

No. 23-477

IN THE
Supreme Court of the United States

UNITED STATES,

Petitioner,

v.

JONATHAN SKRMETTI, ATTORNEY GENERAL
AND REPORTER FOR TENNESSEE, *et al.*,

Respondents.

ON WRIT OF CERTIORARI TO THE UNITED STATES
COURT OF APPEALS FOR THE SIXTH CIRCUIT

**BRIEF OF ELLIOT PAGE, NICOLE MAINES,
AND SIXTY-TWO OTHER INDIVIDUALS AS
AMICI CURIAE IN SUPPORT OF PETITIONER**

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INTERESTS OF *AMICI CURIAE*¹

Amici are 64 transgender adults who have benefitted immensely from gender-affirming healthcare. *Amici* come from rich and diverse backgrounds, reflecting a cultural tapestry of varied racial, religious, and ethnic experiences found in America. They reside in twenty states and Washington D.C. *Amici* are parents, children, spouses, partners, friends, aunts, uncles, mentors, neighbors, and siblings, ranging from age eighteen to eighty-three. They are, among other professions, teachers, lawyers, scientists, actors, artists, athletes, public servants, medical professionals, and faith leaders.

The journeys of *amici* first to understand and then treat gender dysphoria are each unique to their individual experience, but a common sentiment that can be drawn from their stories is that they are glad they chose to benefit from gender-affirming care, with their only regret being that they did not receive that care earlier in their lives.² Treatment strategies for *amici*'s gender

1. Pursuant to Rule of the Supreme Court of the United States 37(6), counsel for *amici curiae* states that no counsel for a party authored this brief in whole or in part, and no person—other than the *amici* and their counsel—made a monetary contribution intended to fund the preparation or submission of this brief. A complete list of *amici* is included as the Appendix.

2. Notably, the regret rate for gender-affirming surgeries is dramatically lower than the regret rate for other surgeries. Compare Valeria P. Bustos et al., *Regret after Gender-Affirmation Surgery: A Systematic Review and Meta-Analysis of Prevalence*, 9 PLASTIC AND RECONSTRUCTIVE SURGERY—GLOBAL OPEN e3477, 5-7 (Mar. 2021) (performing a systematic review and meta-analysis of 27 studies, including 7928 patients, to determine that the regret rate of gender-

dysphoria were highly personalized and involved one or more of puberty blockers, anti-androgens, hormones, or surgery. For most, the struggle to find and then procure gender-affirming healthcare proved a daunting and time-consuming task, often lasting years. Barriers to accessing care—due, fundamentally, to discrimination—were often insurmountable until adulthood. Many who did not receive care in adolescence suffered and found it difficult to prosper and thrive as they entered adulthood.

However, for those fortunate enough to receive gender-affirming healthcare as minors, early intervention proved crucial to their wellbeing and even their survival. Once allowed to experience gender-affirming healthcare, all *amici*, regardless of age, found their lives improved. They finally found relief from the anguish of experiencing gender dysphoria.

In short, because of gender-affirming healthcare, *amici* are thriving. Without such care, their suffering would have continued. The healthcare that SB1 and

affirming surgeries is only 1%) with Ana Wilson et al., *Regret in Surgical Decision Making: A Systematic Review of Patient and Physician Perspectives*, 41 *World Journal of Surgery* 1454, 1456-57 (Jun. 2017) (systematically reviewing 73 patient studies to determine that the average prevalence of surgical regret is 14.4%, with regret rates for different types of surgeries ranging from 6.4% to 24.0%); see also Sarah M. Hornton et al., *A systematic review of patient regret after surgery—A common phenomenon in many specialties but rare within gender-affirmation surgery*, 234 *J. of American Surgery* (Apr. 23, 2024), <https://doi.org/10.1016/j.amjsurg.2024.04.021> (“When comparing regret after [gender-affirming surgery] to regret after other surgeries and major life decisions, the percentage of patients experiencing regret is extremely low.”).

the twenty-three laws like it prohibit is lifesaving.³ The State’s view that gender-affirming healthcare for transgender people worsens distress or that it is unsuitable for transgender adolescents is contradicted not only by the medical science but also by *amici*’s—and the overwhelming majority of transgender people’s—experiences. As *amici* attest, receiving this medical care both alleviated pain and allowed them to discover their joys in life. Because SB1 and similar laws bar access to this critical, lifesaving medical care for transgender people, *amici* have an interest in asking this Court to consider their stories before rendering its decision.

SUMMARY OF ARGUMENT

SB1 and similar laws prohibit access to life-saving gender-affirming care. *Amici*—individuals with careers and families who contribute to their communities—benefitted greatly from such care.

No matter what age they began treatment, *amici* are unanimous that it has been critical to their wellbeing. Early care relieved gender dysphoria and, for some, has even saved their lives. *Amici* who began treatment as minors have no regrets and are emphatic that a delay in treatment—with the resultant progression of permanent and unwanted changes to their bodies—would have caused needless suffering. *Amici* who were unable to begin treatment until adulthood confirm this.

Amici’s lived experience—corroborated by a growing body of science and medical research—accordingly refutes

3. SB1 is codified at Tenn. Code Ann. § 68-33-101 (2023) *et seq.*

the State's assertion that gender-affirming healthcare worsens distress or that it is unsuitable for adolescents. As *amici* attest, receiving care has alleviated suffering, enabling *amici* to live fuller lives and give more of themselves to their work, communities, and families.

Because SB1 and similar laws inhibit access to this critical medical care for transgender people in violation of the Equal Protection Clause of the Fourteenth Amendment, *amici* ask this Court reverse the Sixth Circuit's judgment.

ARGUMENT

Amici submit their stories as transgender adults who know the importance and benefits of the medical care they have received and who understand the stakes for those that SB1 and similar laws harm.

I. *Amici* Lead Productive and Fulfilling Lives

The State ignores the thriving lived experiences of individuals such as *Amici* to support a narrative that transition ruins lives. This is a distortion—not reality—as evidenced by the vibrant lives *amici* lead within their professions, families, communities, and faiths, made possible by the gender-affirming healthcare they were fortunate to receive.

A. *Amici* Have Meaningful Careers and Do Important Public Service

Amici make substantial contributions to society through many paths and in many fields. Several *amici*

have worked and volunteered as faith leaders, healthcare workers, or public servants. Jeani Rice-Cranford of Tennessee, for example, is a pastor. Fresh “Lev” White is a Buddhist teacher. Mallory Wood of Maryland is a clinical social worker, and Rye Blum of New York is a nurse practitioner at a community health center. Jake Reilly of Minnesota is a community development director. J. Mase III is a Lambda Literary Award-winning author. Ruby Lee Haden Greymane of California helps with local charities and is a supportive friend to her community. Carla Combs of Tennessee volunteered as a firefighter and served in the United States Air Force. Jessie Lee Ann McGrath has been a prosecutor for over thirty-six years. And Gibran Cuevas of Tennessee spent thirty-six years in law enforcement, and, in his retirement, now volunteers as a child advocate in court.

Several *amici* have a record of remarkable achievements in arts and sciences. Dr. Marisa Richmond of Tennessee is a now-retired professor of History and Women’s and Gender Studies. Dr. Rebecca Oppenheimer, an astrophysicist at the American Museum of Natural History and Columbia University, was the first scientist to study the atmospheric composition, chemistry, and physics of a sub-stellar object outside of our solar system. Her work “opened a whole new aspect of astronomy, our understanding of the universe, and our role in it.” Naomi Clark, a professor at New York University, has built a career in game design. She has patented an invention for virtual block-building used by LEGO, written a textbook, won an award at a major international festival, had her work curated in museums around the world, sold tens of thousands of copies of self-published board games, and mentored many in her field. Jen Richards, a writer, and

actress living in Los Angeles, wrote and starred in the first independent web series to ever be nominated for an Emmy Award and most recently wrote on *Star Wars: The Acolyte*.

Amici who have achieved recognition for their accomplishments particularly value the ways they have been able to use their platforms to support others. For example, Lilly Wachowski of Illinois, a filmmaker who has written, produced, and directed over twenty acclaimed films, including the *Matrix* film franchise, commented that her “films at their core, try to center love and connectivity,” and that she is “proud to have lifted up” queer and transgender voices “in front of, as well as behind the camera.” Cat Runner, who won the rock-climbing competition show *The Climb* in 2021, founded the Queer Climber’s Network to connect queer climbers globally and facilitate instruction. Nicole Maines, an actress from California, works in television and film and introduced the world to the first transgender superhero, playing Dreamer on CW’s *Supergirl*, and uses her platform to “shed a light on the realities that face transgender people in America and the world.” Elliot Page of New York, an accomplished actor and producer known for his roles in *The Umbrella Academy* and *Juno*, most values “moments when I connect with those who have been moved by my journey or the work I have created that has positively impacted their lives.”

B. *Amici* Find Joy in Family Life and Care for Others

Like most people, *amici* value their families, where they both give and receive love and support. Numerous

amici shared sentiments like those conveyed by Precious Brady-Davis of Illinois, who says that simple things like “picking up my daughter at school brings me the most joy.”⁴ Dion Manley, a locally elected school board member in Ohio, is grateful that “people in my local community say they still see me as my same self and what matters to them is that I am a good dad.” Lena Chipman, a successful business executive in Tennessee, is “a mother, raising a beautiful seven-year-old girl and teaching her how to cook, how to ride a bike, and how to be honest and true.” She is “passionate about trying to make the world a better place for everyone—even those who don’t understand the LGBTQ experience.”

Beck Witt Major of Arkansas has been a caregiver for loved ones for over seventeen years: “It is a profound labor of love, and the pain and joy of it all has impacted my life probably more than anything else.” He also had “a lifelong dream of birthing a baby and recently did that too,” which he considers “an incredible blessing.” Anna Lange of Georgia, a sergeant in the Houston County Sheriff’s Office, noted that her “number one priority every day is being a parent to my only son. It is a job that I take seriously because like every parent, I want my child to grow up, have good morals, and treat people with dignity and respect.”

Other *amici* similarly consider family the center of their lives. Dr. Gwendolyn Herzig of Arkansas said: “My

4. The State’s purported concern about fertility ignores the reality of trans lives. Several *amici*, for example, became genetic and, sometimes, gestational parents even after years of hormonal and other treatments.

family is everything to me. My wife and children take priority over anything and everything else.” Jennifer Boylan, who has been married for thirty-five years, lives with her wife in their “little town in Maine” and has raised two children. She said: “Having a transgender parent was never an issue in their lives. If anything, I hope it provided a lesson in how to be open-hearted, how to stand up for the underdog, and to understand the importance of being yourself in this world.” For many *amici*, transitioning has allowed them to be more comfortable with themselves and, in turn, to connect more deeply with their families and communities.

II. *Amici’s* Decision to Pursue Gender-Affirming Healthcare was Informed, Deliberative and Immensely Beneficial to Their Lives

Choosing gender-affirming care has profoundly benefitted all *amici*, particularly those who received healthcare early. Others who were unable until later to make this decision had to suffer through adolescence and even much of adulthood before getting access to care. Still, many *amici* who finally transitioned as adults noticed a marked difference in their performance, productivity, and ability to bring their full selves to their professional lives, family relationships, and spirituality once they had relief from dysphoria. Daniel Soltis of South Carolina commented that access to gender-affirming healthcare has meant, “I’ve been able to have a life. I’ve been able to form meaningful relationships with friends and family and romantic partners. I’ve been able to feel present in my body. I’ve been able to build a career. I’ve been able to travel, explore, continually learn who I am as a person and what I want from life.” C.P., an eighteen-year-old

gender nonconforming student in Brooklyn, New York, says beginning low-dose testosterone at fifteen ended bouts of self-harm and feelings of confusion, replaced by a greater certainty of self and comfort in their androgyny. “I laugh and cross-stitch and go on picnics with my dog and garden and have started to experience joy regularly. I thrived in academics and was accepted into a school where I hope to continue to thrive.” Ruby Lee Haden Greymane’s life became fuller and more vibrant. “Before I went on [Hormone Replacement Therapy], I felt null. There was no feeling. I enjoyed things but it felt like it was distorted, like if you saw your favorite color movie in black and white.” She says, “The euphoria comes from me being able to present myself to my friends and them being able to see that this is who I’ve always been.”

Dr. Oppenheimer, already an accomplished scientist, found that treatment made it possible for her to achieve even more: “After I came out, my productivity, which was already quite high, went through the roof. My publication rate almost doubled, and my research and work with my students was vastly improved.” Ms. McGrath likewise has been able to increase her performance at work and has received a promotion to supervise a group of nine lawyers, paralegals, and support staff in her office since receiving care.

Improvements also extend to family life. As Harvey Katz of New York shares, “I go to a job that I love. I own a home. I am loved by a truly incredible wife and I believe that I am valuable enough to receive that love. That ability to move forward with my life in a meaningful way is how gender-affirming medical care has benefited me.”

A. Many *Amici* Knew Their Gender and Experienced Gender Dysphoria from a Young Age but were Unable to Access Care

Amici often had a clear sense of their gender at a very young age. They understood who they were and what they needed well before they turned eighteen or nineteen. Mr. Page knew when he was four years old. In his memoir *Pageboy*, he writes, “Primarily, I understood that I wasn’t a girl. Not in a conscious sense but in a pure sense, uncontaminated. That sensation is one of my earliest and clearest memories.” Ms. Maines recalls a similar revelation and says, “I started identifying myself as a girl as soon as I could identify myself as anything.” Rhys Ernst of North Carolina states, “One of my earliest conscious memories, in which I felt the most alive and like myself, was at age three, when I realized quite clearly that I was a boy. I felt a strong jolt of purpose and belonging claiming that identity for myself.” Adrien Lawyer of New Mexico recalls, “I knew I was a boy when I was three years old. Throughout my life I struggled with the feelings and experiences of dysphoria.” Growing up without transgender role models, some *amici* felt bewildered by what they were going through until later in life. Abby Jensen of Arizona describes “being six or seven years old and praying every night to wake up as a girl, and being thoroughly confused at why I wanted such a thing.” Dr. Avy Skolnik of Massachusetts recalls “Throughout elementary school, I secretly hoped I would somehow become male at puberty.”

Unfortunately, many *amici* were shamed for their perceived gender nonconformity as children. The State asserts that transgender adolescents are influenced by

social media, their peers, or their doctors to claim a trans or nonbinary identity. In fact, there is intense pressure to do otherwise. “Because who I was saying I was did not match people’s perception of me, I was told I wasn’t valid,” says Ms. Maines. “But I continued to stand firm in my insistence that I did know who I was. Never once in my childhood, into my adulthood, did I concede that I could possibly be wrong.” Throughout elementary and middle school, Mx.⁵ Rice-Cranford dropped out of school activities—like choir, orchestra, and even their grade school graduation—because they were expected to wear a skirt or a dress. Ms. Combs recalls being chased by kids in the neighborhood when she was eight years old and being beaten for wearing mascara. Her grandmother once discovered her in a dress and told her how disappointed her grandfather would be. “I couldn’t escape the shame of knowing I was something that my family believed to be disgusting,” she says. Jen Richards also met resistance. “I first began dressing as a girl when I was four years old. I was caught and punished and learned to hide those instincts.”

But some *amici* also recalled precious moments of validation and joy. For example, Dr. Skolnik remembers his first experience of gender euphoria at age nine when his mother allowed him to cut his hair short after “I had desperately wanted this for a long time.”

Regardless of whether they were supported as a child by the adults in their lives, *amici*’s gender identities endured. For Ray Holloman of Tennessee, receiving gender-affirming care has allowed him to live his

5. “Mx.” is a gender-neutral honorific.

“absolute best life” after struggling with depression and suicidality because “I didn’t feel like I was in the right body.” Transitioning “set everything right” and his life has “taken off like a rocket ship since then.” For Dr. Green, “My parents thought I would just grow out of the ‘tom-boy phase,’ but that never happened.” Finally, much later in life, “I was able to start medically-supervised hormone treatment, get reconstructive surgery, and live as a young man and,” decades later, “grow old as the man I know I am and always knew I was supposed to be.”

For Jen Richards, it is simple: “The rich, full life I lead would simply be inconceivable without gender affirming healthcare.”

B. The Decision to Transition Is Deliberative: Patients, and the Parents of Minor Children, Make Careful and Informed Healthcare Decisions in Collaboration with Their Doctors

The State characterizes the road to treating gender dysphoria in young people as a “virtually unmonitored on-ramp, of ‘affirmation.’”⁶ This stands in sharp contrast to *amici*’s experiences. Receiving gender-affirming healthcare was not a decision that any *amici* took lightly, nor was it the result of pressure by medical professionals or anyone else. The idea that young people make hasty decisions to medically transition because they have trans peers or learn about trans people online is simply not reality.⁷ *Amici* unanimously describe the decision to

6. Brief of Defendants-Appellants, at 3, *L.W. by & through Williams v. Skrmetti*, 83 F.4th 460 (6th Cir. 2023) (No. 23-5600).

7. A 2019 study found that gender diverse and transgender youth “demonstrated their ability to identify and assert needs such as

transition as a deliberative process that reduced their suffering and enabled them to finally live self-actualized and fulfilling lives. “The decision to transition,” as Ms. Chipman says, “is not an easy one. No one wants to join a marginalized, often attacked minority.” She adds that “even the medical professionals who are supportive still take a very cautious approach.”

Ms. Maines emphasizes that her medical team was thorough and that, “at every stage of my transition, the process was explained to both me and my parents by our doctor in ways that we could understand. They always made sure that I knew that, at any point, I could hit the brakes and cease treatment.” Ms. Maines spent years first having to convince her parents that her gender identity and the gender dysphoria she felt were real, while being told to keep it in the privacy of their home before she was ever able to consider gender-affirming healthcare. “I was confused, angry, and scared, and those feelings persisted and escalated until I was finally able to transition, albeit slowly, so as to not cause panic in the community. My transition was drawn out over the course of five years, with me being allowed each year to go slightly further in my self-expression than the year before.” Under the consultation of counselors and endocrinologists, Ms. Maines’ parents allowed her to be prescribed puberty

prompt access to services and medication.” Annie Pullen Sansfaçon *et al.*, *The experiences of gender diverse and trans children and youth considering and initiating medical interventions in Canadian gender-affirming specialty clinics*, 20 *Int’l J. of Transgend Health* at 383 (Aug. 30, 2019), <https://doi.org/10.1080/15532739.2019.1652129>. The study also observed that transgender youth deeply reflect on and explore their genders before working up the courage to come out to their parents and then seek out gender-affirming care. *Id.* at 376.

blockers which would “act as a pause button for puberty while we continue to monitor my progress and assess if I would be a good candidate for hormone replacement therapy.” Several more years later, as she continued to assert her identity, she was allowed to begin a low dose of estrogen.

Mr. Einstein was persistent in his gender presentation since the age of four. Nonetheless, “I had to have permission from both of my parents to start HRT, which I didn’t get until around 15, going on 16 (about 2-3 years into the process).” Once he’d convinced his parents, he then needed to prove his gender identity to his medical providers to receive proper care. “I needed several letters from therapists/social workers attesting that I had lived openly as a boy for over 12 months and had a verified history of masculine gender expression from ages 4-12. I was able to start Depo-Provera as a period blocker around 13 years old, which was helpful, but not enough—I was pretty underdeveloped compared to other boys.” C.P., now eighteen, began cutting their hair short at nine or ten and then came out as non-binary at twelve years old. They were eventually prescribed low-dose testosterone at fifteen.

As Mr. Blum, a nurse practitioner who provides primary care to adolescents, remarks, “A person is never too young to tell you when their body is in pain. When a young person is able to communicate where their pain is coming from, and their healthcare provider or family finds a solution that will relieve that pain and offers it—that is a healthy, functioning life-affirming system.”

Mr. Witt Major, who went to a youth gender clinic, noted the care the providers took in ensuring young people fully understood, and consented to, the risks and implications of their options. He also observed that the young people he met there did not all make the same treatment choices. Some of his peers in the gender-clinic have taken hormones, and some have not. Some have chosen to birth children, and some have no desire to do so. Mr. Witt Major notes that one of the reasons puberty-blockers are a good choice for transgender adolescents is that this treatment “gives you more time to see what feels best for you.”

This consent-based model is not unique to gender-affirming healthcare for young people, as Dr. Navin Kariyawasam, a trans-identifying pediatric resident, explains: “The capacity to consent—in all pediatric healthcare—is not static. Effective pediatric care involves the collaborative building of capacity in a generative process between clinician, parent, and patient. Young people, when treated as active participants in their care, can be supported in understanding the risks and benefits of the interventions they seek and can make decisions.”

Dr. Herzig, who runs an independent pharmacy, notes that gender-affirming healthcare for transgender youth is not a unilateral decision following consent, but a “team decision that is made and guided by the parents, practitioners, therapists, and the child. It’s a very personal and cautious decision that is made on a patient-by-patient basis by healthcare experts who are experienced with the patient population. It’s an educated decision based on science and the guidance and support of multiple American healthcare institutions. It’s a lifesaving decision that can

help a child succeed by giving them the tools to be happy and fulfilled.”⁸

C. Transgender People—with or without Disabilities—Can Make Healthcare Decisions and Benefit from Gender-Affirming Healthcare

Transgender people—including those with disabilities—can and should be trusted to make healthcare decisions with the support of trusted professionals and family. The State, however, suggests that transgender people only believe they are transgender because they are autistic or have other conditions.⁹ In essence, by suggesting that gender dysphoria is a product of some other condition, the State suggests that gender dysphoria itself does not exist. But, of course, it does, as the medical science and the experience of amici—and other transgender individuals—

8. There is broad consensus among all the major professional medical associations in support of gender-affirming care for minors, including: the American Medical Association, American Pediatric Society, American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, American Psychiatric Association, American Association of Physicians for Human Rights Inc., American College of Osteopathic Pediatricians, Association of Medical School Pediatric Department Chairs, Endocrine Society, National Association of Pediatric Nurse Practitioners, Pediatric Endocrine Society, Society for Adolescent Health and Medicine, Society for Pediatric Research, Society of Pediatric Nurses, and World Professional Association for Transgender Health. *See Brandt v. Rutledge*, 551 F. Supp. 3d 882, 890, 890 n.3 (E.D. Ark. 2021), *aff’d*, *Brandt v. Rutledge*, 47 F.4th 661 (8th Cir. 2022).

9. *See* Respondents’ Brief in Opposition at 34, *United States v. Skrametti*, (2023) (No. 23-477) (“This epidemic is particularly affecting adolescent girls and minors on the autism spectrum.”).

confirm. And, contrary to the State’s premise, many *amici*, like many transgender youth and adults, do not have any disability or illness (apart from gender dysphoria). Those *amici* who do have a disability or illness, like the vast majority of other people with disabilities or illnesses, can still make informed decisions about their healthcare. As Shain Neumeier of Massachusetts, an autistic trial attorney with a craniofacial condition, points out, it is wrong to assume, just because someone is disabled, that they do not know who they are or that their choices are “invalid.”

Moreover, in *amici*’s experience, while untreated depression or other conditions did not lead to gender dysphoria, untreated gender dysphoria did sometimes lead to or worsened depression or other conditions. Indeed, many *amici* remarked on improvements to both their physical and mental health as a result of receiving hormones, surgery, or other treatment.¹⁰ For Ms. McGrath, hormones resolved her depression entirely: “For many years I was sad, depressed, suicidal and I couldn’t figure out what the issue was. Once I started hormone replacement therapy my depression and sadness began to lift, and I saw the world and my life in a whole new way.” For Mx. Brovold, since they began hormones, “My depression and anxiety have decreased by 90%. Now I stand taller and laugh deeper.” Today, they no longer take anti-depressants.

10. Studies indicate that treating adolescents leads to better mental health outcomes for transgender adults. *See, e.g.,* Jack Turban *et al., Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults*, PLOS ONE (Jan. 12, 2022), <https://doi.org/10.1371/journal.pone.0261039>.

Of course, some transgender people, like many cisgender people, still experience depression or other disabilities or illnesses, even after medical treatment. Regardless, access to gender-affirming care makes up a crucial element of a holistic approach to health for *amici*. Ms. Jensen experienced clinical depression for many years before she began hormones: “My first dose of estrogen at the beginning of my transition was instantly the best anti-depressant I have ever taken. Although I continue to need other anti-depressants, estrogen and living as my true self are critical parts of my mental health.”

Relief from dysphoria can also remove a drain on energy and attention, making it easier to navigate life with a chronic illness or disability. For Mr. Hall, “Being able to be connected to my body helps me feel able and motivated to work to control my diabetes.” Ames Simmons of Washington, DC notes that “my life did not suddenly become free of anxiety and depression. But I certainly feel better equipped to face those things because I have had gender-affirming medical care.”

III. Transgender Youth, Like Cisgender Youth, Deserve the Right to Receive Medically-Necessary Healthcare

Most *amici* had a strong sense of who they were and what they needed at a young age, and *amici* who began treatment while young universally described profound joy for having transitioned and no regret for having done so. Many *amici* who began receiving gender-affirming healthcare as adults strongly believe that earlier care would have prevented years of suffering and enhanced their well-being. This stands in sharp

contrast to the State’s insistence that depriving minors of needed treatment somehow protects them. Transgender adolescents and adults can and do make careful, informed decisions about treatment with the support of trusted professionals and loved ones, including parents, contrary to claims from the State.

A. Early Care Relieved Gender Dysphoria and Saved Lives

One of the most common terms *amici* used to describe gender-affirming healthcare was “lifesaving.”¹¹ Care administered early profoundly better people’s lives. As Ms. Maines puts it: “Being trans as a state of being is not in itself a death sentence. But what very well could be one is the denial of this care that has been proven to vastly improve the quality of life for kids like me, who without it will be forced to watch their body undergo irreversible, but preventable changes.”

Jack Einstein, a twenty-six-year-old paralegal in New York, who began receiving gender-affirming healthcare at thirteen to stop menstruation and hormone replacement therapy at fifteen, reflected that his distress from dysphoria was so debilitating that he questions whether he would have lived to adulthood if he had not had access to care. Since receiving treatment, Mr. Einstein has not experienced any depression or gender dysphoria. Aryn Bucci-Mooney likewise struggled with gender dysphoria

11. *Amici* consequently acknowledge this brief necessarily omits the perspectives of the many transgender people who have died—often by suicide—before they could receive gender-affirming care.

in middle and high school. Fortunately, Mx. Bucci-Mooney was able to begin receiving hormonal treatment at fifteen, noting that “being given access to treatment that affirmed who I am as a minor changed my life in the best way imaginable.” Had they been forced to wait until the age of eighteen to begin treatment, they feel that they would have been at high risk of suicide, and they doubt they would have been able to attend college “with any kind of confidence in myself, or possibly at all.” Mr. Runner, who is now twenty-five, started hormone therapy at sixteen and, as a result, “rarely” experiences dysphoria now. With treatment, he is “very proud of who I’ve grown to be, what I care about, and where I’m going.”

Landon Richie, a twenty-one-year-old summa cum laude graduate from the University of Houston, credits those who “believe us when we declare with the courage of our convictions who we are and what we need in order to survive.” For him, this came from parents who were cautious and concerned for the future following his coming out at eleven. “Mainly, my dad was hesitant to consent in large part due to the worry that I’d regret my decision. However, after seeing the happy, thriving, healthy adult trans people in our lives, reading others’ firsthand accounts of receiving care that I sought, being part of extensive conversations with my physical and mental health providers, he was able to reconcile the risk with the express and visible benefits.” Once the care was fully understood, Landon’s parents sought affirming providers, even over the objections of some family. “I began seeing a supportive therapist, psychiatrist, and primary care provider shortly thereafter. After more than a year of consistent and frequent counseling sessions, and doctor’s appointments, including the participation of my parents

in these conversations, as well as constant communication between the providers and my care team about my care plan, I started taking a low dose of testosterone.”

Miss Major, an activist in Arkansas who is now eighty-three, first began receiving trans healthcare in the form of hormones when she was sixteen years old. Her life has not been easy: “Despite the fact that I’m a proud transgender woman, I have run into walls at every turn in life. People telling me that I couldn’t, that I shouldn’t, that I can’t.” But she reflects that receiving hormone treatment as a teen “made life easier than it would have been.”

Amici’s experiences reflect what every major medical association in the United States affirms: access to gender-affirming healthcare while young improves, and even saves, lives.¹² In other words, gender-affirming care for transgender adolescents *works*. However, as *amici* attest, time is of the essence. Mx. Bucci-Mooney explains, “While the difference of a few years may not seem like much to an outsider, the years of waiting to turn eighteen seem never-ending.” As Mx. Bucci-Mooney and so many others attest, accessing this medical care as minors “literally saves lives.”

B. Many *Amici* Who Could Not Access Gender-Affirming Care When They Were Younger Believe that Earlier Care Would Have Prevented Needless Suffering

Most *amici* were not able to access gender-affirming healthcare until adulthood. For some, it is difficult

12. Pet. App. 254a; 274a-275a.

even to imagine having sought or obtained earlier care because they did not have the language to describe their experience at the time, or because their own or others' gender nonconformity was harshly punished. Some keenly regret that they did not have the opportunity to receive care earlier and reflect on what it would have meant to them to start treatment during adolescence.

Naomi Clark regards the time when she went without gender-affirming healthcare as the “lost years” of her life. While she was able to “go through the motions,” in many ways, she was “dead to the world, and unable to mature or make life plans.” Jennifer Michelle Chavez of Georgia likewise shares that “had I been allowed to transition from an early age, I believe there would have been so much less turmoil, and I would have a greater sense of fulfillment as a woman.” For Ms. Chipman, “The suffering of gender dysphoria kills. Had I been able to transition as a youth, I would have had far less pain in my life.”

Drew Brasher, a forty-five-year-old woman in Alabama, grew up in a culturally strict community which prevented her from accessing care until she was forty-two years old, despite knowing at a young age that something about her gender was different. “I was never comfortable with my body and wouldn't change in the boys' locker rooms or even go without a shirt on. It wasn't until my twenties that I even knew the concept of being transgender and started understanding that I might be trans.” Ms. Brasher feels earlier access to care would have given her a “much better experience growing up” and would have left her feeling less “isolated and out of place.”

For Gerda Zinner, an academic advisor and adjunct professor in Tennessee, accessing gender-affirming care

when she was younger “would have greatly helped,” as she was “distressed about the first signs of puberty.” She was “terrified” by how her body was changing and masculinizing, as her voice deepened and body hair increased. Mr. Holloman said that “If I had people that I could have talked to back then or gone on puberty blockers back then, I could have had such a better experience in my life.” Since transitioning, he has reconnected with his former teachers, and they told him that he is “the person he was always meant to be.”

Some of the changes from going through puberty without gender-affirming healthcare cannot be undone, resulting in serious and continuing dysphoria. As Mr. Soltis remarks: “Puberty is when irreversible changes start happening whether you want them or not, so it’s not a situation where care can be delayed without harm.” And, while some changes from puberty can be medically addressed later (for those who survive to adulthood), sometimes this can only be accomplished with expensive, invasive, and time-consuming treatments that would not otherwise have been needed, in addition to the needless suffering delayed care causes. For Mr. Lawyer, accessing gender-affirming care when he was younger “would have helped me 100%. Going through male puberty in my thirties was so difficult. Going through one puberty, at the right time with my peers, is something I could only dream of.”

C. Transition Provided Confidence and Joy

Some *amici* experience happiness, satisfaction, and a sense of rightness related to gender since receiving care. For others, gender-affirming healthcare has become an

unremarkable part of life, simply allowing them to live fulfilled lives. Chris Mosier, a professional triathlete, reflects: “My daily life is much like the life of my cisgender peers in sports: I get up, I train, I eat, I train again, I scroll through Instagram, I do some computer work. My ‘transgender lifestyle’ isn’t much different than my peers who are not transgender.” Indeed, for Ms. Maines and other *amici*, it is infrequent that “being trans comes up in everyday life.”

Free to appreciate other things about life, one of Rickke Mananzala’s simple pleasures has been “taking my dog for walks early in the morning when the city is quiet.” Naomi Clark enjoys being a mom: “To most people I pass or sit near my daughter and me on the subway, I’m just another mom toting a toddler around along with my work bag.” Mr. Runner captures the sentiments of many when he says that gender-affirming care allowed him to “go about my day with little to no anxiety about how others will perceive my gender” and has enabled him to “fully focus and enjoy other parts of my life.”

Oliver Hall of Kentucky shares the profound effect that receiving gender-affirming care has had on their life: “I feel invested in taking care of myself and my community and building meaningful relationships.” As Dr. Jamison Green of Washington, an award-winning author, policy consultant, and retired corporate executive, says, “There is nothing like living comfortably in one’s body.” For Ms. McGrath, “Being able to look in the mirror and being happy with the reflection I see has been magical. I no longer dislike the person looking back at me and that has made life worth living.”

Many *amici* shared a similar sense of relief after receiving care. As Ms. Wachowski recalls, “When I started living as my true self, I would sometimes catch short sharp glimpses of my reflection in windows and cars as I’d walk along or ride my bike. It would make my heart skip a beat. The silhouette of my shadow on the ground cast by the afternoon sun was exhilarating and life-affirming. If no one else did, the Sun saw me as I am.” For Dr. Herzig, “every step” in her transition has brought her joy. While, unfortunately, she will always live with the impact of not having received treatment earlier, the treatment that she eventually did receive has allowed her “a level of comfort I have never known before.” She “can finally enjoy life.”

Amici’s family and friends often noticed a positive difference after they received the care they wanted and needed. Alejandra Caraballo of Massachusetts, an attorney who teaches at Harvard Law School, observes: “One of the consistent things I’ve been told by friends and family is just how much happier and joyful I am after I came out.” Similarly, Anya Marino’s parents “frequently have remarked that I have an energy and joy I had lacked during the thirty-five years I did not have access to gender-affirming care.”

* * *

While *amici*’s life experiences are varied, they are unanimous that gender-affirming healthcare was the catalyst to living better and healthier lives, to being engaged with the community and the world around them, and to their discovering success in career and academic pursuits. For many, it has even saved their lives. Some *amici* who were able to receive care as minors may not

have lived to adulthood without it, and many who were not able to receive care until later in life think of the time that they were not able to live authentically as lost years. The care banned by SB1 and similar laws has alleviated the suffering of countless transgender people and has paved the way for them to live more fulfilling and joyful lives. *Amici* respectfully request that this Court take their lived experiences into account while deciding questions implicating young people's ability to access gender-affirming healthcare with the support of their parents and medical providers.

CONCLUSION

For the foregoing reasons, the Court should reverse the decision of the Sixth Circuit Court of Appeals.

Dated: September 3, 2024
New York, New York

Respectfully submitted,

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APPENDIX

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APPENDIX A — LIST OF 64 *AMICI CURIAE*

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1. *Amici* submit this brief only in their capacities as private citizens. To the extent an *amicus*'s employer is named, it is solely for descriptive purposes and does not constitute the employer's endorsement of the brief or any portion of its content.

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Appendix A

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Appendix A

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