

Nos. 23-5600, 23-5609

IN THE
UNITED STATES COURT OF APPEALS
FOR THE SIXTH CIRCUIT

>

L.W., by and through her parents and next friends, Samantha Williams and Brian Williams;
SAMANTHA WILLIAMS; *et al.*, *Plaintiffs-Appellees*,

v.

JONATHAN THOMAS SKRMETTI, in his official capacity as the Tennessee Attorney General and
Reporter, *et al.*, *Defendants-Appellants*,

UNITED STATES OF AMERICA *Intervenor-Appellee*.

*On Appeal from the United States District Court for the Middle District of Tennessee
Honorable Eli J. Richardson Case No. 3:23-cv-00376-EJR*

JANE DOE 1, *et al.*, *Plaintiffs-Appellees*,

v.

WILLIAN C. THORNBURY, JR., MD, in his official capacity as the President of the Kentucky Board of
Medical Licensure, *et al.*, *Defendants*

COMMONWEALTH OF KENTUCKY, ex rel. Daniel Cameron, Attorney General of the
Commonwealth of Kentucky, *Intervenor-Appellants*

*On Appeal from the United States District Court for the Western District of Kentucky
Honorable David J. Hale Case No. 3:23-cv-00230*

**BRIEF OF ELLIOT PAGE AND FIFTY-SIX OTHER INDIVIDUALS AS
AMICI CURIAE IN SUPPORT OF PLAINTIFFS-APPELLEES**

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INTERESTS OF *AMICI CURIAE*¹

Amici are 57 transgender adults who have received medically-necessary gender-affirming healthcare, including one or more of puberty-blockers, anti-androgens, hormones, or surgery. Like the overwhelming majority of people who receive this care, *amici* benefitted from it immensely. *Amici* began treatment for gender dysphoria from as little as one year ago to as long as over sixty years ago. Some *amici* were fortunate enough to be able to begin receiving this care as minors. For the majority, however, the barriers to accessing this care—due, fundamentally, to discrimination—were insurmountable until adulthood. The *amici* who received gender-affirming healthcare as minors describe it as crucial to their wellbeing and even survival. Many who started care after adolescence suffered as a result of the delay.

Transgender people reside in every region of our country, work in numerous professions, and come from all types of backgrounds. Consistent with this, *amici* come from a variety of racial and ethnic backgrounds, including African-American, Black, Latinx, Puerto Rican, white, Filipinx, Japanese, biracial, and

¹ The parties have consented to the filing of this brief. Pursuant to Federal Rule of Appellate Procedure 29(a)(4)(E), 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.

mixed-race. They also have diverse religious affiliations and beliefs, including Christian, Catholic, Jewish, Buddhist, Unitarian, atheist, and agnostic. They live in twenty states and Washington D.C., with eleven *amici* currently residing in a state within the Sixth Circuit. *Amici* are parents, children, spouses, partners, friends, aunts, uncles, mentors, and siblings. The youngest is twenty-four years old, and the oldest is over seventy-five. *Amici* include teachers, lawyers, scientists, actors, artists, athletes, filmmakers, public servants, doctors, nurses, software developers, and faith leaders.

The care that SB1 and SB150 prohibit is lifesaving.² The States' view that gender-affirming healthcare worsens distress or that it is unsuitable for adolescents is contradicted not only by the science but also by *amici*'s experiences. As *amici* attest, receiving care both alleviated suffering and generated new joy in their lives. Because SB1 and SB150 inhibit access to this critical medical care for transgender people, *amici* have an interest in asking this Court to consider their stories before rendering its decision.

² SB1 is codified at Tenn. Code Ann. §68-33-101(2023) *et seq.* SB150 refers to Ky. S.B. 150 § 4 (2023).

ARGUMENT

Amici submit their stories as transgender adults who know the importance of the medical care they have received, and who understand the stakes for those that SB1 and SB150 harm.

I. *Amici* Lead Productive and Fulfilling Lives

Amici lead both ordinary and extraordinary lives, pursuing their passions and contributing to their communities. Yet, the State and its *amici* wholly ignore the lived experiences of these individuals to support their view that the State can and should try to prevent adolescents from transitioning. *See, e.g.*, Tennessee Br. at 29 (arguing that gender-affirming medical care amounts to “medical abuse” that prevents “opportunities for growth into free and independent well-developed men’ and women”); Kentucky Br. at 7 (describing supposed “harms” from treatment). This is not reality.

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

Amici make substantial contributions to society through many paths and in many fields. Some *amici* have found fulfillment supporting the next generation as teachers and coaches. Dr. Marisa Richmond of Tennessee, a now-retired professor of History and Women’s and Gender Studies at Middle

Tennessee State University, was proud to continue her family’s multi-generational tradition of education. She “cares very strongly” about her role as a history professor in preparing her students “for the next stage of life.” Chris Mosier of Illinois, a professional triathlete, works as a coach and speaker because he is “deeply passionate about ensuring that young people like himself never need to live in a world where they don’t see someone like themselves.”

Included among the *amici* are doctors, nurses, social workers, and others providing critical healthcare services. Dr. Gwendolyn Herzig of Arkansas owns an independent pharmacy, which she operated “in the face of a pandemic” as a vital resource for her community. Mallory Wood of Maryland spends her time as a clinical social worker “caring for others experiencing acute psychiatric crisis such as suicidality, post-traumatic stress, and psychosis.” She considers it a privilege to be “a source of care and grounding for people who are experiencing some of the hardest moments of their lives.” Rye Blum of New York, a nurse practitioner at a community health center, explains that in spite of long hours and many stories of suffering, “being present with others” and “offering solutions to help in their journey is an incredible privilege and joy.”

Several *amici* have worked and volunteered as faith leaders or public servants. Jeani Rice-Cranford of Tennessee, for example, is a pastor who says that

every day they are “checking in on others” and supporting them through life’s ups and downs. Fresh “Lev” White, a Buddhist teacher and diversity trainer in California, teaches “compassion for self and others.” Jessie Lee Ann McGrath of California has been a prosecutor for over thirty-five years, prosecuting serious felonies, internet-related crimes, and consumer fraud. Jake Reilly, a community development director in Minnesota, advocates for “equitable schools, parks, and housing choices for all people,” in his capacity as a parent, volunteer, and public employee. Carla Combs of Florida volunteered as a firefighter and served in the United States Air Force during Operations Desert Shield and Desert Storm. 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. 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 the arts, focusing on game design. She has patented an invention for virtual building with digital blocks used by LEGO,

written a textbook, won an award at a major international festival, had her work curated in museums around the world, started her own small business selling tens of thousands of copies of self-published board games, and mentored many in her field.

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 films of the *Matrix* 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.” 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 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.” 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 also “a mother, raising a beautiful five-year-old girl and teaching her how to cook, how to ride a bike, and how to be honest and true.” Ms. Chipman also helps out at the school and reads to the children. She is “passionate about solving problems and 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 sixteen 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.”³ Wen Brovold, who works in Minnesota at a nonprofit, has

³ The States’ and its *amici*’s purported concern about fertility is overblown, and some of their assertions regarding the impact of gender-affirming healthcare on fertility are patently false. *See, e.g.*, Tennessee Br. at 13 (“Both puberty blockers and cross-sex hormones threaten a child’s fertility and, if successful in blocking puberty, will render the child infertile.”); Doe Br. at 3-4 (describing gender-affirming care as “steriliz[ing]”). Several *amici* became genetic and, sometimes, gestational parents after years of hormonal and other treatments. Even the

weathered the pandemic with their partner and twelve-year-old child, while also caring for their partner's father who cannot care for himself. 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* also consider family the center of their lives. Dr. Herzig said, "My 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.

Detransitioner Brief admits that one of its *amici* who "detransitioned" was later able to become pregnant. *See* ECF No. 70, Detransitioner Br. at 9.

II. *Amici* Benefitted from Gender-Affirming Healthcare

Gender-affirming care has profoundly benefitted all *amici*. Many had to suffer through adolescence and even much of adulthood before getting access to care. And those who were unable to receive care as adolescents often continue to experience at least some lingering dysphoria due to permanent changes to their bodies resulting from puberty. *Amici* in no way regret receiving care. If they are dissatisfied by anything, it is beginning the treatment that changed their lives later than they needed it. *Amici* have made their own careful decisions about treatment and want other transgender people to have the information, support, and trust they need to do the same.

A. Care Relieved Gender Dysphoria and Often Saved Lives

The health benefits of gender-affirming care are immense. One of the most common terms *amici* used to describe this care was “lifesaving.”⁴ This care has an

⁴ Doe *amici* state that, as parents, they felt coerced into consenting to gender-affirming care by doctors’ warnings, often in front of the child, about the risk of suicide. See ECF No. 62, Doe Br. at 5. Coercion or pressure to transition has not been the experience of *amici* here, nor is there any evidence that this is the experience of the vast majority of transgender people of any age. It is, however, unfortunately true that transgender young people face an increased risk of suicide if they are denied needed treatment for gender dysphoria. See Amy Green, et al., *Association of Gender-Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth*, 70 J. Adolescent Health, at 643 (Dec. 14, 2021),

immense, positive impact on people’s lives because, in the words of Sgt. Lange, “gender dysphoria is a nightmare.” Jack Einstein, a twenty-five-year-old paralegal in New York, began receiving gender-affirming healthcare while young and 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. Destiny Clark echoes the experiences of many when she explains: “The gender-affirming care I received saved my life. Prior to getting the care I needed I was depressed and oftentimes suicidal.”

In other words, gender-affirming care for transgender people works. Many *amici* noticed a marked difference in their performance, productivity, and ability to bring their full selves to their professional lives, as well as their family relationships and spiritual lives, once they had relief from dysphoria. Daniel Soltis of South Carolina commented that access to care has meant, “I’ve been able to have a life. I’ve been able to form meaningful relationships with friends and

[https://www.jahonline.org/article/S1054-139X\(21\)00568-1/fulltext](https://www.jahonline.org/article/S1054-139X(21)00568-1/fulltext) (finding hormone treatment for transgender adolescents was associated with lower levels of depression, suicidal thinking, and suicide attempts compared to those who wanted but had not received hormones); *see also* Claire Coyne et al., *Gender Dysphoria : Optimizing Healthcare for Transgender and Gender Diverse Youth with a Multidisciplinary Approach*, *Neuropsychiatric Disease and Treatment*, at 483-84 (Feb. 28, 2023) <https://doi.org/10.2147/NDT.S359979> (“withholding interventions for adolescents is not a neutral option” and may exacerbate mental health distress).

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 create artistic work. I've been able to travel, explore, continually learn who I am as a person and what I want from life."

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.

Mr. Blum found that masculinizing chest reconstruction surgery, or top surgery, made it easier for them to do their best work as a provider for their patients: "I could focus my attention and energy on what I was meant to focus my attention and energy on—the labor of healing and healthcare." The improvements for Mr. Blum were not limited to work; they also found that care improved their ability to practice their religion. "My religion and spiritual practices are a significant part of my life that are also impossible to explore and fully experience in an embodied way without being in the right body," he explained. His religious tradition includes observance that differs by gender, which "is inaccessible to

anyone who doesn't know who they are and feel comfortable enough in their own skin to navigate community and participation.”

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.”

B. Transition Generated Confidence and Joy

For some *amici*, gender-affirming healthcare has become an unremarkable part of life. Mr. Mosier 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.” 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 as my daughter and I commute to preschool on the subway, I’m just another mom toting a toddler around along with my work bag.”

Some *amici* also experience gender euphoria. Gender euphoria is a colloquial term some transgender people use to describe the inverse of gender dysphoria—happiness, satisfaction, and a sense of rightness related to gender. Oliver Hall of Kentucky shares the profound effect that receiving gender-affirming care has had on their life: “I am able to live my life now. I feel invested in taking care of myself and my community and building meaningful relationships.” As Dr. Green says, “There is nothing like living comfortably in one’s body.” For Ms. McGrath, “just being able to live as myself has been one long period of euphoria. 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. 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.”

La Sarmiento of Maryland explained that top surgery allowed them “to come into alignment” with themselves. *Amici* who have had this procedure at any age have had enormously positive outcomes. Mr. Page describes his experience after top surgery in this way: “I couldn’t believe the amount of energy I had, ideas, how my imagination flourished, because the constant discomfort and pain around that aspect of my body was gone.” Mr. Mosier recalled his first triathlon race after top surgery as a moment of gender euphoria: “The feeling of being able to run freely in a body that more closely matched the way I’ve always seen myself was overwhelming.”

Amici also value the ability to make gender-affirming health care decisions for themselves, with the support of medical providers, family, and their communities. Mr. Witt Major explained that the ability to make medical choices supported by trusted experts improved his self-confidence. Making decisions about how they live in their own bodies is critical to many *amici*’s wellbeing.

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." Mr. Blum says, "I still thank G-d literally every morning that I was made transgender and that I have gained access to medical care so that I can live as exactly who I am."

III. Transgender Youth Deserve the Chance to Seek and Obtain Gender-Affirming Care

Many *amici* who began receiving gender-affirming healthcare as adults wished they had begun transitioning earlier. They strongly believe that earlier care would have prevented years of distress and enhanced their well-being. This stands in sharp contrast to the States' insistence that depriving minors of needed treatment somehow protects them. *See* Tennessee Br. at 29; Kentucky Br. at 7. In fact, *amici* who began treatment while young universally described profound joy for having transitioned and no regret for having done so. Transgender adolescents and adults can and do make careful, informed decisions about treatment with the support of trusted professionals and loved ones, contrary to claims from the States. *See* Tennessee Br. at 13 (claiming that "minors lack the maturity to fully understand and appreciate" these decisions).

A. Many *Amici* Knew Their Gender and Experienced Gender Dysphoria from a Young Age

Amici often had a clear sense of their gender at a very young age. Mr. Page knew when he was four years old. Recalling a visit to the YMCA 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.” Rhys Ernst of North Carolina remembers, “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 had a sense of his gender at three years old: “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. Despite the claims of the Doe and Detransitioner *amici* that transgender adolescents are influenced by social media, their peers, or their doctors to claim a trans or non-binary identity, in fact there is intense pressure in the other direction. *See* ECF No. 62, Doe Br. at 6-8; ECF No. 70, Detransitioner Br. at 13. Mr. Hall recalls, “Deep down I knew from high school on that I was trans but I saw how trans people were treated and how I was already being treated as a queer person and I didn’t want more pain.” It was only after treatment that Mr. Hall started to see a future for themselves. Throughout elementary and middle school, Mx. 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.⁵ 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.

But some *amici* also recalled precious moments of validation and joy. For example, Dr. Skolnik remembers his first experience of gender euphoria at age

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

nine when his mother allowed him to cut his hair short after “I had desperately wanted this for a long time.”

Of course, 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 “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. Jamison Green of Washington, “My parents thought I would just grow out of the ‘tom-boy phase,’ but that never happened.” Finally, at age thirty-nine, “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.”

B. *Amici* Who Started Receiving Gender-Affirming Healthcare as Adolescents Benefitted from It Immensely.

Several *amici* began receiving gender-affirming healthcare as adolescents. Some began hormone treatment as minors several decades ago—and not one of them regrets it.

Miss Major, an activist in Arkansas who is now over seventy-five, 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.” Cecilia Gentili, a fifty-one-year-old small business owner in New York, first received self-managed gender-affirming healthcare at age seventeen. The hormone treatment she received was “great” and “changed her life.” She reflects, however, that it would have been even more beneficial if she had been able to obtain it through a doctor, rather than on her own.

Fortunately, like Plaintiffs, some *amici* were able to do just that, obtaining treatment while young with support from their parents and medical providers. Elise Bader-Saye, a twenty-four-year-old fourth-grade teacher in Texas, benefitted from receiving treatment beginning at age sixteen, after experiencing distress so severe it “blocked out everything else.” She said: “Having the chance to stop those changes early was critical in allowing me to actually experience the rest of my life as a child and come into my adult life intact and on the right track towards a better future.” Mr. Einstein began treatment at age thirteen, with testosterone at fifteen and top surgery at seventeen. For him, care was no less critical: “As someone who has benefited from gender-affirming healthcare during adolescence, I can confirm

that it saved my life and I have never once regretted the decision.” Since top surgery, he has not experienced any depression or dysphoria.

C. 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 even to imagine having sought or obtained earlier care because they did not have the language to describe their experience as transgender people 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.”

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.”

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.” Some of the changes from going through puberty without gender-affirming healthcare cannot be undone, resulting in serious and continuing dysphoria. 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.” 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. Dr. Elena Long of New Hampshire speaks for many of the *amici* when she comments that starting treatment at the beginning of puberty “would have been life-changing.”

D. 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 Doe *amici*, however, assert that transgender people only believe they are transgender because they have “underlying mental health issues” that ought to be “addressed” instead. *See* ECF No. 62, Doe Br. at 5-6. They further assert that transgender people with “mental health issues...cannot make clear decisions.” *Id.* at 15.

In reality, 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.” Other *amici* similarly take pride in their ability to make informed choices about their health. For instance, Trent Sutherlin, a licensed clinical social worker in Arkansas, transitioned after years of being disabled. He is proud of himself “for being able to own my identity as a transgender man. This has improved my self-acceptance, self-esteem, and mental health.”

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 worsen depression or other conditions—that is, they could not effectively manage those conditions *without* hormones, surgery, or other accepted treatment for gender dysphoria. Indeed, many *amici* remarked on improvements to both their physical and mental health as a result of receiving hormones, surgery, or other treatment.⁶ When Mr. Einstein had top surgery, it alleviated not only dysphoria, but also Tietze syndrome (chronic inflation of the chest wall) and a broken rib he had gotten from tightly binding his chest. For Ms. McGrath,

⁶ 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>.

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 and had top surgery, “My depression and anxiety have decreased by 90%. I was able to cut my depression medication in half. Now I stand taller and laugh deeper.” Today, they no longer take anti-depressants.

Of course, some transgender people, much like some cisgender people, still experience depression or other disabilities or illnesses, even after treatment for gender dysphoria. 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.” Similarly, receiving hormones from a doctor allowed Ms.

Gentili to prioritize treatment for other conditions for the first time. 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.”

E. The Decision to Transition Is Deliberative, and Patients, and the Parents of Minor Children, Make Careful Healthcare Decisions with Their Doctors

Receiving gender-affirming healthcare was not a decision that any of *amici* took lightly, nor was it the result of pressure by medical professionals or anyone else. The isolated accounts of the Doe *amici* are not representative of the experiences of the vast majority of transgender people, including *amici* here.⁷ *Amici* unanimously describe the decision to transition as a deliberative process which reduced their suffering and enabled them to finally live self-actualized and

⁷ A 2019 study found that gender diverse and transgender youth “demonstrated their ability to identify and assert needs such as 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>. Adolescents often do not even seek care until after years of reflection and waiting as they explored and came to accept their own gender and then worked up the courage to come out to their parents. *Id.* at 376.

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.”

Contrary to Tennessee’s claim that “doctors regrettably tend to overindulge parents’ desires or push their own,” *see* Tennessee Br. at 29, that does not reflect the experiences of *amici*. “Even the medical professionals who are supportive,” Ms. Chipman explains, “still take a very cautious approach.” Mr. Witt Major, who went to a youth gender clinic, noted the care the providers took in ensuring young people fully understood 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. Mr. Witt Major notes that 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.”

Dr. Herzig explains that gender-affirming healthcare for transgender youth is not a unilateral decision, 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 that is based on

science and the guidance and support of multiple American healthcare institutions. It's a lifesaving decision that can help a child flourish, live their life to the fullest and succeed by giving them the tools to be happy and fulfilled.”⁸

As Mr. Blum 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.”

* * *

While *amici*'s life experiences are varied, they are unanimous that gender-affirming healthcare has changed their lives for the better. For many, it has even saved their lives. Some *amici* who were able to receive care as minors may not

⁸ There is broad consensus among all of 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).

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 SB150 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. In the words of Ms. Gentili: "Transgender youth know who they are, and they know what they need. Our job is to listen to them."

CONCLUSION

For the foregoing reasons, the decision of the District Court for the Middle District of Tennessee should be affirmed.

Dated: August 10, 2023
New York, New York

Respectfully submitted,

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CERTIFICATE OF COMPLIANCE

1. This brief complies with the type-volume limitation of Fed. R. App. P. 29(a)(5) because, excluding the parts of the brief exempted by Fed. R. App. P. 32(f), this brief contains 6,396 words.

2. This brief complies with the typeface requirements of Fed. R. App. P. 32(a)(5) and the type style requirements of Fed. R. App. P. 32(a)(6) because it has been prepared in a proportionally spaced typeface using Microsoft Word 365 in 14-point Times New Roman font.

/s/ Carmine D. Boccuzzi, Jr.
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CERTIFICATE OF SERVICE

I hereby certify that on August 10, 2023, I caused the foregoing to be electronically filed with the Clerk of the Court for the United States Court of Appeals for the Sixth Circuit by using the appellate CM/ECF system. The participants in the case are registered CM/ECF users and service will be accomplished by the appellate CM/ECF system. I further certify that upon approval by the Clerk, I will serve paper copies of the foregoing document to Defendants-Appellants by mailing a true and correct copy thereof to their attorneys of record at the address on file with the Clerk.

/s/ Carmine D. Boccuzzi, Jr.

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Appendix

List of 57 *Amici Curiae*⁹

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Ms. Zackary Drucker
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Mr. Jack Einstein
*Paralegal, Transgender Legal Defense and
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Mr. Rhys Ernst
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⁹ *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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Physician, California

Dr. Jamison Green, PhD

Writer, Educator, Policy Consultant, Washington

Mr. Oliver Hall

Trans Health Director, Kentucky Health Justice Network, Kentucky

Dr. Gwendolyn Herzig

Pharmacist, Dalton Herzig Inc. DBA Park West Pharmacy, Arkansas

Mr. Ray Holloman

Senior Program Manager, Enterprise Disaster Recovery, F5 Networks, Tennessee

Ms. Abigail Jensen

Retired Attorney, Arizona

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Miss Major

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