

Pediatric Gender Clinic Under Multi-Agency Investigation

Missouri Attorney General Andrew Bailey announced that his office has launched a multi-agency investigation into the Washington University Pediatric Transgender Center at St. Louis Children's Hospital after a former employee went public and accused the hospital of lying to parents and harming hundreds of children with puberty blockers and mutilating surgeries.

The attorney general's office has a sworn affidavit from the whistleblower, Jamie Reed, and documents that support her allegations. The Missouri Department of Social Services and Division of Professional Registration are assisting the investigation.

"As attorney general, I want Missouri to be the safest state in the nation for children," said Attorney General Andrew Bailey. "We have received disturbing allegations that individuals at the Transgender Center at St. Louis Children's Hospital have been harming hundreds of children each year, including by using experimental drugs on them. We take this evidence seriously and are thoroughly investigating to make sure children are not harmed by individuals who may be more concerned with a radical social agenda than the health of children," said Bailey.

Reed worked at the Washington University Transgender Center and was responsible for patient intake between 2018 and November 2022. She said she took the job with the intention of "saving" gender-confused children, but now she believes what is happening amounts to "permanent harm" on young, vulnerable children.

Reed said, "During the four years I worked at the clinic as a

case manager—I was responsible for patient intake and oversight—around a thousand distressed young people came through our doors. The majority of them received hormone prescriptions that can have life-altering consequences—including sterility. I left the clinic in November of last year because I could no longer participate in what was happening there. By the time I departed, I was certain that the way the American medical system is treating these patients is the opposite of the promise we make to ‘do no harm.’ Instead, we are permanently harming the vulnerable patients in our care.”

“Almost everyone in my life advised me to keep my head down. But I cannot in good conscience do so. Because what is happening to scores of children is far more important than my comfort. And what is happening to them is morally and medically appalling,” said Reed.

Soon after her arrival at the Transgender Center, Reed was shocked by the lack of formal protocols for treatment and the physician co-directors were essentially the sole authorities. Reed stated that the doctors she worked with at the Center often said regarding the patients: “We are building the plane while we are flying it.” Yet after four years, Reed realized that no one should be a passenger on that kind of aircraft.

In 2019, Reed started noticing a growing number of patients deciding not to go through with “transition,” or deciding to embrace their biological gender. She and her colleague started collating information about those patients with the assumption that the doctors would want to know about their change of heart. But the doctors did not.

She noted that the girls who came to the center had many comorbidities such as depression, anxiety, ADHD, eating disorders and obesity. Many were diagnosed with autism or had autism-like symptoms. Frequently, patients declared they had disorders that no one believed they had. The doctors privately

recognized these false self-diagnoses as a manifestation of social contagion. They even acknowledged that suicide has an element of social contagion. But when clusters of girls streaming into the center looked as if their gender issues might be a manifestation of social contagion, the doctors said gender identity reflected something innate.

Reed also acknowledged that all that was required for a child to “transition” was a letter of support from a therapist, typically one recommended by the staff, and whom the patient had to see only once or twice for the green light. To make it more efficient for the therapists, the center offered them a template for how to write a letter in support of “transition.” The next stop was then a single visit to the endocrinologist for a testosterone prescription.

In her sworn affidavit for the Missouri attorney general’s office, Reed asserts that individuals at the center are using experimental drugs on children, distributing puberty blockers and cross-sex hormones without individualized assessment and even without parental consent. Bicalutamide is a medication used to treat metastatic prostate cancer, and one of its side effects is that it feminizes the bodies of men who take it, including the appearance of breasts. The center prescribed this cancer drug as a puberty blocker and feminizing agent for boys. As with most cancer drugs, bicalutamide has a long list of side effects, including liver toxicity. There also are no clinical studies for using this drug for gender confusion, and there are no established standards of care for using this drug.

In addition, these “transitioning” methods have led children to attempt suicide, and the center never discontinues prescribing cross-sex hormones, no matter how much those drugs are harming the child. Reed also has provided evidence that the center has been unlawfully billing state taxpayers to fund these actions.

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