Baer, A. et al. (2026) Wolves in White Coats: How Doctors and Hospitals Pushed and Profited from the Fraud of "Gender Medicine". Department of Health and Human Services (DHHS).

https://www.hhs.gov/sites/default/files/hhs-wolves-in-white-coats.pdf

This DHHS Report follows on from their earlier comprehensive Treatment for pediatric gender dysphoria: Review of evidence and best practices. https://opa.hhs.gov/sites/default/files/2025-05/gender-dysphoria-report.pdf (2025), published as part of President Trump's Executive Orders halting gender affirming (now retitled 'sex-rejecting') interventions. This report is unusual in focusing on supply-side issues, i.e. how and why the US healthcare industry invested so heavily in gender medicine, despite the lack of any real supporting evidence for its effectiveness. There are three main areas discussed, illustrated by eight powerful case histories of detransitioners:

- **Firstly,** healthcare providers were able to turn a tidy profit from these procedures: children who "transitioned" were placed on a course that would require expensive drugs, surgeries, and lifelong medical interventions. This contributed to the rapid growth of programs at over 225 hospitals and health systems nationwide by the early 2020s. Gender clinics introduced a novel source of revenue: they promised a new stream of continuous revenue for pediatrics, endocrinology, and surgical specialties, by taking physiologically healthy young people—who otherwise would not need to seek medical attention, and rendering them dependent for life on the medical system. The lifetime economic footprint for a single patient produced estimated total costs of between $25,000 and $75,000 over a lifetime. When surgeries are included, individual lifetime spending on surgical interventions can easily exceed $100,000 and approach $170,000.
- Based on evidence from whistleblowers, pediatric gender clinics and children's hospitals also used misleading or potentially fraudulent diagnostic and procedural codes in securing insurance coverage for sex-rejecting interventions, e.g by illegally using incorrect codes for precocious puberty for post-pubertal teenagers, or by using "endocrine disorder, unspecified," in place of a gender-related diagnosis (e.g. gender identity disorder).
- **Secondly**, elite Professional Society biases infected hospital personnel, the former having previously been captured by gender identity ideology, with examples drawn from WPATH, the APA and AAP: i.e. the American Psychological Association (APA) "Task Force" that assembled APA guidelines consisted of only eight individuals, at least seven of whom were WPATH members, or otherwise affiliated. Jason Rafferty crafted a Policy Statement regarding care of transgender children and adolescents for the American Academy of Pediatrics (AAP), but the AAP's membership only became aware of the content of the Policy Statement after it was published.
- **Thirdly,** the federal government actively pushed acceptance of sex-rejecting procedures for minors under the Biden Administration. Just hours after Biden was sworn in as President on January 20, 2021, he issued a sweeping executive order stating "It is the policy of my Administration to prevent and combat discrimination on the basis of gender identity". Civil rights laws for women and disability discrimination legislation were re-interpreted to apply to gender identity. Health insurance restrictions for funding sex-denying interventions were removed, and coverage extended to federal and military employees. Most, if not all, of Biden's reforms have now been reversed under the Trump administration.

Peter Jenkins, Thoughtful Therapists, 19/8/2026