

# HHS Review of Youth Gender Health Appears to Reach Foregone Conclusion

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June 11, 2025



For all of the Monitor Monday listeners who tuned in to the April 21 airing<sup>1</sup> or read my April 23 RACmonitor post titled “Weaponizing the OIG”<sup>2</sup>, there is an important update to share that comes straight from the U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG).

The OIG’s Public Affairs team corresponded after last month’s segment to share a *revised* portal page and accompanying press release<sup>3</sup> for tips related to the administration’s gender health Executive Order, indicating that HHS itself is the proper reporting body, not the OIG.

This subtle nuance is important, because as the OIG’s Public Affairs articulated to me, “tips pertaining specifically to waste, fraud, and abuse in Medicare, Medicaid, and/or HHS program should be submitted to HHS-OIG via the agency’s hotline” – which is the standard methodology, predating the current administration. I sincerely appreciate the OIG’s correspondence on the matter and have updated Monitor Monday listeners during the May 12 airing of the show<sup>4</sup>.

During the May 12 podcast<sup>4</sup>, we broke news on the long-awaited HHS review on gender health<sup>5</sup>. On May 1, the Assistant Secretary for Health and Office of Population Affairs delivered on the request from the President, in Executive Order 14187 Sec 3(ii), to “publish

evidence-based review of the literature on best practices to promote the health of children who assert gender dysphoria”<sup>6</sup>, within a 90-day deadline. The White House made clear in that Executive Order the conclusion was already foregone: labeling care that thousands of youth currently receive across this country as “immoral, unjust, and disproven”<sup>6</sup>.

With those conclusions already established and directed to HHS<sup>6</sup>, what do you think this “comprehensive” review reached as its summation? No surprise: it essentially confirmed<sup>5</sup> the hypothesis of the White House back in January<sup>6</sup>. Although there is lots to unpack in a full dissection of the document itself<sup>5</sup>, several salient questions about its construct immediately come to mind.

1) How exactly does clandestine authorship by eight anonymous contributors “help maintain the integrity of this process”<sup>5</sup>? For comparison, CMS-4208-F was posted within weeks of the aforementioned document, and it included a full list of contributors and contacts for the public to liaise with regarding questions or content<sup>7</sup>. Does providing the names of the authors with a “commitment to scientific principles,”<sup>5</sup> like every other medical publication – complete with conflict-of-interest disclosures – somehow lessen the integrity or de-legitimize its process?

2) To quote the National Institutes of Health (NIH) Director, Dr. Jay Bhattacharya, who indicated that the report follows the “gold standard of science,”<sup>5</sup> it begs the question: does it typically take more than 90 days to compile a systematic review? For context, most medical research papers take months or years to gather data and assess the scientific rigor used. Peer review then takes another few months. The names, affiliations, and conflicts-of-interest of all authors are reported to allow readers to assess the credibility of the content. Yet none of that happened with this report. The “comprehensive” review is 266 pages of formal content with 12 additional pages of appendices<sup>5</sup>. This prompts a more concerning question: was this all drafted by these eight contributors during the 90-day window, or did they have pre-fabricated opinions and “research” already produced by their own activist organizations?

3) What “post-publication peer review” will “begin in the coming days,” from the May 1 date of this HHS post<sup>5</sup>? Will it be submitted to a reputable journal with a standard, rigorous methodology for review? Will it include a panel of topical experts whose credentials are recognized by their international peers in the fields of gender health and pediatrics, as well as mainstream professional societies? Or will its content be verified in secret by a collection of marginalized, fringe physicians who are using this report as an avenue to gain legitimacy after failing to meet the norms and expectations of modern medicine?

Since its release, there has been both praise and criticism of this report by HHS<sup>5</sup>, across the political, medical, and cultural spectrums. But one objective truth cannot be understated: it was ordered by an individual, who specified it reach a pre-ordained outcome<sup>6</sup>.

This is not my opinion; this is written in the original Executive Order, which now lives within the Federal Register<sup>6</sup>. For that, the review is inherently flawed, and it cannot be blindly accepted as a basis by which the care of tens of thousands is blatantly abandoned overnight.

If HHS is truly committed to protecting children’s health<sup>8</sup>, there are qualified professionals out there who can partner with them and properly study gender health – but that would require humbly acknowledging that there is such a thing in the first place.



## References

1. Updike J. “News update”. *Monitor Mondays*. MedLearn Publishing, 632(14); Apr 21 2025. <https://podcasts.apple.com/us/podcast/fy-2026-ipp-hospital-strategy-for-risk-adjustment/id1346217226?i=1000704336127>.
2. Updike J. “Weaponing the OIG”. *RACmonitor*. MedLearn Media, Apr 23 2025. <https://podcasts.apple.com/us/podcast/fy-2026-ipp-hospital-strategy-for-risk-adjustment/id1346217226?i=1000704336127>.
3. Dept of Health & Human Services. “HHS Releases Comprehensive Review of Medical Interventions for Children and Adolescents with Gender Dysphoria”. *HHS Press Office*, 202-690-6343; May 1 2025. <https://www.hhs.gov/press-room/gender-dysphoria-report-release.html>.
4. Updike J. “Field Report”. *Monitor Mondays*. MedLearn Publishing, 635(14); May 12 2025. <https://podcasts.apple.com/us/podcast/speak-no-evil-asking-docs-to-weigh-in-became-a-%24202/id1346217226?i=1000708154721>.
5. Dept of Health & Human Services. “Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices”. *Office of Population Affairs*; May 1 2025 (Erratum May 25 2025). <https://opa.hhs.gov/sites/default/files/2025-05/gender-dysphoria-report.pdf>.
6. The White House. “Protecting Children From Chemical and Surgical Mutilation”. *Federal Register*, Executive Order 14187, 2025-02194; Jan 28 2025. <https://www.federalregister.gov/documents/2025/02/03/2025-02194/protecting-children-from-chemical-and-surgical-mutilation>.

7. Centers for Medicare & Medicaid Services. “Medicare and Medicaid Programs; Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly”. *Federal Register*, 2025-06008; Apr 15, 2025. <https://www.federalregister.gov/documents/2025/04/15/2025-06008/medicare-and-medicare-programs-contract-year-2026-policy-and-technical-changes-to-the-medicare>.
8. Dept of Health & Human Services. “Protecting Women and Children”. Accessed June 10 2025. <https://womenshealth.gov/protecting-women-and-children>.

#### **EDITOR’S NOTE:**

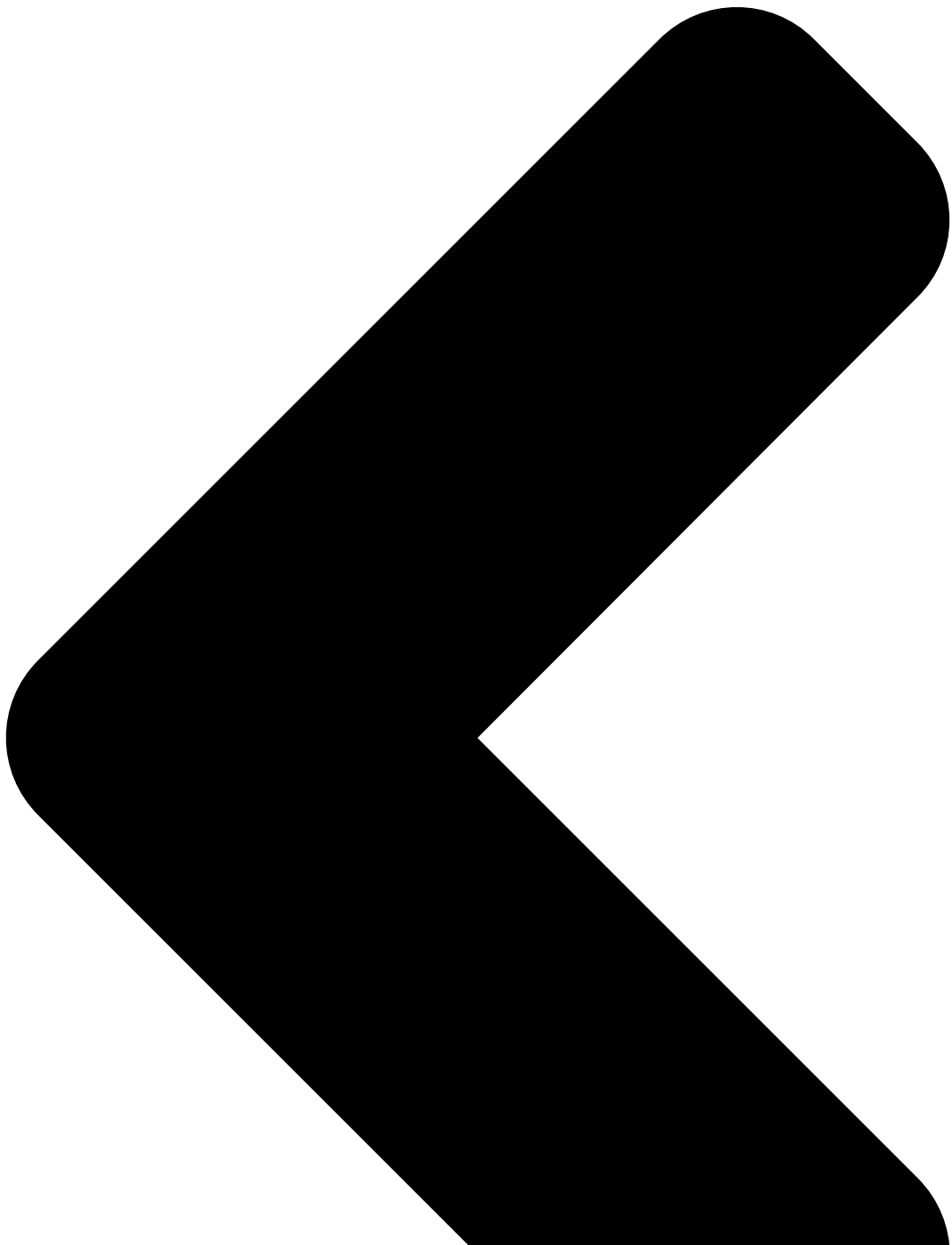
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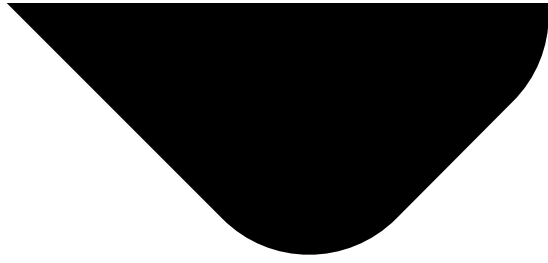
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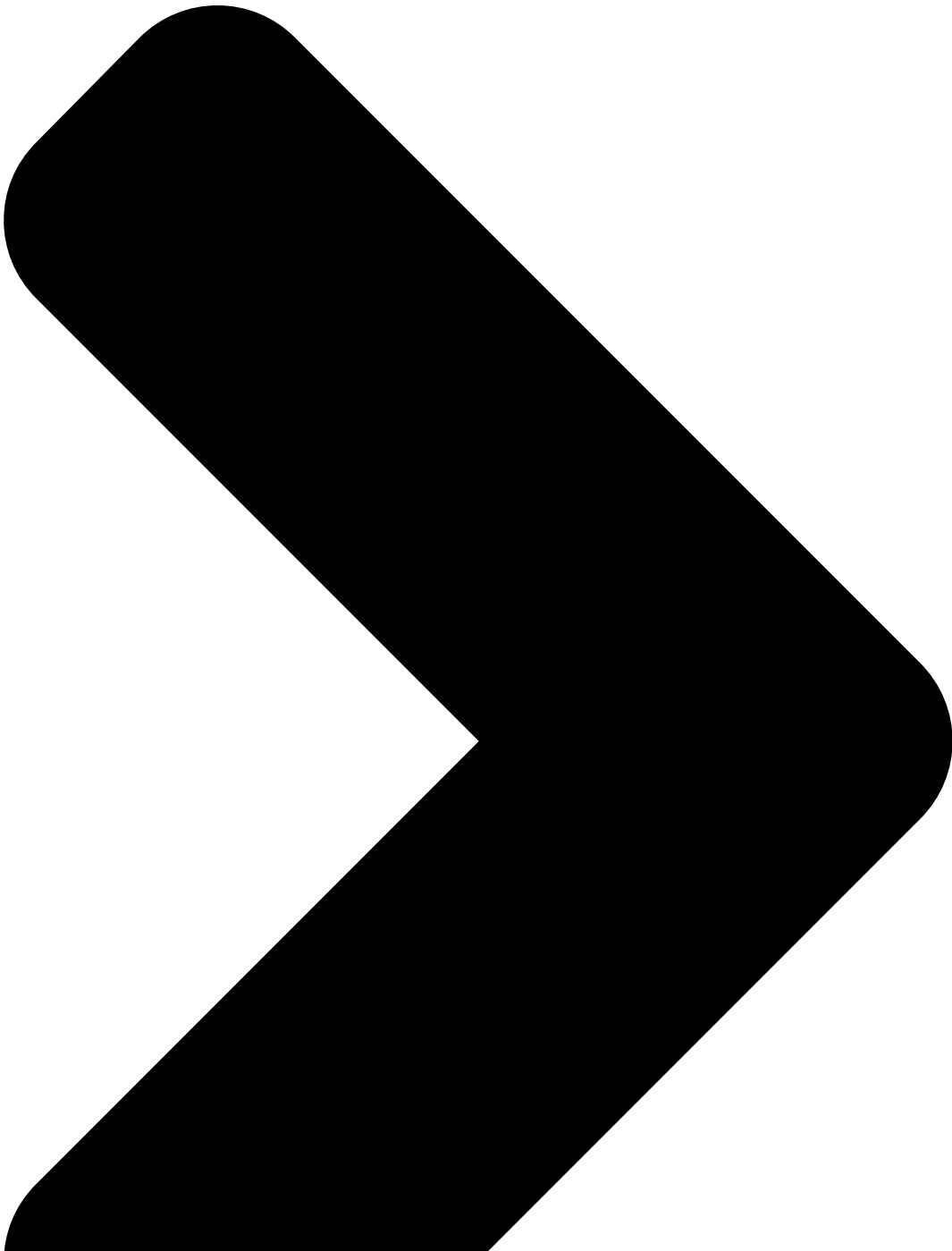
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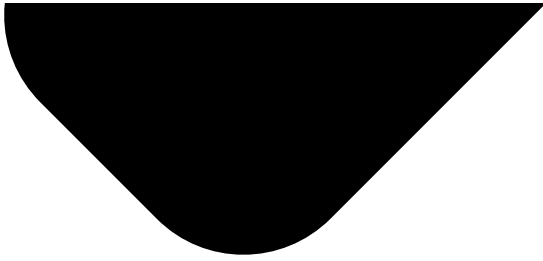




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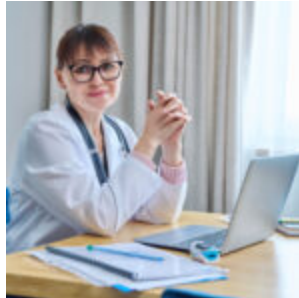
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