



Former “Transgender” Clinic Worker Blows Whistle: What’s Done to Kids Is “Morally and Medically Appalling”

Jamie Reed didn’t want to speak up. After all, she understood the possible career ramifications for exposing the malpractice at the pediatric “transgender” clinic for which she once worked. She also knew that what gave her revelations added credibility wouldn’t protect her. To wit: Reed describes herself as a “queer,” 42-year-old woman who’s “married” to a “transman” (a female masquerading as male). But she finally felt compelled to blow the whistle because her former employer’s medical practices are, as she puts it, “morally and medically appalling.”



In fact, the doctors at the Washington University Transgender Center (WUTC) at St. Louis Children’s Hospital tacitly acknowledged that they were experimenting on kids, even as they admonished Reed to cease questioning the “medicine and the science.” As those physicians put it, frequently, “We are building the plane while we are flying it.”

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Reed didn’t intend to fly by the seat of her pants, however, when taking her job at the WUTC, where she was a case manager for four years (2018-2022). She assumed the institution’s governing philosophy — the earlier “gender dysphoria” (GD) is treated, the less anguish patients experience later on — was correct. These were experts, after all, so she supposed their conclusions were evidence-based.

But Reed would come to learn differently through her position, in which she was responsible for the intake and oversight of many of the approximately 1,000 troubled youngsters “treated” during her tenure. She was shocked by the lack of formal protocols at WUTC; the center operated not by rules but rulers, in this case its doctor co-directors.

A major red flag for Reed was that while most patients exhibiting opposite-sex delusions years ago were boys, the WUTC saw a sea-change evident throughout the Western world: Suddenly, teenage girls were the majority of supposed GD patients — 70 percent at WUTC by the end of Reed’s tenure. The kicker: Sometimes, clusters of girls came in *from the same high school*.

Obviously, “social contagion” was at work. Girls, much more than boys, are creatures of the flock, highly influenced by peers, fads, and social pressure. This alarmed Reed, but she didn’t feel she could speak up back then; those doing so could be labeled “transphobic.”

Reed then wrote, in a recent Free Press [piece](#):



Written by [Selwyn Duke](#) on February 17, 2023

The girls who came to us had many comorbidities: depression, anxiety, ADHD, eating disorders, obesity. Many were diagnosed with autism, or had autism-like symptoms. A report last year on a British pediatric transgender center found that about one-third of the patients referred there were on the autism spectrum.

Frequently, our patients declared they had disorders that no one believed they had. We had patients who said they had Tourette syndrome (but they didn't); that they had tic disorders (but they didn't); that they had multiple personalities (but they didn't).

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 I said the clusters of girls streaming into our service looked as if their gender issues might be a manifestation of social contagion, the doctors said gender identity reflected something innate.

Explanation? Irrational conclusions can seem very appealing to those making money off the irrationality.

Reed continued, "To begin transitioning, the girls needed a letter of support from a therapist — usually one we recommended — who they had to see only once or twice for the green light. To make it more efficient for the therapists, we offered them a template for how to write a letter in support of transition. The next stop was a single visit to the endocrinologist for a testosterone prescription."

"That's all it took," she remarked.

Note that when traditionalists made the point about how youths were recommended for sex-distortion treatments (SDTs) assembly-line style, sexual devolutionaries would write it off as "anti-trans" propaganda.

Reed then outlined the effects of SDT malpractice:

When a female takes testosterone, the profound and permanent effects of the hormone can be seen in a matter of months. Voices drop, beards sprout, body fat is redistributed. Sexual interest explodes, aggression increases, and mood can be unpredictable. Our patients were told about some side effects, including sterility. But after working at the center, I came to believe that teenagers are simply not capable of fully grasping what it means to make the decision to become infertile while still a minor.

Yes, well, that's why youths aren't afforded adult rights (e.g., to enter into contracts, drink alcohol, or join the military). Yet they're considered capable of deciding to attempt the impossible: switch sexes.

Reed mentioned that the parents also usually don't understand the consequences of putting a child on cross-sex hormones (prescribed for life), that it may mean having to take blood pressure and cholesterol medication, and perhaps suffering from sleep apnea and diabetes.

Also referred to the WUTC were psychiatric-unit juveniles, suffering from conditions such as "schizophrenia, PTSD, bipolar disorder, and more," Reed writes. One was a boy restricted to a lockdown house because he'd been involved in bestiality with dogs. A troubled kid, he had a drug-addicted mother and an imprisoned father, and was in foster care; then, at some point, he said he wanted to be female. The "doctors" were only too willing to give all these damaged youths SDTs.



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Crazy Parents, Too

The WUTC also disregarded parents' rights, said Reed. Moreover, if parents disagreed about the SDTs, the center consistently took the SDT-supporting parent's side.

Reed related the sad case of a couple in which the mother wanted to start their 11-year-old daughter on puberty blockers, while the father was opposed. Reed said that she took the original intake call, and the mother admitted that the girl showed no signs of GD; it's just that she was "kind of a tomboy."

A month later, however, the mother called back and had changed her tune, claiming her daughter did meet the SDT criteria (e.g., taking on a masculine name). She was then prescribed the puberty blockers, and a custody case ensued. Despite the father's insistence that this was all being orchestrated by the mother, the latter won custody — with the help of a WUTC doctor's testimony.

Reed speaks as well about "sex-change" regret, citing the case of an 18-year-old girl who had a double mastectomy, but changed her mind three months later and wanted her breasts back.

There's much more in [Reed's article](#), too. The bottom line is that SDTs are quackery; there's actually no such thing as "transgender" because you cannot switch sexes, and humans don't have "gender." Words do.

Despite this, Reed points out that while the United States had zero youth SDT clinics 15 years ago, we now have more than 100 (even though European nations, regaining a modicum of sanity, have started limiting youth SDT).

Reed's testimonial is powerful because she's a leftist who was all-in on youth SDTs. After seeing their reality, however, she appears all-out, calling for a moratorium on juvenile SDTs.

As [I've illustrated repeatedly in the past](#), there is no good science behind the MUSS (Made-up Sexual Status) agenda. Its advocates claim they're "following the science" — but they're really just following the money and ideology and, perhaps, a path to major malpractice lawsuits.

For those interested, the Free Press interview with Reed is below.



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