

No. 24-297

In the
Supreme Court of the United States

—————
TAMER MAHMOUD, *et al.*,
Petitioners,

v.

THOMAS W. TAYLOR, *et al.*,
Respondents.

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

—————◆—————
***Amici Curiae* Brief of America's Frontline
Doctors and Dr. Simone Gold, M.D., J.D., in
Support of Petitioners for Reversal**

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A MATTER OF GREAT PUBLIC IMPORTANCE

The Free Speech Foundation, d/b/a America’s Frontline Doctors, and Dr. Simone Gold, M.D., J.D., the founder and physician member (“*Amici Curiae*” or “AFLDS”) respectfully file this *amici curiae* brief in support of the Petitioners’ request for reversal in *Mahmoud, et al. v. Taylor, et al.*, 24-297 (2024).¹

AFLDS recently submitted *amici curiae* briefs in the significant First Amendment case of *Murthy, et al. v. Missouri, et al.*, 23-411 (2023), in *Johnson, et al. v. Kotek, et al.*, and in *United States v. Skrmetti, et al.*, 23-477 (2024).

The United States Supreme Court also accepted an *amici curiae* brief from AFLDS in *Nat’l Fed’n of Indep. Bus. v. OSHA*, 595 U.S. ____, 142 S.Ct. 661 (2022), and AFLDS’ position prevailed in that case.

This *amici curiae* brief offers an important medical perspective to this Court of great public importance, from thousands of doctors on the frontlines, by demonstrating that the petitioning parents and parent association are engaged in the lawful exercise of their fundamental parental rights to shield and protect their own beloved minor children from being exposed to a wide variety of inappropriate and dangerous sexualized information, including “transgender ideology,” which may cause confusion in too-young minds, and may even lead to permanently mutilating surgeries — now known as “gender transition surgeries” — to which these minors may be subjected. Protecting one’s own

¹ Pursuant to Rule 37.6, it is hereby certified that no counsel or any party authored or prepared this brief in whole or in part, and no such counsel or party made a monetary contribution intended to fund the preparation or submission of this brief.

children from harm is a well-established and constitutionally protected fundamental parental right.

Such parental protection and wise guidance is lawful and appropriate, particularly where the presentation and display of sexualized information predictably leads to confusion, psychological problems, and permanent and irreversible psychological and physical damages to minors. The reading of inappropriate and sexualized materials to children can also fairly and arguably be characterized as criminal child sexual abuse.

INTEREST OF *AMICI CURIAE*

Amici Curiae are the Free Speech Foundation, d/b/a America’s Frontline Doctors (“AFLDS”), a non-partisan, not-for-profit organization of hundreds of member physicians from across the country, representing a range of medical disciplines and practical experience on the front lines of medicine, and its founder and expert physician and attorney member, Dr. Simone Gold, M.D., J.D.

AFLDS’ programs focus on a number of critical issues, including:

- Providing Americans with science-based facts for staying healthy;
- Protecting physician independence from government overreach;
- Combating illnesses with evidence-based approaches without compromising constitutional freedoms;

- Fighting medical cancel culture and media censorship;
- Advancing healthcare policies that protect the physician-patient relationship;
- Expanding healthy treatment options for all Americans who need them; and
- Strengthening the voices of frontline doctors in the national healthcare conversation.

Each of AFLDS’ member physicians is deeply committed to the guiding principle of medicine: “FIRST, DO NO HARM.” They take their ethical obligations to their patients very seriously. It is axiomatic that a physician’s duty is to his or her patient. AFLDS holds sacrosanct the relationship between doctor and patient where informed decisions are to be made, taking into consideration all of the factors relating to the patients’ health, risks, comorbidities and circumstances.

For AFLDS member physicians, the practice of medicine is not merely a job or career. Rather, it is a sacred trust. It is a high calling that often requires a decade or more of highly focused sacrificial dedication to achieve.

America’s Frontline Doctors is committed to preserving the voluntary and fully informed doctor/patient relationship, opposes any sort of illegal interference with that relationship, and opposes illegal government overreach by the censorship of medical and other information, or by the “mandating” of incorrect or dangerous medical information or treatments.

Indeed, AFLDS and Dr. Simone Gold, M.D., J.D. were targeted by the governmental Defendants in

Murthy v. Missouri, supra, as being among the so-called “Disinformation Dozen” for promoting *accurate medical information*, such as the benefits of hydroxychloroquine (“HCQ”) and Ivermectin, and for opposing vaccine mandates (= passports). AFLDS’ medical information proved to be completely correct. The censors were shown to be the ones advancing inaccurate information, even though incorrect information is also protected free speech.

Dr. Gold and AFLDS also publicly supported the position, as early as October, 2020, that experimental mRNA injections are not “vaccines,” because they do not prevent infection or transmission, and they are neither “safe” nor “effective.”² They are personal medical treatments only. This view is now also known to be correct as both a scientific and legal matter. In June 2024, the Ninth Circuit refused to find these shots to be legally defined as “vaccines” for this very reason.

“Informed consent” for medical treatments cannot truly be informed unless there is a full disclosure of all known benefits and risks. Voluntary informed consent can never be coerced, subjected to undue influence, nor distorted by censored and incomplete information.

SUMMARY OF ARGUMENT

It is “beyond debate” that the parents and parent association Petitioners are engaged in the lawful exercise of their *fundamental parental rights* to protect and shield their own beloved too-young

² <https://aflds.org/about-us/press-releases/americas-frontline-doc-tors-supports-the-filing-of-a-petition-for-preliminary-injunction-to-prevent-kaiser-permanente-from-enforcing-their-vaccine-mandate>

children from being exposed to a wide variety of inappropriate and dangerous sexualized information, including “transgender ideology,” or from being exposed to any other sort of inappropriate sexualized materials, be it gay, lesbian, or heterosexual.

The Montgomery County Board of Education cannot usurp these constitutionally protected fundamental parental rights. The overwhelming weight of this Court’s jurisprudence affirming fundamental parental rights under the Due Process clause of the United States Constitution leaves no doubt as to the lawful exercise of parental protection, supervision and authority.

The not-remotely-subtle promotion of “transgender ideology” in this case is particularly troubling. *Amici Curiae* strongly protest using the phrase “gender transition surgery,” as using this phrase is an intentional distraction from where this ideology typically leads, which is to a permanent Frankenstein-esque mutilation of a minor child’s healthy body. This Court must never lose sight of what is really at stake: permanent and irreversible loss of a minor child’s ability to ever create/produce sperm or egg; permanent and irreversible loss of a minor child’s ability to breast-feed, get pregnant, birth or father a baby; and permanent and irreversible facial, body and voice structures. The female child ends up with a lifelong “micro-penis” which typically cannot achieve penetrative intercourse, and the male child ends up with a lifelong chronic wound requiring multiple painful dilatations per day. The majority of both sexes have lifelong anorgasmia.

Amici Curiae see these controversial surgeries as medical mutilation of a healthy human body, very appropriate for Petitioners from which to shield and

protect their young children. *Amici Curiae* do not use the phrase “gender-affirming surgery” because that phrase is inaccurate. The phrase “medical mutilation surgery” accurately describes the surgical offerings which destroy healthy tissue.³ *Amici Curiae* affirmatively state that true “gender reassignment” surgery is medically impossible, due to the unalterability of the “XX” and the “XY” chromosomes. Every single cell in every single organ in the human body is either XX or XY. Testosterone on an XX female human and estrogen on an XY male human can never change a single cell.

Parental protection and control is lawful, appropriate, and absolutely essential where the sexualized and confusing information can cause permanent and irreversible psychological and physical damage to these Maryland minors, and which can constitute criminal child sexual abuse.

Finally, and alarmingly, these children lack the capacity to understand the substantial risks of these “gender reassignment” surgeries to which this ideology may lead. By definition a minor cannot understand irrevocable infertility and lifelong inability to enjoy a normal (orgasmic) sexual relationship.

Petitioners enjoy the absolute right and obligation to protect their young children who are unable due to their age to understand these “transgender ideology” concepts without confusion, or

³ Simone Gold, M.D., J.D.; Melanie Crites-Bachert, D.O., F.A.C.O.S., F.A.C.S.; Brian Atkinson, M.D.; David Heller. *AFLDS White Paper: The Civil Liberties and Human Rights Implications of Offering Children Medical Mutilation Procedures*. July 2024, p. 12. See https://res.cloudinary.com/afllds/image/upload/v1720808982/Medical_Mutilation_White_Paper_1804e8ca1a.pdf (last visited March 7, 2025).

to give informed consent to any procedures that may lead to their sterilization for life, to irreversible termination of their normal growth during puberty, to numerous serious and ongoing medical complications, and to a lifetime of medications, medical treatments, and a very high likelihood of regret. No third party can usurp the Petitioners' fundamental parental rights. There is, of course, no common law precedent for any third party to be able to grant permission to mutilate any other person's body. No parent nor government actor nor any physician has ever had such a right.

Premature exposure to these sexualized materials can and will lead to grave harms to Petitioners' young children.

ARGUMENT

I. The Fourth Circuit committed reversible error by failing to enjoin egregious violations of the constitutionally protected fundamental parental rights of the Petitioners by Respondents, directly contrary to numerous well-settled precedents from this Court and to centuries of tradition. These fundamental parental rights include the religious upbringing of their children and also broadly include protecting their children from real or potential harms.

It is "beyond debate" that Petitioners enjoy constitutionally protected fundamental parental rights over the care, custody and control of their

minor children, fundamental parental rights which have been affirmed numerous times by this Honorable Court. These fundamental parental rights cannot be usurped or co-opted by governmental actors such as the Montgomery County Board of Education, or by private third parties.⁴ These fundamental parental rights naturally include the religious upbringing of their children, and also broadly include guiding their children’s education and protecting their children from real or potential harms. Respondents must not be allowed to usurp and trample upon Petitioners’ fundamental parental rights by recklessly causing severe and irreversible psychological harms and sexual abuse of Petitioner’s children by Respondents’ ill-advised and illegal actions.

As Justice O’Connor definitively ruled in *Troxel v. Granville*:

The Fourteenth Amendment provides that no State shall “deprive any person of life, liberty, or property, without due process of law.” We have long recognized that the Amendment’s Due Process Clause, like its Fifth Amendment counterpart, “guarantees more than fair process.” *Washington v. Glucksberg*, 521 U. S. 702, 719 (1997). The Clause also includes a substantive component that “provides heightened protection against government interference with certain fundamental rights and liberty interests.” *Id.*, at 720; see also *Reno v. Flores*, 507 U. S. 292, 301-302 (1993).

⁴ There is a presumption that fit parents act in their children’s best interests. *Parham v J.R.*, 442 U.S. 584, 602 (1979).

The liberty interest at issue in this case — the interest of parents in the care, custody, and control of their children — is perhaps the oldest of the fundamental liberty interests recognized by this Court. More than 75 years ago, in *Meyer v. Nebraska*, 262 U. S. 390, 399, 401 (1923), we held that the “liberty” protected by the Due Process Clause includes the right of parents to “establish a home and bring up children” and “to control the education of their own.” Two years later, in *Pierce v. Society of Sisters*, 268 U. S. 510, 534-535 (1925), we again held that the “liberty of parents and guardians” includes the right “to direct the upbringing and education of children under their control.” We explained in *Pierce* that “[t]he child is not the mere creature of the State; those who nurture him and direct his destiny have the right, coupled with the high duty, to recognize and prepare him for additional obligations.” *Id.*, at 535. We returned to the subject in *Prince v. Massachusetts*, 321 U. S. 158 (1944), and again confirmed that there is a constitutional dimension to the right of parents to direct the upbringing of their children. “It is cardinal with us that the custody, care and nurture of the child reside first in the parents, whose primary function and freedom include preparation for obligations the state can neither supply nor hinder.” *Id.*, at 166.

In subsequent cases also, we have recognized the fundamental right of parents to make decisions concerning the care, custody, and control of their children. *See*,

e.g., *Stanley v. Illinois*, 405 U. S. 645, 651 (1972) (“It is plain that the interest of a parent in the companionship, care, custody, and management of his or her children ‘come[s] to this Court with a momentum for respect lacking when appeal is made to liberties which derive merely from shifting economic arrangements” (citation omitted)); *Wisconsin v. Yoder*, 406 U. S. 205, 232 (1972) (“The history and culture of Western civilization reflect a strong tradition of parental concern for the nurture and upbringing of their children. This primary role of the parents in the upbringing of their children is now established beyond debate as an enduring American tradition”); *Quilloin v. Walcott*, 434 U. S. 246, 255 (1978) (“We have recognized on numerous occasions that the relationship between parent and child is constitutionally protected”); *Parham v. J. R.*, 442 U. S. 584, 602 (1979) (“Our jurisprudence historically has reflected Western civilization concepts of the family as a unit with broad parental authority over minor children. Our cases have consistently followed that course”); *Santosky v. Kramer*, 455 U. S. 745, 753 (1982) (discussing “[t]he fundamental liberty interest of natural parents in the care, custody, and management of their child”); *Glucksberg*, *supra*, at 720 (“In a long line of cases, we have held that, in addition to the specific freedoms protected by the Bill of Rights, the ‘liberty’ specially protected by the Due Process Clause includes the righ[t] ... to direct the education and upbringing of one’s children” (citing *Meyer* and *Pierce*)). In light

of this extensive precedent, it cannot now be doubted that the Due Process Clause of the Fourteenth Amendment protects the fundamental right of parents to make decisions concerning the care, custody, and control of their children.

Troxel v. Granville, 530 U.S. 57, 65-66 (2000).

Justice O'Connor made it clear that parental authority was constitutionally paramount in the parents versus government relationship. This impeccable logic was recently carried forward by trial judge Joy F. Conti in *Tatel v Mt. Lebanon School District*, 2024 U.S. Dist. LEXIS 176782, ___ F.Supp.3d ___ (W.D. Pa. 2024). In granting the plaintiff parents' motions for summary judgment against the school district on their primary due process and equal protection claims, Judge Conti stated:

iii. Parents' authority over their young children

A teacher instructing first-graders and reading books to show that their parents' beliefs about their children's gender identity may be wrong directly repudiates parental authority.

Williams' conduct struck at the heart of Plaintiffs' own families and their relationship with their own young children. The books read and Williams' instruction to her first-grade students taught that gender is determined by the child – not, in accordance with the Parents' beliefs, by God or biological reality. ... As explained above, Plaintiffs

believe they have a parental duty to make those kinds of decisions for their young children.

This case, unlike *Parker*, 514 F.3d at 87, involves not merely instruction to influence tolerance of other children or families, but efforts to inculcate a teacher’s beliefs about transgender topics in Plaintiffs’ own children. Williams’ conduct caused actual confusion among the children. Telling the students to talk to their parents about the child’s gender — after telling the first-graders their parents might be wrong — did not eliminate the students’ confusion in this case.

Tatel v Mt. Lebanon School District, supra, opinion at 58.

Judge Conti also granted the plaintiff parents declaratory relief against the school district with this ruling:

Absent a compelling governmental interest, parents have a constitutional right to reasonable and realistic advance notice and the ability to opt their elementary-age children out of noncurricular instruction on transgender topics and to not have requirements for notice and opting out for those topics that are more stringent than those for other sensitive topics.

Id., opinion at 94.

The violations of Petitioners' fundamental constitutional parental rights in this case could not be more clear.

II. Research confirms exposure of too-young children to sexualized materials, including heterosexual, gay, lesbian, or “transgender ideology,” leads to irreparable psychological and even physical harms to minor children, in violation of parents’ fundamental rights. Respondents’ usurpations of parental authority also violate Presidential Executive Orders, state Attorneys General Opinions, and state criminal laws. These harms must be enjoined.

The psychological and physical harms to minor children caused by prematurely exposing them to sexualized materials including “transgender ideology” are well documented. To be clear, this discussion *is not in any way about being “transphobic.”* This discussion is simply about medical realities and harms.

Amici curiae physicians are very concerned that foundational medical principles such as the absolute requirement for informed consent in all cases, the Hippocratic Oath’s “Do No Harm” mandate, and the strict observance of all applicable civil and criminal laws, have been trampled upon in recent years by the sudden onslaught of an aggressive “transgender ideology” activism. These very real harms to minor children and their civil rights implications are

described in this the AFLDS White Paper cited *supra*.⁵

A heretofore rare disorder defined gender confusion as “gender identity disorder” in the American Psychiatric Association’s 1980 Third Diagnostic and Statistical Manual (“DSM-3”). However, the 2013 DSM-5 replaced “gender identity disorder” with “gender dysphoria.”⁶ Terminology such as the “sex assigned at birth,” and concepts such as “being born into the wrong body” came into use.

The term “gender” itself, traditionally reserved for grammatical purposes, began to be used to describe characteristics of biological sex. The correctness or incorrectness of the various new usages of the term “gender” is controversial.⁷

In past traditional medical practice, years of physical and psychological screening were required before any rare adult patient was approved for gender reassignment surgery. *There were never any cases permitted on minor children.*

Until very recently, all medical professionals agreed that under NO circumstances could a child consent to these treatments. That fact alone requires this Court to pause. The recent rapid change was instigated by gender activists, not by dispassionate research. All over the world, countries have now

⁵ See FN 3, Gold, *et al. AFLDS White Paper: The Civil Liberties and Human Rights Implications of Offering Children Medical Mutilation Procedures.*

⁶ See American Psychiatric Association, Gender Dysphoria, 2013, https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM-5-Gender-Dysphoria.pdf

⁷ See Expert Declaration of Paul W. Hruz, M.D., Ph. D., Joint Appendix, Vol. 2, p. 474, 484-485, *United States v. Skremetti*, No. 23-477 (2024)

halted their “gender” programs aimed at minors due to utter lack of benefit. The United Kingdom, Sweden, Norway and Finland have recently drastically limited access, as have Denmark and Chile. France, Germany and Holland are voicing extreme alarm. It is only the United States, Australia and Canada (where physician-euthanasia is now the sixth leading cause of death) which has not stopped the grotesque mutilation of children.

After the 2013 DSM-5 change, suddenly gender confusion was no longer a “disorder,” but was instead a “condition,” a “dysphoria” that could be supported. For activists, it became a condition that could be promoted.

The many surgical complications of so-called “gender-affirming care” are discussed by Dr. Gold in “The Gold Report: Medical Mutilation: Part 1 of 5 ‘The Reality of Gender Affirming Care,’” and are also well-documented in *Lost in Trans Nation: A Child Psychiatrist’s Guide Out of the Madness* by gender dysphoria expert Dr. Miriam Grossman, M.D.^{8,9}

Dr. Grossman further describes the harms to young children caused by early child sexualization in her book, *You’re Teaching My Child WHAT?*¹⁰ Dr. Grossman counsels that exposing children to

⁸ “The Gold Report: Medical Mutilation: Part 1 of 5 ‘The Reality of Gender Affirming Care’ with Dr. Melanie Crites-Bachert,” <https://www.aflds.org/videos/post/the-gold-report-medical-mutilation-part-1-of-5-the-reality-of-gender-affirming-care-with-dr-melanie-crites-bachert>

⁹ Miriam Grossman, M.D., *Lost In Trans Nation: A Child Psychiatrist’s Guide Out of the Madness* (New York, NY: Skyhorse Publishing, 2023).

¹⁰ Miriam Grossman, M.D., *You’re Teaching My Child WHAT?: A Physician Exposes the Lies of Sex Education and How They Harm Your Child* (Regnery Publishing, 2009).

concepts such as “gender fluidity” and that sex is “assigned at birth” undermines their psychological stability by exposing them to age-inappropriate concepts.

Echoing Dr. Gold and Dr. Grossman are thousands of international medical professionals and organizations that have signed the Doctors Protecting Children Declaration¹¹ and the members of Do No Harm Medicine.¹²

Indeed, the numerous medical organizations listed below all vigorously oppose the medical mutilation of minors in the name of biased transgender ideology, to which the actions of Respondents could lead. Over 75,000 physicians and healthcare professionals in over sixty countries are publicly supporting state minor medical mutilation bans and have signed the “Doctors Protecting Children Declaration.”¹³ The Declaration states:

Therefore, given the recent research and the revelations of the harmful approach advocated by WPATH and its followers in the United States, we, the undersigned, call upon the medical professional organizations of the United States, including the American Academy of Pediatrics, the Endocrine Society, the Pediatric Endocrine Society, American Medical Association, the American Psychological Association, and the American Academy of Child and Adolescent Psychiatry to follow the science and their European professional colleagues and immediately stop

¹¹ See the Doctors Protecting Children Declaration, <https://doctorsprotectingchildren.org/> (last visited March 7, 2025)

¹² <https://donoharmmedicine.org>

¹³ <https://doctorsprotectingchildren.org>

the promotion of social affirmation, puberty blockers, cross-sex hormones and surgeries for children and adolescents who experience distress over their biological sex. Instead, these organizations should recommend comprehensive evaluations and therapies aimed at identifying and addressing underlying psychological co-morbidities and neurodiversity that often predispose to and accompany gender dysphoria. We also encourage the physicians who are members of these professional organizations to contact their leadership and urge them to adhere to the evidence-based research now available. (Emphasis added).

The co-signers and supporters of this Declaration include:

- Medical and Health Policy Organizations representing over 75,000 physicians and healthcare professionals
- Alliance for Hippocratic Medicine (AHM)
- American Academy of Medical Ethics
- American Association of Christian Counselors (AACC)
- American College of Family Medicine (ACFM)
- American College of Pediatricians (ACPeds)
- America’s Frontline Doctors and Dr. Simone Gold, M.D., J.D.
- Association of American Physicians and Surgeons (AAPS)
- Catholic Health Care Leadership Alliance (CHCLA)
- Catholic Medical Association (CMA)

- Christian Medical & Dental Associations (CMDA)
- Coalition of Jewish Values
- Colorado Principled Physicians
- Do No Harm Medicine
- Genspect
- Honey Lake Clinic
- International Foundation for Therapeutic and Counselling Choice (IFTCC)
- National Association of Catholic Nurses, USA
- National Catholic Bioethics Center (NCBC)
- North Carolina Physicians for Freedom (NCPFF)
- South Carolina Physicians for Freedom (SCPFF)

Solid research now shows that the vast majority of children (85% +) will outgrow “gender dysphoria” within a few years. The clinical success in treating gender dysphoria with “Watchful Waiting and Exploratory Therapy” is explained by Dr. Hruz, M.D., Ph. D. in his Expert Declaration, Joint Appendix, Vol. 2, p. 504, filed in this Court with *United States v. Skrmetti*, No. 23-477 (2024).¹⁴ The clinical benefits of “Watchful Waiting” are reflected by the positive statistics:

II. Treatments

A. Watchful Waiting and Exploratory Therapy

¹⁴ Currently under advisement in this Court, having been argued on December 4, 2024.

60. The first approach, sometimes called “watchful waiting,” motivated by an understanding of the natural history of transgender identification in children, is to neither encourage nor discourage transgender identification, recognizing that existing evidence (discussed next) shows that the vast majority of affected children are likely to eventually realign their reports of gender identification with their sex. This realignment of expressed gender identity to be concordant with sex is sometimes called “desistance.”

61. The “watchful waiting” approach does not advocate doing nothing. Rather, it focuses on affirming the inherent dignity of affected people and supporting them in other aspects of their lives, including the diagnosis and treatment of any comorbidities, as individuals proceed through the various stages of physical and psychological development. ...

62. Despite differences in country, culture, decade, follow-up length, and method, multiple studies have come to a remarkably similar conclusion: Very few gender dysphoric children still want to transition by the time they reach adulthood. Many turn out to have been struggling with sexual orientation issues rather than gender discordant “transgender” identity. The exact number of children who experience realignment of gender identity with biological sex by early adult life varies by study. Estimates within the peer-reviewed published literature range from 50-98%, with

most reporting desistance in approximately 85% of children before the widespread adoption of the “affirming” model discussed below. ...

In 2018, for instance, studies found that 67% of children meeting the diagnostic criteria for gender dysphoria no longer had the diagnosis as adults, with an even higher rate (93%) of natural resolution of gender-related distress for the less significantly impacted cases. A March 2021 study, with one of the largest samples in the relevant literature, suggests that most young gender dysphoric children grow out of the condition without medical interventions. Thus, desistance (*i.e.*, the child accepting their natal, biological sex identity and declining “transitioning” treatments) is the outcome for the vast majority of affected children who are not actively encouraged to proceed with sex discordant gender affirmation.

Id. (footnotes omitted).

Dr. Hruz goes on to explain in detail exactly how and why “affirming” gender dysphoria treatments such as puberty-blockers, cross-sex hormones, and surgical interventions can be very harmful and cause lifetime permanent damage. *Id.*, at pp. 474, 507-523. Dr. Miriam Grossman, M.D., also discusses successful and unsuccessful gender dysphoria treatment options, the medical experimentation on our children, and the lack of data showing beneficial effects of puberty-blockers, cross-sex hormones, and surgical interventions. Dr. Grossman also recounts the heart-wrenching history of her regretful patient

who could only say “If I just would have waited.” Dr. Grossman recommends gender dysphoria treatment which includes supportive psychological care, treating other co-morbid conditions such as depression, anxiety, autism (found in more than 70 percent of gender dysphoria patients), family counseling and affirmation of biological reality. Dr. Grossman’s lecture can be viewed here.¹⁵

Amici Curiae have been examining in depth the many issues swirling around treatments for gender dysphoria for years. On October 6, 2024, *Amici Curiae* through their affiliate Frontline Films released a full length film called “What Is A Doctor?”, which explores questions surrounding the efficacy of alternative treatments of gender dysphoria, with opinions from Dr. Simone Gold, Dr. Miriam Grossman, Dr. Melanie Crites-Bachert, Dr. Eithan Haim and Dr. Scott Jensen, all independent, expert frontline physicians who take their oaths to “Do No Harm” very seriously. The documentary “What Is A Doctor?” can be viewed here.¹⁶

Further, *Amici Curiae* have examined many case histories of such treatment approaches. The choice of the correct treatment approach can make the difference between a happy outcome and a tragic outcome.

One Colorado mother willingly shared with Dr. Gold her family’s fight to achieve a happy outcome for her young daughter, whom they literally rescued

¹⁵ “Miriam Grossman | Gender Ideology and the Medical Experiment on our Children | NatCon 3 Miami” <https://www.youtube.com/watch?v=wIh8tvRLqek> (last visited March 7, 2025)

¹⁶ “*What Is A Doctor?*” America’s Frontline Doctors (2024), <https://americasfrontlinedoctors.org/whatisadoctor>; https://www.youtube.com/watch?v=T_bifKH7Jds (last viewed March 7, 2025)

from a Colorado school’s efforts to “transition” their young daughter without parental consent. Her illustrative case history can be viewed here.¹⁷ A related Colorado case is *Chiles v. Salazar, et al.*, No. 24-539 (2024), cert granted March 10, 2025.

Amici Curiae affirmatively state that changing one’s sex, which is what “transgender ideology,” which can lead to “gender reassignment surgery,” purports to do, is a medical impossibility, for several reasons, including the unalterability of the “XX” and the “XY” chromosomes. Surgical and hormonal interventions can only affect outward appearance; they are akin to cosmetic surgery, except that the surgery destroys normal and healthy functional tissue. Such surgical interventions affect outward appearance, functionality and psychological issues.

The American College of Pediatricians also counsels against the numerous harms caused by the early exposure of children to age-inappropriate materials.¹⁸

Texas Attorney General Ken Paxton opined in TX A.G. Op. No. KP-0401 that much of “transgender ideology,” which promotes so-called “gender reassignment” surgery also violates Texas criminal laws prohibiting child abuse and child sterilizations. Further, Attorney General Paxton found that children lacked the capacity to consent to any such surgeries, and that the right to procreate has long

¹⁷ See “The Gold Report: Ep. 32 ‘Gender Ideology Is A Cult’ with Erin Lee,” <https://www.afls.org/videos/post/the-gold-report-ep-32-gender-ideology-is-a-cult-with-erin-lee> (last viewed March 7, 2025)

¹⁸ See American College of Pediatricians, “The Impact of Pornography on Children” (Updated August 2024). <https://acpeds.org/position-statements/the-impact-of-pornography-on-children>

been explicitly recognized as a fundamental constitutional right, as far back as *Skinner v. Oklahoma*, 316 U.S. 535, 541 (1942).

More recently, on January 29, 2025, President Trump issued Executive Order 14190, entitled “Ending Radical Indoctrination in K-12 Schooling.” The actions of Respondents herein appear to run afoul of E.O. 14190 as well.

Laws prohibiting child abuse, child sexual abuse, child sterilizations, protecting the fundamental procreation rights of minors, and severely limiting or entirely eliminating the ability of minors to give informed consent to such procedures, are of course not limited to Texas. Such state laws are common throughout the nation. In Maryland, Md. Code, Crim. Law §3–8A–30 broadly prohibits causing a minor to require supervision or contribute to the child’s delinquency. Further, Crim. Law § 11-202 and § 11-203 prohibit the display of materials defined as obscene to minors.

As another example, 18 U.S.C. § 116 is a federal statute which criminalizes female genital mutilation (“FGM”). This federal criminal law arguably applies to “transgender ideology” surgical outcomes as well. Criminal law violations would preclude the acceptability of Respondents’ allegedly acceptable actions. Respondents cannot succeed when they advocate for behaviors which arguably violate numerous well-established state and federal criminal laws.

Most state laws severely restrict or eliminate the ability of minors to consent to anything, with limited exceptions, because they lack the capacity at a young age to understand the long-term and even the short-term consequences of their actions. They cannot sign

binding contracts, buy alcohol, or get tattoos. This obviously includes their inability to give truly informed consent to life-altering puberty blockers, cross-sex hormones, or surgical destruction (not reconstruction) of the normal functioning of their bodies, which is a foreseeable and predictable outcome of the “transgender ideology” to which these Maryland minors are being exposed despite the lawful objections of their parents.

TX A.G. Op. KP-0401¹⁹ is worth reviewing in its entirety, and holds that minors do not have the capacity to consent to radical “gender reassignment” surgery at all, surgery which could result in their permanent sterilization:

Generally, the age of majority is eighteen in Texas. TEX. CIV. PRAC. & REM. CODE § 129.001. With respect to consent to sterilization procedures, Medicaid sets the age threshold even higher, at twenty-one years old. Children and adolescents are promised relief and asked to “consent” to life-altering, irreversible treatment—and to do so in the midst of reported psychological distress, when they cannot weigh long-term risks the way adults do, and when they are considered by the State in most regards to be without legal capacity to consent, contract, vote, or otherwise. Legal and ethics scholars have suggested that it is particularly unethical to radically intervene in the normal physical development of a child to “affirm” a “gender identity” that is at odds with bodily sex.”²⁰ ...

¹⁹ See <https://www.texasattorneygeneral.gov/sites/default/files/opinion-files/opinion/2022/kp-0401.pdf>

²⁰ Ryan T. Anderson & Robert P. George, “Physical

The State’s power is arguably at its zenith when it comes to protecting children. In the Supreme Court’s words, that is due to “the peculiar vulnerability of children.” *Bellotti v. Baird*, 443 U.S. 622, 634 (1979); see also *Ginsberg v. New York*, 390 U.S. 629, 640 (1968) (“The State also has an independent interest in the well-being of its youth.”). The Supreme Court has explained that children’s “inability to make critical decisions in an informed, mature manner” makes legislation to protect them particularly appropriate. *Bellotti*, 443 U.S. at 634. The procedures that you ask about impose significant and irreversible effects on children, and we therefore address them with extreme caution, mindful of the State’s duty to protect its children. See generally *T.L. v. Cook Children’s Med. Ctr.*, 607 S.W.3d 9, 42 (Tex. App.—Fort Worth 2020), cert. denied, 141 S. Ct. 1069 (2021) (“Children, by definition, are not assumed to have the capacity to take care of themselves. They are assumed to be subject to the control of their parents, and if parental control falters, the State must play its part as *parens patriae*. In this respect, the [child]’s liberty interest may, in appropriate circumstances, be subordinated to the State’s *parens patriae* interest in preserving and promoting the welfare of the child.”) (citation omitted).

Interventions on the Bodies of Children to ‘Affirm’ their “Gender Identity” Violate Sound Medical Ethics and Should Be Prohibited,” PUBLIC DISCOURSE: THE JOURNAL OF THE WITHERSPOON INSITUTE (Dec. 8, 2019), <https://www.thepublicdiscourse.com/2019/12/58839/>

Id., at pp. 4-5.

This logic is inescapable. Minors lack the capacity to give informed consent to lifetime alterations of their normal bodily functioning and of their very lives. Therefore, they should not be exposed to confusing concepts by Respondents over parental objections which could cause them to harm themselves with no comprehension of their lifetime consequences. The Texas A.G. Opinion goes on to point out that because procreation is a fundamental constitutional right, *Skinner v. Oklahoma*, 316 U.S. 535, 541 (1942), minors cannot give consent to their own sterilizations. These procedures can and do cause sterilizations:

III. To the extent that these procedures and treatments could result in sterilization, they would deprive the child of the fundamental right to procreate, which supports a finding of child abuse under the Family Code. ...

The surgical and chemical procedures you ask about can and do cause sterilization.²¹

Id., at p. 5.

No third party, including parents or the government acting *in loco parentis*, can consent to such medical mutilation of minors, which can result in permanent sterilization, which can be considered criminal child abuse, and which could also run afoul

²¹ See Philip J. Cheng, “Fertility Concerns of the Transgender Patient,” *TRANSL ANDROL UROL*. 2019; 9(3):209-218 (explaining that hysterectomy, oophorectomy, and orchiectomy “results in permanent sterility”), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6626312/>

of 18 U.S.C. 116, which defines female genital mutilation (“FGM”) as criminal behavior.

Much data has been collected and is of record regarding the drastic, life altering, and lifetime adverse effects which are caused by treatments such as puberty blockers, cross-sex hormones, and “gender reassignment” surgeries. These often-horrific long term adverse effects justify enjoining Respondents’ actions in and of themselves.

For example, Dr. Hruz goes into great detail about the clinically-observed serious adverse effects, including the irreversibility of puberty blockers, and the effects on long term height, brain development, and other developmental issues.²²

Dr. Grossman enumerates problems with bone density (osteoporosis), heart attacks, strokes, blood clots, early menopause, sexual dysfunction, and effects on brain development, from the hormones alone.²³ Additionally, in Chapter Twelve, a “Surgeon’s Dangerous Idea,” of *Lost In Trans Nation*, Dr. Grossman presents a detailed analysis of the negative effects of these surgical interventions.²⁴

Many surgical complications of so-called “gender-affirming care” are also discussed by Dr. Gold and Dr. Melanie Crites-Bachert in “The Gold Report: Medical Mutilation series: Parts 2 and 3 of 5, ‘The Reality of Gender Affirming Care,’” regarding complications from female to male surgery (Part 2), and male to female surgery (Part 3).²⁵

²² Hruz, M.D., Expert Declaration, Joint Appendix, Vol. 2, pp. 507-531, *United States v. Skrmetti*, No. 23-477 (2024).

²³ See <https://www.youtube.com/watch?v=wIh8tvRLqck> (last visited March 7, 2025)

²⁴ Grossman, M.D., *Lost In Trans Nation*, p. 175.

²⁵ See <https://www.aflds.org/videos/post/the-gold-report-medical->

Many of these adverse effects are also discussed by the five frontline physician experts in America’s Frontline Doctors “What Is A Doctor?” documentary.²⁶

A critical report from the U.K. called the CASS Review, which meticulously reviewed the treatment of transgender youth for four years, found “gaps in the evidence base for hormone treatment” of minors. Following the CASS Review, the NHS ordered the closure of the Tavistock clinic, the only dedicated gender identity clinic in the U.K.²⁷ The importance of this clinic closure must not be missed by this Court: Tavistock was the world’s largest pediatric gender clinic and it was closed in March 2024 due to risk of harm to children.

Another source documenting the all-too-often tragic detransitioner stories and videos is the PITT (Parents For Inconvenient Truth About Trans) substack.²⁸

The Texas A.G. Op. KP-0401 explains how much of “gender reassignment” surgeries and treatments — which often result from the type of “transgender ideology” Maryland minors are being exposed to by Respondents over the objections of their parents — violates criminal statutes prohibiting child abuse and child endangerment. All states have similar laws protecting children. As a few examples only,

mutilation-part-2-of-5-female-to-male-with-dr-melanie-crites-bachert; *see also* <https://www.afls.org/videos/post/the-gold-report-medical-mutilation-part-3-of-5-male-to-female-with-dr-melanie-crites-bachert> (last visited March 7, 2025)

²⁶ *See* https://www.youtube.com/watch?v=T_bifKH7Jds (last visited March 7, 2025)

²⁷ *See* Joint Appendix, Vol. 2, pp. 550, 590, *United States v. Skrametti*, No. 23-477 (2024).

²⁸ *See* <https://www.pittparents.com/> (last visited March 7, 2025)

Kentucky passed Ky. Rev. Stat. Ann. § 530.060, “Endangering welfare of minor.” Maryland Code, Criminal Law § 3-8A-30 broadly prohibits causing a minor to require supervision or contribute to the child’s delinquency. Md. Code, Crim. Law § 11-202 and § 11-203 prohibit the display of materials defined as obscene to minors. Colorado broadly prohibits child abuse by Colo. Rev. Stat. § 18-6-401. Arkansas prohibits physician-assisted suicide, Ark. Code § 5-10-106. Texas prohibits the tattooing of minors. Tex. Health & Safety Code § 146.012. North Dakota passed N. D. Cent. Code § 12.1-36-01, prohibiting the surgical alteration of the genitals of female minors. Arizona passed Ariz. Rev. Stat. § 13-1214, prohibiting unlawful mutilation. The State of Washington passed Wash. Rev. Code § 9A.36.170, prohibiting female genital mutilation of minors. The federal government prohibits female genital mutilation (FGM). 18 U.S.C. § 116. The list goes on and on.

CONCLUSION

It is clear that Petitioners are exercising their lawful parental prerogatives and their constitutionally protected fundamental parental right to object to the attempt by Respondents to intrude upon and usurp the parental role by unwanted exposure of Petitioner’s children to demonstratively harmful and age-inappropriate sexualized materials, in direct violation of all of the constitutional, statutory, and other authorities cited herein. Further, this unwanted intrusion into the parental role causes demonstrable and grievous harm to minor children.

The decision below should be reversed.

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Respectfully submitted,

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