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IN THE  
UNITED STATES COURT OF APPEALS  
FOR THE EIGHTH CIRCUIT

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DYLAN BRANDT, *et al.*,  
*Plaintiffs-Appellees*,

v.

TIM GRIFFIN, in his official capacity as the Arkansas Attorney General, *et al.*,  
*Defendants-Appellants*.

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*On Appeal from the United States District Court  
for the Eastern District of Arkansas  
(No. 4:21-CV-00450-JM) (The Hon. James M. Moody, Jr.)*

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

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## INTERESTS OF *AMICI CURIAE*<sup>1</sup>

*Amici* are 58 transgender adults who, like the overwhelming majority of people receiving medically-necessary gender-affirming healthcare, have seen their lives benefitted immensely. *Amici* began treatment for gender dysphoria from as recently as one year ago to as long as over sixty years ago, and their individualized care has included one or more of puberty blockers, anti-androgens, hormones, or surgery. 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 well-being and even survival. Many who started care after adolescence suffered as a result of the delay.

Transgender people of various origins reside in every region of the country, work in numerous professions, and contribute to their communities. Accordingly, *amici* come from a variety of racial and ethnic backgrounds, including African American, Black, Latinx, Puerto Rican, white, Filipinx, Japanese, biracial, and

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<sup>1</sup> 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 hold diverse religious affiliations and beliefs, including Christian, Catholic, Jewish, Buddhist, Unitarian, atheist, and agnostic, while residing in eighteen states and Washington D.C. *Amici* are parents, children, spouses, partners, friends, aunts, uncles, mentors, and siblings. Ages of *amici* range from nineteen years old to seventy-five years young. They are teachers, lawyers, scientists, actors, artists, athletes, filmmakers, public servants, doctors, nurses, software developers, and faith leaders.

Gender-affirming care has enabled *amici* to lead fulfilling lives and empowered them to contribute meaningfully to their families and communities. Each of the *amici* benefitted from gender-affirming healthcare, and *amici*'s lived experiences demonstrate that transgender youth deserve the chance to receive gender-affirming care.

Because Act 626 inhibits 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.<sup>2</sup>

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<sup>2</sup> Act 626 is codified at Ark. Code Ann. §§ 20-9-1501 through 1504.

## 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 Act 626 harms.

### **I. *Amici* Lead Productive and Fulfilling Lives**

The State wholly ignores the thriving lived experiences of individuals such as *amici* to support a narrative that transition ruins lives. This is distortion, not reality, as evidenced by the vibrant lives *amici* lead within their professions, families, communities, and faiths.

#### **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, health care 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. 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-five 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.

*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." 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*. She 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 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.”<sup>3</sup> 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 six-year-old girl and teaching her how to cook, how to ride a

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<sup>3</sup> The State’s purported concern about fertility is overblown. Several *amici* became genetic and, sometimes, gestational parents after years of hormonal and other treatments.

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 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.” 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. Gwendolyn Herzig of Arkansas 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. Discussing her 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. All *Amici* Benefitted from Gender-Affirming Healthcare**

Gender-affirming care has profoundly benefitted all *amici*, particularly those who received healthcare early. Others had to suffer through adolescence and even much of adulthood before getting access to care. *Amici* in no way regret receiving care. If they are dissatisfied by anything, it is beginning the treatment that changed their lives for the better later than they needed it.

### **A. Early Care Relieved Gender Dysphoria and Saved Lives**

One of the most common terms *amici* used to describe gender-affirming healthcare was “life-saving.” Care administered early profoundly impacts the betterment of 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-five-year-old paralegal in New York, who began receiving gender-affirming healthcare at thirteen and received masculinizing chest reconstruction surgery, or top surgery, at seventeen, 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 in middle and high school. Fortunately, Mx.<sup>4</sup> Bucci-Mooney was able to begin receiving hormonal treatment at fifteen and receive top surgery at seventeen and says that “being given access to treatment that affirmed who I am as a minor changed my life in the best way imaginable.” Had Mx. Bucci-Mooney 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 and obtained top surgery at sixteen and “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.”

Other *amici* began hormone treatment as minors several decades ago. 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.”

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<sup>4</sup> “Mx.” is a gender-neutral honorific.

Cecilia Gentili, a fifty-one-year-old small business owner in New York, first received self-managed gender-affirming healthcare at age seventeen. While she reflects that the hormone treatment she received would have been even more beneficial if she had been able to obtain it through a doctor, rather than on her own, it was still “great” and “changed her life.” *Amici*’s experiences mirror those of many trans people for whom access to healthcare while young immensely improved their lives.

In other words, gender-affirming care for transgender adolescents works. As 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. Giving more credit to trans minors literally saves lives.”

### **B. Adults Benefitted from Gender-Affirming Care**

Many *amici* who transitioned as adults also 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 care 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.”

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 top surgery made it easier for him to do his best work as a provider for his 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; he also found that care improved his ability to practice his religion. “My religion and spiritual practices are a significant part of my life,” 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.”

### **C. Transition Generated Confidence and Joy at Every Age**

For some *amici*, gender-affirming healthcare has become an unremarkable part of life. 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.”

Some *amici* experience happiness, satisfaction, and a sense of rightness related to gender since receiving care. 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. 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* who have had top surgery at any age have had enormously positive outcomes. La Sarmiento of Maryland explained that top surgery allowed them “to come into alignment” with themselves. 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*’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**

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. 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. 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. Despite the claims of the State 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. “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. 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.

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.”

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. Green, “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. 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 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.

**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 have autism or other mental health issues. 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.”

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, *amici* 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.<sup>5</sup> When Mr. Einstein had top surgery, it alleviated not only dysphoria, but also Tietze syndrome (chronic inflammation of the chest wall) and a broken rib he had gotten from tightly binding his chest. 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 Wen Brovold, since they began hormones and had top surgery, “My depression and anxiety have decreased by

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<sup>5</sup> 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>.

90%. 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.”



**D. 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 idea that young people make hasty decisions to medically transition because they have trans peers or learn about trans people online is simply not the reality.<sup>6</sup> *Amici* unanimously describe the decision to transition as a deliberative process which 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.”

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<sup>6</sup> 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 Transgender Health* at 383 (Aug. 30, 2019), <https://doi.org/10.1080/15532739.2019.1652129>. Adolescents often did 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 376–77 .

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. 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, who owns an independent pharmacy, 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 based on science and the guidance and support of multiple American healthcare institutions. It’s a life-saving decision that can help a child succeed by giving them the tools to be happy and fulfilled.”<sup>7</sup>

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<sup>7</sup> 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

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 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 Act 626 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,

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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), *reh’g en banc granted*, *Brandt v. Rutledge*, 2022 WL 16957734 (8th Cir. Nov. 16, 2022).

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 Eastern District of Arkansas should be affirmed.

Dated: December 13, 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 5,664 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.

3. I further certify pursuant to 8th Cir. Rule 28A(h)(2) that this PDF was scanned for viruses, and no viruses were found on the file.

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

I hereby certify that on December 13, 2023, I caused the foregoing to be electronically filed with the Clerk of the Court for the United States Court of Appeals for the Eighth 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.

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## Appendix

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<sup>8</sup> *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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