc.?

Armbands will include a patient's legal name, with their preferred name and pronouns in parentheses. However, the Centers for Medicare & Medicaid Services (CMS) requires a patient's legal name for medications and lab orders.

HAMPDEN MEDICAL CENTER

717-981-9000

HERSHEY MEDICAL CENTER

800-243-1455

HOLY SPIRIT MEDICAL CENTER

717-763-2100

LANCASTER MEDICAL CENTER

223-287-9000

PENNSYLVANIA PSYCHIATRIC INSTITUTE

717-782-6493

ST. JOSEPH MEDICAL CENTER

610-378-2000

LANGUAGE ASSISTANCE

Spanish (español) | Nepali (नेपाली) | Arabic (عَرَبِيٌّ) | American Sign Language | Vietnamese (Tiếng Việt) | Russian (Русский) |
French (Français) | Chinese (中文) | Hindi (हिन्दी) | Korean (한국어) | Urdu (اردو) | German (Deutsch) | Greek (Ελληνικά) |
Romanian (Română) | Serbo-Croatian (srpskohrvatski) | Haitian Creole (Kreyòl Ayisyen)

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EXHIBIT F

Presidential Documents

Executive Order 14187 of January 28, 2025

Protecting Children From Chemical and Surgical Mutilation

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered:

Section 1. Policy and Purpose. Across the country today, medical professionals are maiming and sterilizing a growing number of impressionable children under the radical and false claim that adults can change a child's sex through a series of irreversible medical interventions. This dangerous trend will be a stain on our Nation's history, and it must end.

Countless children soon regret that they have been mutilated and begin to grasp the horrifying tragedy that they will never be able to conceive children of their own or nurture their children through breastfeeding. Moreover, these vulnerable youths' medical bills may rise throughout their lifetimes, as they are often trapped with lifelong medical complications, a losing war with their own bodies, and, tragically, sterilization.

Accordingly, it is the policy of the United States that it will not fund, sponsor, promote, assist, or support the so-called "transition" of a child from one sex to another, and it will rigorously enforce all laws that prohibit or limit these destructive and life-altering procedures.

Sec. 2. Definitions. For the purposes of this order:

(a) The term "child" or "children" means an individual or individuals under 19 years of age.

(b) The term "pediatric" means relating to the medical care of a child.

(c) The phrase "chemical and surgical mutilation" means the use of puberty blockers, including GnRH agonists and other interventions, to delay the onset or progression of normally timed puberty in an individual who does not identify as his or her sex; the use of sex hormones, such as androgen blockers, estrogen, progesterone, or testosterone, to align an individual's physical appearance with an identity that differs from his or her sex; and surgical procedures that attempt to transform an individual's physical appearance to align with an identity that differs from his or her sex or that attempt to alter or remove an individual's sexual organs to minimize or destroy their natural biological functions. This phrase sometimes is referred to as "gender affirming care."

Sec. 3. Ending Reliance on Junk Science. (a) The blatant harm done to children by chemical and surgical mutilation cloaks itself in medical necessity, spurred by guidance from the World Professional Association for Transgender Health (WPATH), which lacks scientific integrity. In light of the scientific concerns with the WPATH guidance:

(i) agencies shall rescind or amend all policies that rely on WPATH guidance, including WPATH's "Standards of Care Version 8"; and

(ii) within 90 days of the date of this order, the Secretary of Health and Human Services (HHS) shall publish a review of the existing literature on best practices for promoting the health of children who assert gender dysphoria, rapid-onset gender dysphoria, or other identity-based confusion.

(b) The Secretary of HHS, as appropriate and consistent with applicable law, shall use all available methods to increase the quality of data to guide practices for improving the health of minors with gender dysphoria, rapid-onset gender dysphoria, or other identity-based confusion, or who otherwise seek chemical or surgical mutilation.

Sec. 4. Defunding Chemical and Surgical Mutilation. The head of each executive department or agency (agency) that provides research or education grants to medical institutions, including medical schools and hospitals, shall, consistent with applicable law and in coordination with the Director of the Office of Management and Budget, immediately take appropriate steps to ensure that institutions receiving Federal research or education grants end the chemical and surgical mutilation of children.

Sec. 5. Additional Directives to the Secretary of HHS. (a) The Secretary of HHS shall, consistent with applicable law, take all appropriate actions to end the chemical and surgical mutilation of children, including regulatory and sub-regulatory actions, which may involve the following laws, programs, issues, or documents:

- (i) Medicare or Medicaid conditions of participation or conditions for coverage;
- (ii) clinical-abuse or inappropriate-use assessments relevant to State Medicaid programs;
- (iii) mandatory drug use reviews;
- (iv) section 1557 of the Patient Protection and Affordable Care Act;
- (v) quality, safety, and oversight memoranda;
- (vi) essential health benefits requirements; and
- (vii) the Eleventh Revision of the International Classification of Diseases and other federally funded manuals, including the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.

(b) The Secretary of HHS shall promptly withdraw HHS's March 2, 2022, guidance document titled "HHS Notice and Guidance on Gender Affirming Care, Civil Rights and Patient Privacy" and, in consultation with the Attorney General, issue new guidance protecting whistleblowers who take action related to ensuring compliance with this order.

Sec. 6. TRICARE. The Department of Defense provides health insurance, through TRICARE, to nearly 2 million individuals under the age of 18. As appropriate and consistent with applicable law, the Secretary of Defense shall commence a rulemaking or sub-regulatory action to exclude chemical and surgical mutilation of children from TRICARE coverage and amend the TRICARE provider handbook to exclude chemical and surgical mutilation of children.

Sec. 7. Requirements for Insurance Carriers. The Director of the Office of Personnel Management, as appropriate and consistent with applicable law, shall:

(a) include provisions in the Federal Employee Health Benefits (FEHB) and Postal Service Health Benefits (PSHB) programs call letter for the 2026 Plan Year specifying that eligible carriers, including the Foreign Service Benefit Plan, will exclude coverage for pediatric transgender surgeries or hormone treatments; and

(b) negotiate to obtain appropriate corresponding reductions in FEHB and PSHB premiums.

Sec. 8. Directives to the Department of Justice. The Attorney General shall:

(a) review Department of Justice enforcement of section 116 of title 18, United States Code, and prioritize enforcement of protections against female genital mutilation;

(b) convene States' Attorneys General and other law enforcement officers to coordinate the enforcement of laws against female genital mutilation across all American States and Territories;

(c) prioritize investigations and take appropriate action to end deception of consumers, fraud, and violations of the Food, Drug, and Cosmetic Act by any entity that may be misleading the public about long-term side effects of chemical and surgical mutilation;

(d) in consultation with the Congress, work to draft, propose, and promote legislation to enact a private right of action for children and the parents of children whose healthy body parts have been damaged by medical professionals practicing chemical and surgical mutilation, which should include a lengthy statute of limitations; and

(e) prioritize investigations and take appropriate action to end child-abusive practices by so-called sanctuary States that facilitate stripping custody from parents who support the healthy development of their own children, including by considering the application of the Parental Kidnapping Prevention Act and recognized constitutional rights.

Sec. 9. Enforcing Adequate Progress. Within 60 days of the date of this order, the heads of agencies with responsibilities under this order shall submit a single, combined report to the Assistant to the President for Domestic Policy, detailing progress in implementing this order and a timeline for future action. The Assistant to the President for Domestic Policy shall regularly convene the heads of agencies with responsibilities under this order (or their designees) to coordinate and prepare for this submission.

Sec. 10. Severability. If any provision of this order, or the application of any provision to any person or circumstances, is held to be invalid, the remainder of this order and the application of any of its other provisions to any other persons or circumstances shall not be affected thereby.

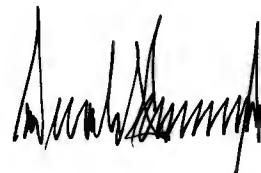
Sec. 11. General Provisions. (a) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.



THE WHITE HOUSE,
January 28, 2025.

EXHIBIT G



Director
Office for Civil Rights
Washington, D.C. 20201

February 20, 2025

Re: Recission of “HHS Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy” (issued March 2, 2022)

Pursuant to Section 5(b) of Executive Order (“E.O.”) 14187, “Protecting Children from Chemical and Surgical Mutilation,” the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) hereby rescinds, “HHS Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy,” originally issued on March 2, 2022 (“2022 OCR Notice and Guidance”). This rescission is effective immediately.

Background

On March 2, 2022, HHS OCR issued the 2022 OCR Notice and Guidance, stating that transgender medical interventions may improve both physical and mental health outcomes for minors. The 2022 OCR Notice and Guidance outlined the application of federal civil rights and patient privacy laws to such medical treatments for minors in three ways.

First, the 2022 OCR Notice and Guidance stated that Section 1557 of the Affordable Care Act (“ACA”)¹ prohibits discrimination based on gender identity in federally-funded healthcare settings. Specifically, it provides in relevant part:

Categorically refusing to provide treatment to an individual based on their gender identity is prohibited discrimination. Similarly, federally-funded covered entities restricting an individual’s ability to receive medically necessary care, including gender-affirming care, from their health care provider solely on the basis of their sex assigned at birth or gender identity likely violates Section 1557. For example, if a parent and their child visit a doctor for a consultation regarding or to receive gender affirming care, and the doctor or other staff at the facility reports the parent to state authorities for seeking such care, that reporting may constitute violation of Section 1557 if the doctor or facility receives federal financial assistance.

¹ 42 U.S.C. § 18116.

Restricting a health care provider’s ability to provide or prescribe such care may also violate Section 1557.

Second, the 2022 OCR Notice and Guidance noted that gender dysphoria might qualify as a disability under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, and that “[r]estrictions that prevent otherwise qualified individuals from receiving medically necessary care on the basis of their gender dysphoria, gender dysphoria diagnosis, or perception of gender dysphoria may, therefore, also violate Section 504 and Title II of the ADA.”

Finally, regarding patient privacy, the 2022 OCR Notice and Guidance emphasized that healthcare providers and other covered entities cannot disclose protected health information about gender-affirming care without patient authorization, except in limited circumstances where explicitly required by law, i.e., “limited to ‘a mandate contained in law that compels an entity to make a use or disclosure of PHI and that is enforceable in a court of law.’”

Basis for Rescission

HHS OCR rescinds the 2022 OCR Notice and Guidance under E.O. 14187, “Protecting Children from Chemical and Surgical Mutilation.” Specifically, Section 5(b) of the E.O. provides: “The Secretary of HHS shall promptly withdraw HHS’s March 2, 2022, guidance document titled ‘HHS Notice and Guidance on Gender Affirming Care, Civil Rights and Patient Privacy’ and, in consultation with the Attorney General, issue new guidance protecting whistleblowers who take action related to ensuring compliance with this order.”²

First, the legal basis for the 2022 OCR Notice and Guidance under Section 1557 of the ACA has been called into question by several court decisions. To start, on October 1, 2022, the District Court for the Northern District of Texas vacated this guidance, *Texas v. EEOC et al.*, No. 2:21-cv-00194-Z, ECF No. 74 (N.D. Tex. 2022), noting that Section 1557 of the ACA does not prohibit discrimination on account of sexual orientation and gender identity, and the interpretation of “sex” discrimination that the Supreme Court of the United States adopted in *Bostock v. Clayton County*, 140 S. Ct. 1731 (2020), is inapplicable to the prohibitions on “sex” discrimination in Section 1557 of the ACA.

The district court’s rationale was followed by several other federal courts addressing the same issue—whether the prohibition on sex discrimination found in Section 1557 of the ACA included discrimination on the basis of gender identity. See *Tennessee, et al. v. Kennedy, et al.*, No. 1:24-cv-00161-LG-BWR (S.D. Miss. July 3, 2024) (“It is further ordered and adjudged that the July 5, 2024, effective date of the final rule entitled Nondiscrimination in Health Programs and Activities, 89 Fed. Reg. 37,522 (May 6, 2024) is stayed nationwide pursuant to 5 U.S.C. § 705, in so far as this final rule is intended to extend discrimination on the basis of sex to include discrimination on the basis of gender identity in the following regulations: 42 C.F.R. §§ 438.3, 438.206, 440.262, 460.98, 460.112; 45 C.F.R. §§ 92.5, 92.6, 92.7, 92.8, 92.9, 92.10, 92.101, 92.206-211, 92.301,

² On February 14, 2025, the District Court for the Western District of Washington issued a Temporary Restraining Order with regard to enforcement or implementation of Sections 4 and 8(a) of E.O. 14187. See *State of Washington et al., v. Trump, et. al.*, No. 2:25-cv-00244-LK, ECF No. 158 (W.D. Was. Feb. 14, 2025). The order does not bear on this Rescission, which is issued under Section 5 of the E.O.

92.303, 92.304.”); *Florida v. HHS*, No. 8:24-cv-01080-WFJ-TGW (M.D. Fl. July 3, 2024), No. 24-12826 (11th Cir.) (granting Plaintiffs’ motion for a preliminary injunction within the State of Florida, staying the effective date of the sex discrimination provisions in the Section 1557 final rule); *Texas, et al., v. Kennedy*, No. 6:24-cv-211-JDK (E.D. Tex. August 30, 2024), No. 24-40568 (5th Cir.) (issuing a nationwide injunction on the sex discrimination provisions challenged by Plaintiffs, specifically “42 C.F.R. §§438.3(d)(4), 438.206(c)(2), 440.262, 460.98(b)(3), 460.112(a); 45 C.F.R. §§ 92.101(a)(2) (and all references to this subsection), 92.206(b), 92.207(b)(3)–(5).”).

Second, gender dysphoria likely does not meet the definition of a disability under Section 504 of the Rehabilitation Act.³ The relevant statute specifically excludes from the definition of disability “transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, *gender identity disorders not resulting from physical impairments*, or other sexual behavior disorders.”⁴ In its decision vacating the 2022 OCR Notice and Guidance, the Northern District of Texas pointed to this statutory language and held that the March 2022 Notice and Guidance’s conclusion concerning Section 504 was arbitrary and capricious, reasoning that Defendants “appear to misstate the law and do not detail what went into their decisionmaking.” *Texas*, 2:21-cv-00194, ECF No. 74. It is likely that the Section 504 drafters intended “gender identity disorders not resulting from physical impairments” to apply to gender dysphoria.

Finally, the 2022 OCR Notice and Guidance lacks adequate legal basis under federal privacy laws, including the HIPAA Privacy, Security and Breach Notification Rules.⁵ By its own terms, the HIPAA Privacy Rule permits covered entities and business associates to disclose PHI about an individual, without the individual’s authorization,⁶ when such disclosure is required by another law and the disclosure complies with the requirements of the other law.⁷

Accordingly, effective immediately, the 2022 OCR Notice and Guidance no longer represents the views or policies of HHS OCR. Covered entities should no longer rely on the rescinded 2022 OCR Notice and Guidance. Pursuant to E.O. 14187 HHS shall, in consultation with the Attorney General, expeditiously issue new guidance protecting whistleblowers who take action related to ensuring compliance with this order.

/s/

Anthony F. Archeval
Acting Director
HHS Office for Civil Rights

³ 45 C.F.R. 84.4.

⁴ 29 U.S.C. § 705(20)(F)(i).

⁵ 45 C.F.R. Parts 160 and 164, Subparts A, C, D, and E.

⁶ See 45 C.F.R. 164.508(c) (HIPAA authorization required elements).

⁷ 45 C.F.R. 164.512(a)(1).

EXHIBIT H



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Guidance for Whistleblowers on the Chemical and Surgical Mutilation of Children

In Executive Order 14187, “Protecting Children from Chemical and Surgical Mutilation,” President Trump demonstrated his Administration’s commitment to ending the mutilation of children carried out by medical professionals in the name of radical gender ideology. Pursuant to Section 5(b) of that Order, the United States Department of Health and Human Services (HHS), including its Office for Civil Rights (OCR), in consultation with the Attorney General, issues this guidance for prospective whistleblowers.

The Executive Order recognizes that individuals may fear legal and/or professional repercussions if they wish to blow the whistle on “medical professionals [who] are maiming and sterilizing a growing number of impressionable children under the radical and false claim that adults can change a child’s sex through a series of irreversible medical interventions.”¹ Indeed, there are two significant impediments

that one might face. First, one may be worried that one cannot report the performance of chemical and surgical mutilation of children without violating patient privacy laws and regulations, namely, the Health Insurance Portability and Accountability Act of 1996 (HIPAA)². Second, one may be worried that there is nothing to stop retaliation by his or her employer, *i.e.*, one may be worried about being fired or demoted in his or her job.

We hope this guidance will allay such fears. It explains existing protections for “whistleblowers who take action related to ensuring compliance with” the Executive Order³. First, as explained further below, HIPAA does not prohibit the disclosure of information related to the chemical and surgical mutilation of children, provided certain conditions are met. Second, as explained further below, the law provides robust anti-retaliation protections for individuals who make a report in order to ensure compliance with the Executive Order.

I. The Health Insurance Portability and Accountability Act of 1996

OCR administers and enforces the HIPAA Privacy Rule⁴, which establishes requirements with respect to the use, disclosure, and protection of protected health information (PHI) by covered entities (health plans, health care clearinghouses, and most health care providers) and, to some extent, by their business associates⁵. The Privacy Rule protects PHI by limiting the circumstances under which covered entities and their business associates are permitted or required to use or disclose PHI and by requiring covered entities to have safeguards in place to protect the privacy of PHI. Since its inception, the Privacy Rule has also afforded covered entities protection from liability under HIPAA for disclosures of PHI in connection with whistleblowing actions of their workforce members or business associates.⁶

In many instances, information that has been de-identified⁷ in accordance with the Privacy Rule can be used to accomplish whistleblower objectives. But there are instances, especially involving patient care and billing, where this may not be feasible. Therefore, the whistleblower provision of the Privacy Rule provides that a

covered entity is not considered to have violated the requirements of the Privacy Rule when a workforce member or business associate discloses PHI in the following circumstances:

1. The workforce member or business associate has a good faith belief that the conduct being reported is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided by the covered entity potentially endangers one or more patients, workers, or the public⁸, and
2. The workforce member or business associate of the covered entity discloses PHI to any of the following:
 - a. A health oversight agency⁹ or public health authority¹⁰ authorized by law to investigate or otherwise oversee the relevant conduct or conditions of the covered entity.
 - b. An appropriate health care accreditation organization¹¹, such as a state medical board, for the purpose of reporting the allegation of failure to meet professional standards¹² or misconduct by the covered entity.
 - c. An attorney retained by or on behalf of the workforce member or business associate for the purpose of determining his or her legal options with respect to whistleblowing.

Thus, the Privacy Rule protects a covered entity from liability for the good-faith whistleblower action of a member of its workforce or a business associate in some situations. For example, where the workforce member or business associate of a covered entity:

- Discloses PHI to a county public health department to report unsanitary conditions during a procedure based on a good faith belief that the conditions endangered a patient.
- Discloses PHI to a state medical board to report conduct by a health care provider that the person making the report believes, in good faith, constituted professional misconduct.

- In a state that prohibits prescribing to minors puberty blockers and cross-sex hormones, provides PHI to the state medical board based on a good faith belief that a clinician has unlawfully prescribed such medications to a minor patient.
- Provides PHI to the state attorney general where the state attorney general is authorized by law to investigate or otherwise oversee the payment of claims by the state Medicaid program, and the workforce member or business associate disclosing the PHI has a good faith belief that the covered entity is fraudulently billing the state Medicaid program for health care that is not being provided.

In contrast, the Privacy Rule's whistleblower provision would not protect a covered entity from liability under HIPAA where, for example, a member of its workforce or its business associate:

- Discloses PHI to the media to publicly expose unsafe conditions in a health care facility that potentially endanger patients. Because the whistleblower protection does not cover disclosures of PHI to the media, a covered entity's workforce member or business associate would not be permitted to disclose PHI to the media absent an applicable permission under the Privacy Rule. Generally, a disclosure of PHI to the media requires a written HIPAA authorization from the individual who is the subject of the information.¹³
- Discloses PHI to law enforcement to report unlawful conduct, unless the law enforcement agency meets the definition of a health oversight agency or public health authority.¹⁴ If the agency does not meet either of those definitions, the whistleblower provision does not apply, so a disclosure to law enforcement would require an applicable Privacy Rule permission such as the provisions permitting limited uses and disclosures to a law enforcement official for law enforcement purposes.¹⁵
- Discloses PHI to expose malfeasant conduct by another person, such as knowledge gained during the course of treatment about an individual's illicit drug use. Such disclosure would not be a protected activity under the whistleblower provision, because the provision only relates to whistleblower actions in relation to the conduct and conditions of the covered entity.

- Discloses PHI in response to a request from a health care accreditation organization, because the whistleblower provision applies only to a disclosure initiated by a member of a covered entity’s workforce or a business associate.¹⁶

Note that the protection from liability for covered entities under 45 C.F.R. 164.502(j) (1) applies even where a disclosure that falls within the Privacy Rule’s whistleblower provisions might otherwise violate another provision of the Privacy Rule, including the modifications made to the Privacy Rule by the “HIPAA Privacy Rule to Support Reproductive Healthcare Privacy,” 89 Fed. Reg. 32976 (Apr. 26, 2024).

II. Applicable Legal Protections

Whistleblowing activities are a critical tool to help identify health care fraud and protect the public’s health and safety. Congress and many states have recognized their importance by protecting whistleblowers from retaliation. This guidance highlights some of the most pertinent federal laws for “protecting whistleblowers who take action related to ensuring compliance with” the Executive Order. EO 14187 § 2(b).

a. *The National Defense Authorization Act of 2013*

The National Defense Authorization Act of 2013 (NDAA) contains a broad whistleblower protection for employees of federal contractors and grantees. It provides that “[a]n employee of a contractor, subcontractor, grantee, subgrantee, or personal services contractor may not be discharged, demoted, or otherwise discriminated against as a reprisal for disclosing to” certain statutorily defined officials and entities¹⁷ “information that the employee reasonably believes is evidence of gross mismanagement of a Federal contract or grant, a gross waste of Federal funds, an abuse of authority relating to a Federal contract or grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a Federal contract (including the competition for or negotiation of a contract) or grant.” 41 U.S.C. § 4712.

An employee may reasonably believe that the chemical or surgical mutilation of children presents a danger to public health and safety.¹⁸ As the Executive Order states: “Across the country today, medical professionals are maiming and sterilizing a growing number of impressionable children” EO 14187 § 1. “Countless children soon regret that they have been mutilated and begin to grasp the horrifying tragedy that they will never be able to conceive children of their own or nurture their children through breastfeeding. Moreover, these vulnerable youths’ medical bills may rise throughout their lifetimes, as they are often trapped with lifelong medical complications, a losing war with their own bodies, and, tragically, sterilization.” *Id.*

Moreover, the performance of child-mutilation may violate current and/or future terms of federal financial assistance, including where the use of federal funds is not authorized for this purpose under applicable law, rule, or regulation. Indeed, HHS notes the potential applicability of federal criminal law to certain acts of chemical or surgical mutilation of children, including the ban on coercive sterilization relating to beneficiaries of federal programs under 42 U.S.C. § 300a-8.

b. *The False Claims Act*

The False Claims Act (FCA), 31 U.S.C. §§ 3729-3733, is a statute that empowers individuals to help combat fraud against the United States. Fraudulent claims for payment under federal healthcare programs like Medicare and Medicaid can fall within the FCA's scope. Thus, where an individual has knowledge of a potential FCA violation, that individual can be a whistleblower. This means that if an individual has knowledge that a healthcare provider submitted a claim (or caused the submission of a claim) for payment to a federal health care program in connection with chemical or surgical mutilation in violation of the terms of any existing law, regulation, or contract provision material to federal payment, then such individual could be a whistleblower.

The anti-retaliation provisions of the FCA protect “employee[s], contractor[s], [and] agent[s]” from discharge, demotion, suspension, or any other manner of discrimination “in the terms and conditions of employment” because of lawful acts taken by the individual in furtherance of a claim under the FCA or “other efforts to stop one or more violations of [the FCA].” 31 U.S.C. § 3730(h)(1). To be protected under § 3730(h), an individual must generally show that: (1) he or she is a covered “employee, contractor, or agent”; (2) he or she was engaged in activity protected by the statute; (3) he or she was retaliated against; and (4) the retaliation was “because of” protected activity.

Courts have held that § 3730(h) protects not only actions taken in furtherance of a potential or actual action under the FCA but also steps taken to remedy fraud through other means, including internal reporting to a supervisor or compliance department, or refusals to participate in unlawful activity. In judging whether an individual was engaged in protected activity, most courts have adopted an “objectively reasonable” test, requiring the individual to have an objectively reasonable belief that the potential FCA defendant is violating or will soon violate the FCA. See, e.g., *U.S. ex rel. Grant v. United Airlines Inc.*, 912 F.3d 190, 201 (4th Cir. 2018) (“an act constitutes protected activity where it is motivated by an objectively reasonable belief that the employer is violating, or soon will violate, the FCA.”).

c. The Church Amendments

The Church Amendments, 42 U.S.C. § 300a-7, comprise conscience protections for healthcare personnel. As relevant here, 42 U.S.C. § 300a-7(c) prohibits entities that receive certain federal financial assistance from discriminating “in the employment, promotion, or termination of employment of any physician or other health care personnel” or discriminating “in the extension of staff or other privileges to any physician or other health care personnel” because that individual “refused to perform or assist in the performance” of a “lawful sterilization procedure” “on the grounds that his performance or assistance in the performance of the procedure . . . would be contrary to his religious beliefs or moral convictions,” or “because of his religious beliefs or moral convictions respecting sterilization procedures[.]”

In addition, 42 U.S.C. § 300a-7(d) provides: “No individual shall be required to perform or assist in the performance of any part of a health service program or research activity funded in whole or in part under a program administered by the Secretary of Health and Human Services if his performance or assistance in the performance of such part of such program or activity would be contrary to his religious beliefs or moral convictions.”

The Executive Order aims to end child-mutilation procedures, which procedures could include adverse healthcare consequences like sterilization. See EO 14187 §§ 1, 2(c). The Church Amendments protect employees from discrimination if, based on religious beliefs or moral convictions, they refuse to participate in child-mutilation procedures—including the use of puberty-blockers or cross-sex hormones—and/or raise an objection to a supervisor about participating in such procedures.¹⁹

d. *HIPAA Privacy Rule Prohibition on Retaliation*

In addition to protecting covered entities from liability under HIPAA for whistleblowing by their workforce members and business associates, the Privacy Rule prevents such covered entities from using the rule as a justification to retaliate against workforce members who whistleblow. Generally, the Privacy Rule requires covered entities to have and apply appropriate sanctions against members of its workforce who failed to comply with their privacy policies or procedures or with the requirements of the rule. However, the requirement explicitly excludes the application of sanctions to a member of the covered entity's workforce for whistleblowing activity.²⁰ The purpose of this exclusion is to make clear that covered entities may not use the Privacy Rule as a mechanism for sanctioning workforce members or business associates who disclose PHI to the appropriate authority in accordance with the whistleblower provision.²¹

Further guidance about the HIPAA Privacy Rule </hipaa/for-professionals/privacy/guidance/index.html>, Security Rule </hipaa/for-professionals/security/index.html>, and Breach Notification Rules </hipaa/for-professionals/breach-notification/guidance/index.html> can also be found on OCR's website.

To report a tip or file a complaint. Please go to www.hhs.gov/protect-kids
<[https://www.hhs.gov/protect-kids/index.html](http://www.hhs.gov/protect-kids/index.html)>.

For federal crimes. Please contact the United States Department of Justice here
<[https://www.justice.gov/action-center/report-crime-or-submit-complaint](http://www.justice.gov/action-center/report-crime-or-submit-complaint)>.

View PDF [PDF, 247 KB] <sites/default/files/eo-14187-whistleblower-guidance.pdf>

Footnotes

- 1 As used in this guidance, the term “chemical and surgical mutilation” has the same meaning as given in Executive Order 14187, § 2(c): “the use of puberty blockers, including GnRH agonists and other interventions, to delay the onset or progression of normally timed puberty” for purposes of treating gender dysphoria; “the use of sex hormones, such as androgen blockers, estrogen, progesterone, or testosterone, to align an individual’s physical appearance with an identity that differs from his or her sex; and surgical procedures that attempt to transform an individual’s physical appearance to align with an identity that differs from his or her sex or that attempt” for purposes of treating gender dysphoria “to alter or remove an individual’s sexual organs to minimize or destroy their natural biological functions. This phrase sometimes is referred to as ‘gender affirming care.’”
- 2 Pub. L. 104-191, 110 Stat. 1936 (August 21, 1996).
- 3 This guidance explains protections that exist under current statutes and regulations. The guidance does not give rise to any new rights, obligations, or legal consequences.
- 4 45 CFR part 160 and subparts A and E of part 164.
- 5 See 45 CFR 160.103 (definition of “Covered entity” and “Business associate”). See *also* OCR’s Fact Sheet on Direct Liability of Business Associates <<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/business-associates/factsheet/index.html>>.
- 6 45 CFR 164.502(j)(1). Because HIPAA applies only to covered entities and business associates, it is beyond the scope of the Privacy Rule to directly regulate the whistleblower actions of members of a covered entity’s workforce. Thus, the whistleblower provision applies only to protect a covered entity from HIPAA liability based on the whistleblower action of a member of its workforce or business associates. See “Standards for Privacy of Individually Identifiable Health Information,” 65 Fed. Reg. 82462, 82501-82502 (December 28, 2000).
- 7 See 45 CFR 164.514(a).

8 45 CFR 164.502(j)(1)(i).

9 45 CFR 164.501 (definition of “Health oversight agency”). An example of a health oversight agency authorized by law to investigate or oversee the conditions of a covered entity is the Long-Term Care Ombudsmen appointed in accordance with the Older Americans Act. Among the Ombudsmen’s mandated responsibilities is a duty to identify, investigate, and resolve complaints that are made by, or on behalf of, residents related to their health, safety, welfare, or rights. 65 Fed. Reg. at 82637. Additional examples of health oversight agencies that conduct oversight of the health care system include state insurance commissions, state health professional licensure agencies, Offices of Inspectors General of federal agencies, state Medicaid fraud control units, HHS OCR, and the Food and Drug Administration (FDA). Examples of health oversight agencies that conduct oversight of government benefit programs for which health information is relevant to beneficiary eligibility include the U.S. Social Security Administration and the U.S. Department of Education. See 65 Fed. Reg. at 82492.

10 45 CFR 164.501 (definition of “Public health authority”). Examples of public health authorities include: the FDA, the Occupational Safety and Health Administration, the Centers for Disease Control and Prevention, and state and local public health departments. 65 Fed. Reg. at 82526.

11 Accreditation organizations are performing health care operations functions on behalf of health plans and covered health care providers. See 65 Fed. Reg. at 82492.

12 Professional standards are determined by state or other law. See 65 Fed. Reg. at 82727.

13 45 CFR 164.508(a). See also HHS, HIPAA FAQ #2023 <<https://www.hhs.gov/hipaa/for-professionals/faq/2023/film-and-media/index.html>> (Jan. 9, 2023).

14 45 CFR 164.512(b)(1)(ii).

15 45 CFR 164.512(f).

16 “Standards for Privacy of Individually Identifiable Health Information,” 64 Fed. Reg. 59918, 59990 (November 3, 1999).

17For example, the statute protects whistleblowing to members of Congress, the Department of Justice, a “Federal employee responsible for contract or grant oversight or management at the relevant agency,” or a “management official or other employee of the contractor, subcontractor, grantee, subgrantee, or personal services contractor who has the responsibility to investigate, discover, or address misconduct.” 41 U.S.C. § 4712(a)(2).

18See Quality and Safety Special Alert Memo, Center for Medicare & Medicaid Services, “Protecting Children from Chemical and Surgical Mutilation” (March 5, 2025). The memo notes the “lack of medical evidence in support of these harmful treatments,” for chemical and surgical interventions on children with gender dysphoria, and warns that such interventions are “now known to cause long-term and irreparable harm to some children.” The memo also notes that the “United Kingdom, Sweden, and Finland have recently issued restrictions on the medical interventions for children, including the use of puberty blockers and hormone treatments, and now recommend exploratory psychotherapy as a first line of treatment...”

19Subsection (c) of the Church Amendments is tied to, among other things, a “lawful sterilization procedure.” Subsection (d) is broader in that respect: it pertains to procedures to which an individual has religious or moral objections, even if sterilization is not implicated. In the context of the Executive Order, that could include, for example, “surgical procedures that attempt to transform an individual’s physical appearance to align with an identity that differs from his or her sex[.]” EO 14187 § 2(c).

2045 CFR 164.530(e)(1).

21*Id.*; See also 65 Fed. Reg. at 82636.

EXHIBIT I



Office of the Attorney General
Washington, D. C. 20530

April 22, 2025

MEMORANDUM FOR SELECT COMPONENT HEADS

FROM: THE ATTORNEY GENERAL *Re*
SUBJECT: PREVENTING THE MUTILATION OF AMERICAN CHILDREN

There is a radical ideological agenda being pushed throughout every aspect of American life—from TV programming and Hollywood film production to children’s books and elementary school classrooms—that teaches children to deny biological reality. Gender ideology, masked as science, teaches that children should process adolescent stress and confusion as a case of mistaken identity and that the solution is not to root out and eliminate the underlying condition but to acquiesce in it permanently through life-altering chemical and surgical intervention. That ideology, pushed by far-left politicians, celebrities, politically captured academics, and legacy media, has infected an entire generation of children, who have in turn pushed transgenderism on their peers through social media and other means. Dissenting voices are bullied into silence, and “allies” are praised and rewarded. Tragic and absurd as it is that 1.4% of 13- to 17-year-olds now identify as transgender,¹ that is the predictable result of a coordinated, unchecked ideological attack on America’s children.

The medical community, with its roots in hard science, is well-positioned to serve as a bulwark against this sociological disease. And indeed, parents who are desperate to help their confused, frustrated children have understandably turned to medical professionals for help. Unfortunately, those parents have been betrayed by politically captured profiteers at every step. These “professionals” have deployed junk science and false claims about the effects of so-called “gender-affirming care” to justify the barbaric practice of surgically and chemically maiming and sterilizing children. Between 2019 and 2023, an estimated 14,000 children received “treatment” for gender dysphoria, with more than 5,700 subjected to life-altering surgeries.² The practitioners who provided this so-called “care” profited while their patients were left permanently disfigured, scarred, and sterilized. Those children will struggle for the rest of their lives to overcome regret, and their parents will struggle equally to overcome the guilt of ruining their children’s lives on the

¹ Azeen Ghorayshi, *Report Reveals Sharp Rise in Transgender Young People in the U.S.*, N.Y. Times (June 10, 2022), <https://www.nytimes.com/2022/06/10/science/transgender-teenagers-national-survey.html>.

² Rikki Schlott, *Over 5,700 American children had trans surgery between 2019 and 2023, medical group claims: ‘Treated like guinea pigs,’* N.Y. Post (Oct. 8, 2024), <https://nypost.com/2024/10/08/us-news/over-5700-americans-under-18-had-trans-surgery-from-2019-23/>.

false and misleading advice of medical providers who told them that surgery or hormone replacement was the best solution to their problems.³

Consider the case of Chloe Cole, whose story, sadly, is not unique.⁴ At just 11 years old, Chloe joined Instagram and was bombarded with “LGBT content and activism.”⁵ She “saw how trans people online got an overwhelming amount of support,” and that “really spoke to [her] because, at the time,” she was just a child and “didn’t really have a lot of friends of [her] own.”⁶ She was especially vulnerable at that age because, like many young girls, Chloe felt that her “body didn’t match beauty ideals,” so she “started to wonder if there was something wrong with” her, even wondering whether she would “be better off as a boy.”⁷ By the age of 12, Chloe identified as transgender, and she “was fast-tracked through her entire transition—from blockers to a mastectomy—in just two years.”⁸ “The only pushback she . . . encountered came from the first endocrinologist she saw,” but she bypassed that easily by going “to another doctor who gave her the prescription with no trouble.”⁹ Despite the “vitriol from the transgender activist community,” Chloe has bravely shared her regret with the world at just 17 years old because she simply “can’t let this happen to other kids.”¹⁰ Neither can I, and neither can President Trump.

The Biden administration bears enormous responsibility for the medical community’s fraud and exploitation of parents and children who have fallen prey to radical gender ideology. President Biden personally advanced the agenda by hosting transgender activist influencers like Dylan Mulvaney at the White House,¹¹ opposing state-level bans on gender-affirming care for minors,¹² threatening legal action against Medicaid and Obamacare providers who fail to offer

³ See, e.g., Dr. Marc Siegel et al., *Detransitioning becomes growing choice among young people after gender-affirming surgery*, Fox News (Dec. 19, 2022), <https://www.foxnews.com/health/detransitioning-becomes-growing-choice-young-people-gender-affirming-surgery>.

⁴ Chloe Cole, *Hearing on Gender Affirming Care before the Subcommittee on the Constitution and Limited Government of the H. Judiciary Comm.*, 118th Cong. (2023).

⁵ Rikki Schlott, ‘I literally lost organs:’ Why detransitioned teens regret changing genders, N.Y. Post (June 19, 2022), <https://nypost.com/2022/06/18/detransitioned-teens-explain-why-they-regret-changing-genders/>.

⁶ *Id.*

⁷ *Id.*

⁸ *Id.*

⁹ *Id.*

¹⁰ *Id.*

¹¹ Emma Colton, *Biden legacy includes relentless push for transgender agenda*, Fox News (Dec. 8, 2024), <https://www.foxnews.com/politics/biden-legacy-includes-relentless-push-transgender-agenda>.

¹² Edie Heipel, *In interview with trans activist, Biden condemns states banning sex changes on kids*, (Oct. 24, 2022), Catholic News Agency, <https://www.catholicnewsagency.com/news/252633/in-interview-with-trans-activist-biden-condemns-states-banning-sex-changes-on-kids>.

such care,¹³ and appointing Rachel Levine—a leading transgender activist who personally identifies as transgender—to serve as Assistant Secretary for Health. Under Levine, the Department of Health and Human Services promoted gender-reassignment surgeries and hormone replacement for the treatment of gender dysphoria in minors¹⁴ and pressured the World Professional Association for Transgender Health (“WPATH”) to eliminate age minimums for reassignment surgeries in its 2022 guidelines.¹⁵ All the while, NIH-funded studies admitted that “little to no empirical data” supported the long-term safety of puberty blockers and hormones, let alone sex-reassignment surgery.¹⁶ To address the lack of scientific support for his agenda, President Biden allocated more than \$8 million of taxpayer funds for transgender hormone studies on mice.¹⁷

President Trump has put a stop to this by issuing his executive order “Protecting Children from Chemical and Surgical Mutilation,” signed to halt the exploitation enabled by misguided Biden-era policies. Pursuant to the President’s directive, I am issuing the following guidance to all Department of Justice employees to enforce rigorous protections and hold accountable those who prey on vulnerable children and their parents.

I. Enforcement of Laws Outlawing Female Genital Mutilation

The Department of Justice will not sit idly by while doctors, motivated by ideology, profits, or both, exploit and mutilate our children. Under my watch, the Department will act decisively to protect our children and hold accountable those who mutilate them under the guise of care. I am putting medical practitioners, hospitals, and clinics on notice: In the United States, it is a felony to perform, attempt to perform, or conspire to perform female genital mutilation (“FGM”) on any person under the age of 18.¹⁸ That crime carries a maximum prison sentence of 10 years per count.¹⁹ I am directing all U.S. Attorneys to investigate all suspected cases of FGM—under the

¹³ Executive Order 14075, *Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals*, 87 Fed. Reg. 37189 (June 15, 2022).

¹⁴ Timothy Nerozzi, *Biden administration endorses transgender youth sex-change operations, ‘top surgery,’ hormone therapy*, Fox News, March 31, 2022, <https://www.foxnews.com/politics/biden-administration-transgender-agenda-youth-sex-change-hormone-therapy>.

¹⁵ Azeen Ghorayshi, *Biden Officials Pushed to Remove Age Limits for Trans Surgery, Documents Show*, N.Y. Times (June 25, 2024), <https://www.nytimes.com/2024/06/25/health/transgender-minors-surgeries.html>.

¹⁶ Patrick Hauf, *Biden administration funds studies on danger of transgender hormonal treatments even as it pushes them on kids*, Fox News, (Oct. 20, 2022), <https://www.foxnews.com/politics/biden-funds-studies-dangers-transgender-hormone-treatments>.

¹⁷ The White House, March 5, 2025, <https://www.whitehouse.gov/articles/2025/03/yes-biden-spent-millions-on-transgender-animal-experiments/>.

¹⁸ See 18 U.S.C. § 116(a)(1).

¹⁹ *Id.* § 116(a).

banner of so-called “gender-affirming care” or otherwise—and to prosecute all FGM offenses to the fullest extent possible.

The Department will also ensure that victims and their families are able to report violations to federal law enforcement to expose violators and receive support. The Federal Bureau of Investigation, alongside federal, state, and local partners, will pursue every legitimate lead on possible FGM cases.

II. Investigation of Violations of the Food, Drug and Cosmetic Act and False Claims Act

The Department of Justice will investigate and hold accountable medical providers and pharmaceutical companies that mislead the public about the long-term side effects of chemical and surgical mutilations. To that end:

- I am directing the Civil Division’s Consumer Protection Branch to undertake appropriate investigations of any violations of the Food, Drug, and Cosmetic Act by manufacturers and distributors engaged in misbranding by making false claims about the on- or off-label use of puberty blockers, sex hormones, or any other drug used to facilitate a child’s so-called “gender transition.” Even if otherwise truthful, the promotion of off-label uses of hormones—including through informal campaigns like those conducted by sales reps or under the guise of sponsored continuing medical education courses—run afoul of the FDA’s prohibitions on misbranding and mislabeling.²⁰
- I am also directing the Civil Division’s Fraud Section to pursue investigations under the False Claims Act of false claims submitted to federal health care programs for any non-covered services related to radical gender experimentation. Examples include but are not limited to physicians prescribing puberty blockers to a child for an illegitimate reason (*e.g.*, gender dysphoria) but reporting a legitimate purpose (*i.e.*, early onset puberty) to the Centers for Medicare & Medicaid Services, and hospitals performing surgical procedures to remove or modify a child’s sex organs while billing Medicaid for an entirely different procedure. Falsely billing the government for the chemical or surgical mutilation of a child is a violation of the False Claims Act and is subject to treble damages and severe penalties.
- I am also notifying the public that the Department is eager to work with *qui tam* whistleblowers with knowledge of any such violations. The False Claims Act allows private citizens to file these actions on behalf of the government against those who have defrauded the government. In meritorious cases, the Department of Justice can intervene, and even if the Department takes over the case, the relator may receive a portion of the government’s financial recovery. In 2024 alone, *qui tam* relators received a \$344 million share of victories won by the Department. For more information about initiating a *qui tam* action, please visit the Department’s website at

²⁰ See 21 U.S.C. §§ 321(m)-(n), 331, 352(a), (f); 21 C.F.R. §§ 201.100, 201.128, 202.1(l)(2).

[https://www.justice.gov/archives/jm/criminal-resource-manual-932-provisions-handling-qui-tam-suits-filed-under-false-claims-act.](https://www.justice.gov/archives/jm/criminal-resource-manual-932-provisions-handling-qui-tam-suits-filed-under-false-claims-act)

III. Ending Reliance on Junk Science by the Department

Consistent with Section 3 of the President’s Order, the Civil Division has already directed that Department employees shall not rely on the ideologically driven WPATH guidelines, and that they should withdraw all court filings that rely on WPATH’s guidelines in any case in which the Department of Justice is actively involved, whether as a party, an amicus, or through the submission of a statement of interest. For the avoidance of doubt, I now expressly extend that direction to all Department employees. I further direct the Civil Rights Division to work with the Civil Division to identify and purge all Department policies, memoranda, and publications and court filings based on WPATH guidelines. WPATH has flouted basic standards for clinical guidelines, silenced its own evidence review team to bury doubts about the science WPATH promotes, muzzled dissenting members, and worked with the prior administration to push reckless policies—like doing away with age minimums for child surgeries.²¹ That is not science; it is radical ideology that endangers children with untested theories, and it has no place in the Department’s work. WPATH’s guidelines are fundamentally flawed and unreliable, and the Department will not use them in any way that suggests otherwise.

IV. Establish Federal and State Coalition Against Child Mutilation

Federal law enforcement must stand ready to assist states that prioritize children’s health over ideology. Accordingly, the Department is launching the Attorney General’s Coalition Against Child Mutilation. Through this Coalition, I will partner with state attorneys general to identify leads, share intelligence, and build cases against hospitals and practitioners violating federal or state laws banning female genital mutilation and other, related practices. The Department will support the state-level prosecution of medical professionals who violate state laws that protect children, such as Alabama’s Vulnerable Child Compassion and Protection Act,²² which makes it a felony for doctors to treat children with puberty blockers or hormones to affirm a gender identity inconsistent with biological sex.

V. Promoting New Legislation Protecting Children

I have instructed the Office of Legislative Affairs (“OLA”) to draft legislation creating a private right of action for children and the parents of children whose healthy body parts have been damaged by medical professionals through chemical and surgical mutilation. The proposed legislation will establish a long statute of limitations and retroactive liability, so that no one providing such “treatment” will escape liability. The Department of Justice will work with members of the House and Senate Judiciary Committees to bring this bill to President Trump as soon as possible. Further, I have instructed OLA to draft legislation amending 18 U.S.C. § 116 to enhance protections for children whose healthy body parts have been damaged by medical

²¹ See, e.g., Defs.’ Mot., *Boe v. United States*, No. 2:22-cv-00184 (M.D. Ala. Jun. 26, 2024).

²² Ala. Code § 26-26-1 (2022).

professionals practicing chemical and surgical mutilation. I will also work with state legislatures to encourage the passage of similar legislation at the state level.

* * *

Protecting America's children must be our top priority, whether from drug cartels, terrorists, or even our own medical community. Every day, we hear more harrowing stories about children who will suffer for the rest of their lives because of the unconscionable ideology behind "gender-affirming care." Under my leadership, the Department of Justice will bring these practices to an end.

EXHIBIT J

COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE
PENNSYLVANIA HUMAN RELATIONS COMMISSION

:
E [REDACTED] W [REDACTED] o/b/o P [REDACTED] T [REDACTED] S [REDACTED] :
Complainant :
v. : PHRC Case No. 202502571
:
Penn State Health, :
Respondent :
:

COMPLAINT

JURISDICTION

Jurisdiction is pursuant to the Pennsylvania Human Relations Act 43 P.S. §§ 951-963.

PARTIES

The Complainant herein is:

E [REDACTED] W [REDACTED] o/b/o P [REDACTED] T [REDACTED] S [REDACTED]
[REDACTED]

The Respondent herein is:

Penn State Health
500 University Drive
Hershey, PA 17033

COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE
PENNSYLVANIA HUMAN RELATIONS COMMISSION

E [REDACTED] W [REDACTED] obo P [REDACTED] T [REDACTED] S [REDACTED], :
Complainant(s) : PHRC Case No. 202502571

v.

Penn State Health, :
Respondent(s) :

COMPLAINT

1. COMPLAINANT(S)

E [REDACTED] W [REDACTED] obo P [REDACTED] T [REDACTED] S [REDACTED]
[REDACTED]

2. RESPONDENT(S)

(person, owner, proprietor, superintendent, agent, or employee of any public accommodation; or other entity against whom you are filing this complaint)

Penn State Health
100 Crystal A Drive, MC CA210
Hershey, PA 17033

3. Respondent Penn State Health is a public accommodation which is open to, accepts, or solicits the patronage of the general public.

4a. Respondent Penn State Health is located at 100 Crystal A Dr, Hershey.

4b. I visited Respondent Penn State Health on May 28, 2025.

5. Protected Class(es) (check all reasons you have been discriminated against and specify the class, e.g. race, African American; sex, female)

Race:

Religious Creed:

Color:

National Origin:

Sex: Transgender

Ancestry:

Disability:

Retaliation

Use of Guide or Support Animal

Other (specify):

6. **Dates of Discrimination:**

Beginning: 5/28/2025

Ending: 5/28/2025

Continuing? Yes

No

7. **DESCRIBE THE DISCRIMINATORY CONDUCT, WITH SPECIFICITY, AND EXPLAIN HOW THE DISCRIMINATORY CONDUCT IS RELATED TO YOUR PROTECTED CLASS:**

(e.g. denial of admittance, denial of disability accommodation, retaliation, different terms and conditions of services provided)

Underlying Facts:

1. In or around 2020, [REDACTED] (MTS) was diagnosed with gender dysphoria after declaring that they were a transgender male.
2. In or around 2020, Respondent began treatment on MTS using hormone puberty blockers.
3. On December 26, 2022 and January 2, 2023, prior to advancing MTS's gender transition by beginning Testosterone treatments, our family met with an OB/GYN to discuss the option of participating in egg preservation. MTS opted out of the egg preservation.
4. In January 2025, President Trump signed an executive order that any medical facility or physician who participated in the transition of any transgender youth under the age of 19 years old would lose their federal funding.
5. On March 24, 2025, MTS became a "dead name" when their name was changed by order of the Court, to [REDACTED] (PTS).

A. Discriminatory Failure to Provide Services based on Sex.

1. My minor child, [REDACTED] (PTS), is a transgender male.
2. On April 28, 2025, Respondent notified our family that effective August 1, 2025, it would not be treating any new transgender youth patients due to President Trump's Executive Order, but PTS would be "grandfathered" and would continue to receive their hormone therapies and psychiatric treatment, explaining that to abruptly stop medical treatment would cause moral devastation.
3. On May 19, 2025, I called Respondent to ensure that PTS would be able to be treated and given their scheduled hormone injection(s) at their May 28, 2025, medical appointment.
4. On May 19, 2025, Respondent's staff assured me that PTS would be getting their treatment, the nursing staff would be teaching me how to give the weekly testosterone injections, and that I should keep the scheduled appointment.
5. On May 28, 2025, when we arrived for PTS's office visit, Respondent denied service when it informed us that it would no longer be providing gender affirming care to PTS, would not be providing them their hormone injection(s) at the visit, and would not be teaching me how to give the weekly testosterone injections, causing their medical care to be abruptly stopped.
6. Respondent's stated reason for the action taken was that the institutions Administrators, Board and Attorneys "told us that we are no longer permitted to give medical care" (Meaning gender affirming care) to anyone under the age of 19 years old; that they are only permitted to provide consultations until August 1, 2025.

WARNING: FAILURE TO COMPLETE THIS SECTION MAY RESULT IN YOUR COMPLAINT BEING REJECTED FOR INSUFFICIENCY.

8. Based upon the foregoing, I/we allege that the Respondent(s) violated Section 5 of the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
9. The Pennsylvania Human Relations Commission has jurisdiction over this matter pursuant to the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
10. I/we pray that the Respondent(s) be required to provide all appropriate remedies under Section 9 of the Pennsylvania Human Relations Act.

VERIFICATION

I hereby verify that the statements contained in this Complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.

9/5/2025
Date

Signature
[REDACTED]
Printed Name

Date

Signature

Printed Name

**WARNING: COMPLAINTS MUST BE SIGNED AND FILED WITHIN 180 DAYS OF THE
ALLEGED ACT OF HARM.**

Pg. 2; #7. continued

7. Respondent's own non-discrimination policy that was provided to me states that "As a patient you or your legally responsible party have the right to receive care without discrimination due to age, sex, race, color, religion, sexual orientation, income, education, national origin, ancestry, marital status, culture, language, disability, gender identity, or who will pay your bill. As our patient, you have the right to safe, respectful and dignified care at all times. You will receive services and care that are medically suggested and within the hospital's services, its stated mission, and required law and regulations."
8. I believe Respondent's actions are based on PTS being a transgender male because it violated its own non-discrimination policy when it denied them gender affirming care.

E [REDACTED] W
9/5/25

EXHIBIT K

COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE
PENNSYLVANIA HUMAN RELATIONS COMMISSION

:
K [REDACTED] S [REDACTED] o/b/o C [REDACTED] :
A [REDACTED] S [REDACTED] W [REDACTED], :
Complainant :
: :
v. : PHRC Case No. 202503272
: :
Penn State Health, :
Respondent : :
:

COMPLAINT

JURISDICTION

Jurisdiction is pursuant to the Pennsylvania Human Relations Act 43 P.S. §§ 951-963.

PARTIES

The Complainant herein is:

K [REDACTED] S [REDACTED] o/b/o C [REDACTED] A [REDACTED] S [REDACTED] W [REDACTED]
[REDACTED]

The Respondent herein is:

Penn State Health
905 W Governor Rd
Suite 200
Hershey, PA 17033

COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE
PENNSYLVANIA HUMAN RELATIONS COMMISSION

K [REDACTED] S [REDACTED] o/b/o C [REDACTED] A [REDACTED] S [REDACTED] W [REDACTED], :
Complainant(s) : PHRC Case No. 202503272
V. :
Penn State Health, :
Respondent(s) :

COMPLAINT

1. COMPLAINANT(S)

K [REDACTED] S [REDACTED] o/b/o C [REDACTED] A [REDACTED] S [REDACTED] W [REDACTED]

[REDACTED]
[REDACTED]
+ [REDACTED]

2. RESPONDENT(S)

(person; owner, proprietor, superintendent, agent, or employee of any public accommodation; or other entity against whom you are filing this complaint)

Penn State Health
905 W Governor Rd Suite 200
Hershey PA 17033

3. Respondent Penn State Health **is a public accommodation which is open to, accepts, or solicits the patronage of the general public.**

4a. **Respondent** Penn State Health **is located at** 905 W Governor Rd Suite 5.

4b. **I visited Respondent** Penn State Health **on** 905 W Governor Rd 5.

5. Protected Class(es) (check all reasons you have been discriminated against and specify the class, e.g. race, African American; sex, female)

Race:

Religious Creed:

Color:

National Origin:

Sex: Non-binary / Ungendered

Ancestry:

Disability: Gender Dysphoria

Retaliation

Use of Guide or Support Animal

Other (specify):

6. Dates of Discrimination:

Beginning: July 5, 2025

Ending: July 5, 2025

Continuing? Yes

No

7. DESCRIBE THE DISCRIMINATORY CONDUCT, WITH SPECIFICITY, AND EXPLAIN HOW THE DISCRIMINATORY CONDUCT IS RELATED TO YOUR PROTECTED CLASS:

(e.g. denial of admittance, denial of disability accommodation, retaliation, different terms and conditions of services provided)

A. Denial of Service due to Sex, Non-binary / Ungendered and Disability, Gender Dysphoria.

1. I am filing on behalf of my underage child C [REDACTED] A [REDACTED] S [REDACTED] W [REDACTED], their protected classes are sex, Non-binary / Ungendered and disability, Gender Dysphoria.

2. My child's disability impacts their ability to use the restroom and requires regular medical care to avoid mental distress.

3. My child can attend Respondent's public accommodation without a reasonable accommodation.

4. In November 2024, Respondent became aware of my child's disability when they began to attend the medical services of Respondent for pharmacological (testosterone therapy) and mental health services.

5. In April 2025, I was informed that Penn State Health would no longer be accepting new patients under 19 for gender-affirming care. Concerned, I reached out via their portal to confirm this would not affect my child's existing care plan, and was reassured at that time that continuation patients would remain unaffected.

6. On April 29, 2025, I reached out to Respondent and was told "Thank you so much for reaching out. While PSH [Respondent] will not begin new pharmacological treatment for patients under the age of 19, at present we are continuing to provide treatment for patients already undergoing this care. As such, we will continue to see [your child] at Briarcrest for their scheduled appointments."

7. In late-May 2025, Respondent reversed this policy and has stated that they will be completely discontinuing all gender-affirming care for patients under age 19, effective August 1, 2025.

8. On July 5, 2025, I received official notification that Respondent would be denying care for my child due to them being Non-binary / Ungendered under the age of 19.

9. I believe my child is being denied essential service by Respondent's public accommodation due to their sex, Non-binary / Ungendered, and disability, Gender Dysphoria, as Respondent has refused all care to Non-binary / Ungendered youth under 19.

WARNING: FAILURE TO COMPLETE THIS SECTION MAY RESULT IN YOUR COMPLAINT BEING REJECTED FOR INSUFFICIENCY.

8. Based upon the foregoing, I/we allege that the Respondent(s) violated Section 5 of the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
9. The Pennsylvania Human Relations Commission has jurisdiction over this matter pursuant to the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
10. I/we pray that the Respondent(s) be required to provide all appropriate remedies under Section 9 of the Pennsylvania Human Relations Act.

VERIFICATION

I hereby verify that the statements contained in this Complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.

10/20/2025

Date

Signature

K

S

Printed Name

Date

Signature

Printed Name

WARNING: COMPLAINTS MUST BE SIGNED AND FILED WITHIN 180 DAYS OF THE ALLEGED ACT OF HARM.