

IN THE  
**Supreme Court of the United States**

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UNITED STATES OF AMERICA,

*Petitioner,*

*v.*

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

*Respondents,*

*and*

L.W., BY AND THROUGH HER PARENTS  
AND NEXT FRIENDS, SAMANTHA WILLIAMS  
AND BRIAN WILLIAMS, *et al.*,

*Respondents in Support of Petitioner.*

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

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**AMICI BRIEF OF GENDERS &  
SEXUALITIES ALLIANCE NETWORK,  
PFLAG, INC., AND OTHER NON-PROFIT  
ORGANIZATIONS IN SUPPORT OF THE  
UNITED STATES AND RESPONDENTS  
IN SUPPORT OF PETITIONER**

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**TABLE OF CONTENTS**

INTERESTS OF *AMICI CURIAE* ..... 1

SUMMARY OF THE ARGUMENT ..... 3

ARGUMENT..... 4

    I. Personal Stories Of Transgender Adolescents  
    Reveal How Access To Medical Treatments For  
    Gender Dysphoria Dramatically Improves The  
    Lives Of Transgender Youth. .... 4

        A. Katie Lopez, North Texas ..... 5

        B. Wood F., Central Ohio ..... 10

        C. Gabriele J., South Carolina & Lupine,  
        California ..... 13

        D. Connor W., Central Texas ..... 17

        E. Scarlet Van Garderen, Montana ..... 22

        F. Leon Walsh, Northeast Ohio ..... 26

CONCLUSION ..... 30

## TABLE OF AUTHORITIES

### Cases

<i>Abbott v. Doe</i> , 691 S.W.3d 55 (Tex. App.—Austin 2024).....	8
<i>Moe v. Yost</i> , No. 24CVH03-2481, 2024 WL 3723143 (Ohio C.P. Aug. 6, 2024) .....	12
<i>Muth v. Voe</i> , 691 S.W.3d 93 (Tex. App.—Austin 2024).....	8
<i>Van Garderen v. State</i> , No. DV-23-541 (Mont. 4th Dist. Ct.) .....	25

### Statutes

MONT. CODE ANN. §§ 50-4-1001-1006 .....	23
OHIO REV. CODE ANN. § 3129.02 .....	12
TENN. CODE ANN. § 68-33-103 .....	5

### Legislation

Tex. S.B. 14, 88th Leg. (2023) .....	6, 20
--------------------------------------	-------

### Other Authorities

Holning Lau <i>et al.</i> , <i>Mapping the Intersex Exceptions</i> , HUMAN RIGHTS WATCH (Oct. 25, 2022), <a href="https://www.hrw.org/feature/2022/10/26/mapping-the-intersex-exceptions">https://www.hrw.org/feature/2022/10/26/ mapping-the-intersex-exceptions</a> .....	16
---	----

TEX. OP. ATT'Y GEN. No. KP-0401,  
<https://texasattorneygeneral.gov/sites/default/files/global/KP-0401.pdf> (Feb. 18, 2022) .....8, 20

## INTERESTS OF *AMICI CURIAE*

*Amici curiae* are non-profit organizations dedicated to eradicating discrimination against transgender and gender non-conforming (hereinafter “transgender”) people and to supporting members of the transgender community. *Amici* have strong interests in the outcome of this case and are uniquely positioned to aid the Court in understanding how Tennessee’s ban on medical treatment for gender dysphoria in minors is harmful to the lives of transgender adolescents.<sup>1</sup>

**Genders & Sexualities Alliance Network** (“GSA Network”) is a next-generation LGBTQ racial and gender justice organization that empowers and trains queer, transgender, and allied youth leaders to advocate, organize, and mobilize an intersectional movement for safer schools and healthier communities. GSA Network includes GSA Network of California, which connects more than 1,100 clubs across the state, and the National Association of GSA Networks, which unites 40 statewide networks of GSA clubs. GSA Network also supports student-led campaigns through an online campaign and petition platform for transgender and queer youth across the country.

**PFLAG, Inc.**, founded in 1973, is the nation’s largest organization dedicated to supporting, educating, and advocating for LGBTQ+ people and those who love them. PFLAG members include

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<sup>1</sup> Pursuant to Supreme Court Rule 37.6, counsel for *amici* certify that they authored this brief in its entirety and that no party or its counsel, nor any other person or entity other than *amici* or their counsel, made a monetary contribution to this brief’s preparation or submission.

transgender and non-binary young people and their families across the country, and PFLAG is committed to supporting those families as they navigate discriminatory restrictions on accessing the medical care they need to survive and thrive.

**Camp Lilac**, a project of GenderSphere, is a non-profit overnight summer camp in Ohio for transgender and gender diverse youth ages 13-17. Since 2017, Camp Lilac has provided a safe, welcoming, and confidential space for its campers to be themselves in a positive, supportive, youth-focused environment. Camp Lilac is designed so that campers emerge with an increased sense of confidence in their identities and a strong community of peers and supporters.

**We Are Family** is South Carolina's oldest non-profit that provides life-affirming and life-saving programs for LGBTQ+ youth that have a lasting and measurable impact, with a focus on youth who are BIPOC<sup>2</sup> and/or low-income. Founded in 1995, We Are Family cultivates affirming statewide programs and community initiatives for South Carolina's youth up to the age of 24 focused on: (1) leadership development and social support, (2) health and wellness, and (3) movement building and advocacy. The organization's vision is that LGBTQ+ young people and allies feel empowered to find their places in their families, in their communities, and in the world.

**TransFamily Support Services** is a national non-profit organization based in California that supports transgender and non-binary youth and their families through gender transition. The organization provides family coaching and support groups, assistance with

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<sup>2</sup> Acronym for Black, Indigenous, and other People of Color.

healthcare and insurance, help navigating the legal system, and school support—all at no cost.

**Transgender Education Network of Texas** (“TENT”) is the largest statewide, BIPOC trans-led, trans-focused policy, education, and advocacy organization in the state of Texas. TENT works to accomplish gender-diverse equality through education and networking in both public and private forums. Through its efforts, TENT strives to halt discrimination through social, legislative, and corporate education.

**Transgender Law Center** (“TLC”) was founded in 2002 and is the largest national, trans-led organization working to set all people free. TLC champions the right of all transgender and gender non-conforming people to make their own choices and live freely, safely, and authentically. Prioritizing BIPOC, disabled, and HIV+ communities, TLC advances community-driven strategies that harness trans knowledge, power, and joy to ensure that all transgender people not only survive but thrive at all ages and phases of life. TLC also pursues impact litigation and policy advocacy to defend and advance the rights of transgender people, transform the legal system, minimize immediate threats and harms, and educate the public about issues impacting our communities. TLC is co-counsel for *amici*.

## SUMMARY OF THE ARGUMENT

This case presents a critical civil rights issue of national importance: whether a Tennessee law banning medical treatments for gender dysphoria in transgender minors violates the Equal Protection Clause of the Fourteenth Amendment. *Amici* urge this



Court to hold that it does and reverse the Sixth Circuit Court of Appeals. In this brief, *amici* describe the personal experiences of transgender adolescents from across the country to aid the Court in understanding how access to medical treatments for gender dysphoria, such as puberty-delaying medication and hormone therapy, can significantly improve the lives of transgender youth and enable them to succeed and excel socially, psychologically, and educationally. These personal stories also detail the struggles transgender youth face when they are denied access to medical treatment for gender dysphoria and how they feel when they are targeted by their governments. Critically, although Tennessee's ban on medical treatment for gender dysphoria in adolescents is the only law currently before this Court, states enacting these bans have done so as part of a suite of legislation intended to exclude, demean, and silence transgender youth around the country.

## ARGUMENT

### **I. Personal Stories Of Transgender Adolescents Reveal How Access To Medical Treatments For Gender Dysphoria Dramatically Improves The Lives Of Transgender Youth.**

The following stories from transgender adolescents demonstrate the very real and positive impact that access to medical treatment for gender dysphoria can have on transgender youth. Without access to such treatments, each of these youth struggled in their daily lives. They faced extreme distress, including severe anxiety and depression, substance issues, self-harm, and/or suicidality. The distress caused by

untreated gender dysphoria is often all-consuming, leaving transgender youth with little capacity to focus on other pursuits.

But for those lucky enough to access the safe and effective medical treatments for gender dysphoria, their well-being noticeably improved, and each are able thrive socially, emotionally, and educationally. These young people are able to focus on their interests unrelated to gender and are free to experience the wholeness of life. Bans on these medical treatments – like the Tennessee law presently before the Court (TENN. CODE ANN. § 68-33-103(a)(1)) – have caused serious complications in their lives; losing access to this care would have caused serious, lasting, and potentially life-threatening psychological and physical distress to these adolescents.

#### **A. Katie Lopez, North Texas**

Since age three, Katie Lopez<sup>3</sup> has known she wants to be a fashion designer when she grows up. When her preschool class did a project making hand-stitched bags, she was thrilled with the idea of making a purse, but her teachers told her, “Boys make bookbags.” Katie made a purse anyway—and embroidered a unicorn on it for good measure.

Now age 14, Katie describes herself as “just like any other kid.” She lives with her mom and dad and two younger siblings. Her family has three dogs—all rescues—two Great Pyrenees and one “sheep-a-doodle.” She grew up playing soccer and flying kites in the park with her grandfather, who recently passed

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<sup>3</sup> Pseudonym, used to protect Katie and her family’s safety and privacy.

away. About her soccer team, she explains, “it was cute, but I don’t think we ever won a game.” She enjoys graphic novels, live music, and interning at a popular local t-shirt shop, where she has learned screen printing and gotten to know her community better.

Katie recently started her first year of high school. But every six months, because medical treatment for Katie’s gender dysphoria is banned in Texas,<sup>4</sup> Katie has to miss school to fly to California just to see her doctor.

Despite being assigned male at birth, Katie simply cannot remember a time when she believed she was a boy or when any of her friends did either. By age four, she refused to cut her hair. At home, she would play in a tutu, and she would cry when it was taken away. As she grew, Katie’s friends continued to understand that she was girl, but Katie became more and more aware that adults perceived her as a boy. She knew that impression of her gender was not right, and she became less and less outgoing in response. Shortly before her sixth birthday, Katie explained to her parents that she did not want people to think she was a boy anymore and said, “I need Santa to turn me into a girl.” So, Katie’s mom, who is not a fan of shopping, took her shopping for dresses and, to her mom’s chagrin, Katie insisted on “the full shopping experience,” including trying everything on in the dressing room.

Around the same time, Katie’s parents also started taking her to see a child therapist, who eventually diagnosed Katie with gender dysphoria. The summer she turned six years old, Katie chose her new name.

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<sup>4</sup> See TEX. S.B. 14, 88th Leg. (2023) (enacted).

Her parents vetoed some options, like “Sparkle,” and a few names of Disney princesses. Eventually, Katie and her family landed on “Katherine,” which Katie liked in part because of its multiple nicknames: Kate, Katie, Kat, Kathy. When she was seven years old, her parents legally changed her name, as well as the gender listed on her birth certificate. Asked how she felt when it was made official, Katie says, “I just felt like myself.”

When she was ten years old, Katie started experiencing the first signs of male puberty. She was terrified by the idea of eventually developing an Adam’s apple or growing facial hair. Katie had already been in therapy for four years, and after going through medical tests—she still remembers the bone scan machine—Katie was prescribed puberty-delaying medication which allowed her to avoid going through irreversible male puberty. When she was almost 13 years old, she started hormone therapy, which enabled her to start female puberty alongside her peers.

Katie, her parents, and her medical providers took the decision to start hormone therapy very seriously. After they first discussed hormone therapy and its potential risks, benefits, and side effects with a doctor, Katie and her parents spent seven months thinking it over, speaking with additional medical and mental health providers, and discussing it as a family. Only once they were positive it was the right decision did they decide to move forward.

Having lived as a girl for as long as she can remember, the idea of ceasing her medical transition is simply not an option for Katie or her family. So, when Texas officials declared Katie’s healthcare to be

“child abuse”<sup>5</sup> and started drafting legislation to ban medical treatment of transgender minors’ gender dysphoria, Katie’s family started planning to leave the state, including undertaking renovations to prepare to sell their home and getting on a waiting list to see a doctor in California—all the while worrying about changing schools and jobs and leaving behind friends and family. Her government’s actions have caused Katie to have trouble sleeping at night, but she was not the only person impacted: her little brother wakes up from nightmares saying, “I don’t want them to take Katie away.” Because the state courts have so far barred the state from conducting child abuse investigations based solely on allegations that a parent has provided their child with gender affirming medical care (*see Abbott v. Doe*, 691 S.W.3d 55, 93 (Tex. App.—Austin 2024); *Muth v. Voe*, 691 S.W.3d 93, 138 (Tex. App.—Austin 2024)), Katie’s family has been able to stay in Texas for now. However, Katie and her mom take a three-day trip to California twice a year to see a doctor who can legally oversee her medical care because Texas has banned the gender dysphoria treatment Katie needs. These trips are expensive, and Katie and her family have had to make financial sacrifices to afford them. And, because Katie and her family did not feel safe explaining her absence to her middle school, Katie fell out of favor with one of her eighth-grade teachers.

Because Katie has been able to receive comprehensive treatment for her gender dysphoria, she remains the same, confident girl who made a unicorn purse despite being told that “boys make

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<sup>5</sup> See TEX. OP. ATT’Y GEN. No. KP-0401, <https://texasattorneygeneral.gov/sites/default/files/global/KP-0401.pdf> (Feb. 18, 2022).

bookbags” back in preschool. This August, she started high school at a prestigious public school for the arts. Katie was admitted to that school after an extensive audition process, during which she performed a monologue from memory, an improv sketch, and a mime act; drew a still-life, wrote a monologue, and designed a mask for an original character; and completed an interview. Katie hopes to eventually attend the Fashion Institute of Technology, and she is excited for her high school’s costume design program in the theater department. Even though she wants to go to college out of state, Katie plans to return to Texas afterwards so she can remain close to her family. Texas is her home.

Katie also finds joy in supporting and connecting with younger trans kids. Katie remembers when she was younger first learning about other trans kids and feeling elated to learn that there were other kids like her out there. Now that she is older, Katie is able to do the same for other kids: for example, at a recent community event, Katie met a little girl who had never met another transgender person before. Katie explains, “It makes me feel really joyful getting to know people who feel like how I felt when I first came out, and just letting them know that everything will be okay.”

But Katie also worries what will happen if government officials continue to discriminate against transgender youth. She feels, “It’s not fair. People who know nothing about me think there’s something wrong with me. You don’t know me, so why do you get to make decisions for me?”<sup>6</sup>

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<sup>6</sup> Source: August 18, 2024 teleconference interview.

## B. Wood F., Central Ohio

Wood F. is a 12-year-old from Central Ohio who recently concluded a fun-filled summer before beginning eighth grade this year. Wood went to overnight camp in Wisconsin, where he and his cabinmates “won” a prank war against their rival cabin (their victory involved “stealing” the rival cabin’s picnic table). Wood’s favorite activity at camp was playing a small, mischievous gremlin in the popular tabletop role-playing game Dungeons & Dragons. This summer was also Wood’s first trip to Cedar Point, a theme park in Sandusky, Ohio, where he rode some of the largest roller coasters in the United States. A recent photograph of Wood is below.



Wood has been working to understand his gender identity since he was in the third grade, when he first explained to his family that he was not a girl, but was not sure if he was a boy, either. With his family's support, Wood started going by gender-neutral pronouns. Later, in middle school, though, Wood experienced frustration and sadness and felt uncomfortable and inauthentic in his growing body. He felt like he "tolerated" his body, rather than "feeling at home in it." As Wood progressed through school, he felt a heavy emotional weight settling on his shoulders. As the depression he was feeling worsened, he struggled more and more to focus on schoolwork, despite previously being a straight A student. His grades began to slip substantially.

Eventually, he realized that he is a transgender boy. So, Wood came out again, first to his friends, and then to his parents. All of them have been very supportive and nurturing, for which Wood is extremely grateful; he knows other transgender youth who are struggling because their families have been less supportive.

Put simply, coming out as transgender has been nothing but a positive development in Wood's life. Presenting as male, he now feels more at home in his body, and the weight of depression he has felt for years is finally lifting. He is excited for his eighth-grade school year and to start experimenting with new ways to express his authentic self, like trying out new clothes.

This past summer, Wood and his mother visited with his primary care physician to start to learn about medical treatment options available for gender dysphoria. They were referred to an interdisciplinary group of psychiatrists, psychologists, and



endocrinologists at a preeminent regional children's hospital to explore what treatment Wood might need. Wood was excited for this next step.

Unfortunately, in August of this year, Wood and his mother were in an exam room when their doctor learned that an Ohio judge had lifted a temporary restraining order and allowed Ohio's ban on medical treatments for minors with gender dysphoria to go into effect. *Moe v. Yost*, No. 24CVH03-2481, 2024 WL 3723143, at \*7 (Ohio C.P. Aug. 6, 2024). Wood's doctor informed them that all consultations on Wood's medical care were now illegal. See OHIO REV. CODE ANN. § 3129.02(A). Wood was extremely disheartened and saddened by the news. Wood feels that the law is an artificial barrier that "only makes a bunch of kids a lot less happy for no reason."

In light of the Ohio court's ruling, Wood and his family have had to explore other treatment options, none of which are practical or compatible with their daily lives. At the moment, they believe their only remaining option is to travel out-of-state (a six-hour, round-trip drive), to receive the medical care that Wood, his family, and his specialists in Ohio all believed was an appropriate and necessary treatment option. Every trip to the pharmacy, the phlebotomist, or the doctor will be a day-long affair. All of this will mean less time for Wood to focus on school and will take time away from the activities that bring Wood joy, like building sets with his school theater club and spending time with the family dog, Nikki, who is aging and struggles with health problems of her own.

Wood and his family hope that the barriers erected by unduly restrictive laws like those in Ohio and Tennessee are removed, so that he and other kids like him can focus on growing up, doing well in school, and

living the happy, fulfilling, and authentic life they know is just beyond the horizon.<sup>7</sup>

### **C. Gabriele J., South Carolina & Lupine, California**

Gabriele J. grew up in South Carolina helping their uncle on the family farm: tending the goats, donkeys, and chickens and raising plants in their greenhouse. In high school, Gabriele was very active in Future Farmers of America, serving as an officer and logging more than 400 hours for their local chapter.

Now age 18, Gabriele is excited to be starting their college career at a local technical school, studying horticulture and horticultural technology, in a hybrid program that mixes online lectures with visits to other farms around the South Carolina Lowcountry. Gabriele hopes to eventually transfer to Clemson University. Gabriele also prides themselves on their artistic ability and works as a freelance artist creating and selling their own digital art, a craft they are self-taught in. A recent photograph of Gabriele is below.

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<sup>7</sup> Source: August 14, 2024 teleconference interview. Photograph included with permission.



Though assigned female at birth, Gabriele always felt confused about their gender growing up in a rural community in the South. Gabriele did not look like other kids and was ruthlessly bullied for being “boyish.” On the one hand, Gabriele did not feel like a girl, and on the other, the bullying made Gabriele feel like they were not worthy of being beautiful. This was a very tough time for Gabriele emotionally and physically—they both lost their dearest friend to suicide and survived a suicide attempt of their own. In mourning their friend’s death, Gabriele came to understand that honoring their friend’s life meant that Gabriele needed to live their life openly and authentically.

In high school, Gabriele found the support of a guidance counselor and a few teachers who helped them further understand that it was not shameful to be queer or trans. Though school administrators blocked Gabriele’s attempt to establish a Genders & Sexualities Alliance, their guidance counselor introduced them to We Are Family. Participating in We Are Family’s programs helped Gabriele expand

their connections beyond their small community and realize they are not alone.

Gabriele knows all too well the importance of informed consent and medical care for minors with gender dysphoria. Gabriele was born with intersex traits that did not become apparent until they experienced early-onset puberty. Unfortunately, Gabriele's experience with the medical system is in stark contrast to that of many of their transgender friends who have been supported while exploring and solidifying their gender identities long before the question of medical intervention arose. Instead, as is unfortunately common for intersex youth, when doctors discovered that Gabriele was born with testicular tissue, they rushed to pressure Gabriele and their family into surgery to remove it for the purpose of conforming Gabriele's body to the expectations of their sex assigned at birth.

While Gabriele is still working to fully understand what happened to them, Gabriele now deeply wishes they had had healthcare providers who understood their gender dysphoria and intersex traits, who would have prescribed puberty-delaying medication to give them the time and space to make their own medical decisions. Gabriele also sees the contradiction and disconnect in the fact that most bans on medical treatments for gender dysphoria in minors—including South Carolina's and Tennessee's—have exceptions that allow for treatments, like surgery, to make intersex youth at very young ages conform their bodies to expectations about their sex assigned at birth, while prohibiting care for transgender youth who depart from expectations about their sex assigned at birth. See Holning Lau *et al.*, *Mapping the Intersex Exceptions*, HUMAN RIGHTS WATCH (Oct. 25, 2022),

<https://www.hrw.org/feature/2022/10/26/mapping-the-intersex-exceptions>.

Gabriele has seen firsthand how allowing adolescents to have access to medical treatment for gender dysphoria can dramatically improve their lives. Unlike Gabriele, Gabriele’s girlfriend of one year and friend of three years, Lupine,<sup>8</sup> did have access to such treatment in California. Lupine was assigned male at birth, but at 16 years old, she began estrogen hormone treatment. This treatment has allowed her to thrive in many aspects of her life, including helping her overcome other medical and mental health conditions. Gabriele describes Lupine as “mirthful” since starting hormone therapy. She is more motivated to travel and exercise and is not worried about how she is perceived by others. She is now in her first year of college with a passion for studying animal endocrinology. Gabriele is so proud of Lupine’s growth with the help of her medical care.

Today, with counseling, Gabriele has been able to move past their hard times and suicidal ideations during their earlier years and present themselves authentically. They are nearly one year sober, almost two years clear from self-harm, and living life for themselves and not how others want them to live. But the trauma Gabriele experienced in their earlier years will never be completely forgotten, despite their triumphs and newfound happiness. Gabriele firmly believes that having access to medical treatment for gender dysphoria would have made their life very different. Hearing about laws that ban such medical care to transgender youth, like the law in Tennessee,

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<sup>8</sup> Pseudonym inspired by Lupine’s favorite flower native to California.

gives Gabriele an “unshakeable amount of grief and anger.”<sup>9</sup>

#### **D. Connor W., Central Texas**

Connor W. has a passion for graphic design. He first discovered this when he joined the yearbook staff of his Central Texas high school during his freshman year. Now beginning his senior year of high school, Connor is applying to colleges to further pursue graphic design, and he hopes to study abroad in the U.K. Connor lives with his mother, father, younger siblings, and their many pets. Connor has lived in Texas since he was two years old and has a close relationship with his family. His grandmother lives right next door, making it easy for Connor to spend time with her and help his mother, who serves as his grandmother’s primary caretaker.

Since transitioning, Connor excels academically, getting straight-As and taking many Advanced

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<sup>9</sup> Source: August 14, 2024 teleconference interview. Photograph included with permission.

Placement (“AP”) classes in high school. A recent photograph of Connor is below.



Throughout his childhood, Connor saw himself as just another kid and did not think much about his gender identity or the female sex assigned to him at birth. However, this changed when he started going through puberty. Specifically, the onset of menstruation brought about immense feelings of guilt, shame, and the sense that – as a boy – this should not be happening to his body. Connor’s feelings of internal turmoil manifested outwards: his grades dropped for the first time in his life, he did not want to leave his room, and he resisted speaking or being photographed because he was so uncomfortable with being perceived as a girl.

This feeling of misalignment and discomfort in his body reached a tipping point around age 12, when he and his family went to a swimming pool. Connor had always enjoyed swimming. But on this particular day, Connor’s mother noticed that Connor was not acting like himself, appearing visibly uncomfortable and resistant to coming out to the pool. Concerned, she asked Connor what was wrong. It was then that

Connor shared that he was a boy and that he just could not bear putting on a girl's swimsuit.

Connor's family approached his gender identity with love and care. With the support of his family, Connor began socially transitioning. For Connor, this meant wearing boys' clothing, keeping his hair cut short, and using male pronouns. Connor's gender transition took place during the COVID-19 pandemic, which gave him the time to contemplate his gender identity and to come to recognize his sense of self as a boy. For Connor, transitioning was "inevitable" and helped him "stay alive."

In addition to talk therapy, Connor's family sought medical advice from a reputable physician in Central Texas. Under the careful supervision of his doctor, and after long, in-depth conversations with his parents, Connor started testosterone hormone therapy. Every three months, Connor underwent routine bloodwork to ensure that his medication dosage was appropriate and that he was staying healthy.

Taking testosterone had a profoundly positive impact on Connor's overall health and well-being. Connor's voice dropped in pitch over time and his menstrual cycle, which had been a substantial source of severe distress, eventually stopped. After a few months on testosterone, Connor felt that everything changed for the better. According to Connor, he was "actually able to start living" and was able to enjoy activities and family time "without a second thought and without adding gender dysphoria into the mix."

Having socially transitioned, and with his medical transition well-underway, Connor started high school with confidence. He made friends, did well academically, and was able to have a typical high school experience.



But in 2022, Connor was scheduled to have a routine check-up and bloodwork done to monitor his hormone levels while on testosterone. The day before his appointment, his parents received a text message from the doctor's office cancelling Connor's appointment. Connor's father left work early to drive to the doctor's office to inquire about the last-minute change of plans. Connor's father was informed that the hospital program that treated Connor's gender dysphoria was being eliminated, and he was given a list of out-of-state medical providers.

Connor knows that this halt on his medical care occurred in anticipation of the Texas legislature passing a ban on this medical care, and because Texas Attorney General Ken Paxton issued an official opinion stating that such healthcare constitutes "child abuse." See TEX. OP. ATT'Y GEN. No. KP-0401, <https://texasattorneygeneral.gov/sites/default/files/global/KP-0401.pdf> (Feb. 18, 2022). Texas presently bans necessary and life-saving medical care for the treatment of gender dysphoria for transgender youth—and only for transgender youth; youth who receive the same medical treatment, but for a different diagnosis, are still allowed to receive the same medical care. TEX. S.B. 14, 88th Leg. (2023) (enacted) ("SB 14").

Prior to SB 14's passage, Connor's family attempted to find a new provider in Texas, but found that medical care for trans youth was already shutting down around the state. Unable to obtain a prescription refill, Connor was forced to ration his medication until he could find a new doctor. This resulted in complications with menstruation. Connor's period returned, which, after having been on testosterone for several years, brought a wave of

depression and gender dysphoria. “It was a spiral moment,” Connor said while reflecting on this time in his life. “It’s scary to hear the news that this medicine – that has given you the chance to live the life you currently have – is under threat, or will be subject to change, or will be up in the air. It was really scary.”

Connor’s family eventually found a new doctor in California who currently oversees his medical transition. But unlike before, where Connor’s doctor was a short drive from his house, Connor and his mother must travel over a thousand miles away to see a provider in California. Connor and his mom travel to Los Angeles every six months for a week at a time for his health care.

This arrangement comes with financial, logistical, and personal challenges for Connor’s family: they must adhere to a strict budget to be able to afford travel and lodging while Connor and his mother are in California, Connor is forced to miss out on school and his extracurricular activities, and Connor’s mother is unable to care for his grandmother (for whom she is the primary caretaker) during her week away.

Connor also lives with the fear that, if anything is wrong with his medication, he cannot immediately see a doctor. Even if he were to see a doctor in Texas for emergency care, he risks being denied emergency care outright because he is transgender.

Despite being a generally up-beat and resilient person, Connor resents that his gender identity has become politicized and that his access to basic healthcare has been infringed upon. “Being trans is not a political statement. It doesn’t set me apart from

people. It gives me extra stuff that I'm working on, but it's just another part of me."<sup>10</sup>

### **E. Scarlet Van Garderen, Montana**

Scarlet van Garderen has played every brass instrument at least once, but French horn is her favorite. In marching band, she plays the mellophone which she describes as “like a trumpet, but bigger, and sounds like a French horn.” Back in her high school in Southwest Montana, Scarlet played in marching band, wind ensembles, jazz band, and concert band. She will be studying music technology in college, where she started this fall. A recent photograph of Scarlet is below.



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<sup>10</sup> Source: August 9, 2024 teleconference interview. Photograph included with permission.

When Scarlet was a senior in high school – right around the time she had been selected for Montana’s All-State Band – the Montana legislature passed Senate Bill 99 (“SB 99”). *See* MONT. CODE ANN. §§ 50-4-1001-1006. SB 99 banned medical care for the treatment of gender dysphoria for minors. Scarlet was receiving medical treatment for her gender dysphoria, so SB 99 threatened to drive Scarlet and her family from their home to maintain her access to healthcare. Leaving Montana would have forced Scarlet to abandon her community and friends and give up her spot in the All-State Band, a band made up of the best high school musicians in the state.

Scarlet’s medical treatment for gender dysphoria has been life-changing. As a child, Scarlet felt a distance between her and her childhood friends and felt like she had trouble connecting with people. Puberty made everything worse. Scarlet struggled to see a future for herself and did not feel safe in her body. Recalling a time before she came to understand her identity and have access to treatment for her gender dysphoria, Scarlet explains, “it didn’t feel worth it to keep going, but I did, and I’m really glad that I did.”

Things began to get better after Scarlet was able to put words to how she was feeling about herself and her body. Scarlet came out to herself as a transgender girl when she was 15 years old. She began learning more about gender and, “one day it just clicked, and I said, ‘Wow. That just makes so much sense.’ ... I knew who I wanted to be more. Before, I didn’t know how to express myself, and in coming out, I was able to find ways to be myself more.” Scarlet first came out to some close friends, a group of mostly boys who would hang out and play video games together. “It took them

a little bit to kind of grasp it, then they were really supportive after that.”

Scarlet told her family next. For Scarlet, it was scary to come out to her parents because she “had heard horror stories about people coming out and their parents going absolutely ballistic, but I am so lucky, my parents are phenomenal.” Her parents were surprised at first, but they became increasingly supportive the more they learned about what it means to be transgender and have gender dysphoria. Scarlet’s little brother, who was five when she came out, also supports his sister.

After coming out to those closest to her, Scarlet began her sophomore year of high school presenting authentically as a girl. With newfound self-confidence and support for her transition, Scarlet bloomed. It felt like “the biggest weight got lifted off my shoulders. I made a lot more friends afterwards. Some of my closest friends I met in band after I started transitioning. They’re all so cool. I got a lot more outgoing, started talking more in class, and I got more motivation to actually do stuff, which was really great.” Scarlet felt like she learned more in her classes, too, because, with that weight lifted from her shoulders, “I was actually paying attention.”

After Scarlet came out, her parents took her to medical professionals to evaluate the best path for her, and she started puberty-delaying medication shortly before she turned 16 years old. Scarlet began hormone therapy about a year later. Talking about her new treatment, Scarlet explains, “it’s been a game changer. It’s been so good. I feel more myself now. I’m more comfortable with my body, and more in touch with my emotions.” Before starting hormone therapy, Scarlet and her family carefully considered the

potential risks and benefits. “One of the biggest things I was worried about was losing muscle mass, and I’ve definitely lost it, but I’ve been more motivated to actually exercise and stuff. I go [rock] climbing a lot. It’s been really, really positive. There have been zero negatives for me.”

But Montana’s SB 99 threatened to take away the health care that had made such a positive change in Scarlet’s life. At first, Scarlet mostly avoided news of the bill because it made her so worried. Scarlet knew it was not an option to lose the health care that had improved her mental health so dramatically, and she was afraid she would have to move to another state, losing her friends, her community of musicians, and the small town she had lived in her whole life. Scarlet’s mom followed the news more closely, keeping track of SB 99 and its passage. When Scarlet’s mom came to her and asked if she wanted to be a plaintiff in a lawsuit challenging the health care ban, Scarlet “immediately said yes, because I wanted to help.” See *Van Garderen v. State*, No. DV-23-541 (Mont. 4th Dist. Ct.). Scarlet says she knows she is lucky to have access to care and that there are a lot of other trans people who cannot use their voice to speak up. She had to do something to fight this for them and herself. Scarlet thinks “it’s important to use your voice to spread positivity and challenge those who aren’t.”

Scarlet was “super excited” and relieved when Montana’s health care ban was blocked by the Montana 4th District Court (*see id.* at Sept. 27, 2023 Order) — she went out and got ice cream to celebrate. She loves Montana and was so happy she could stay through high school and start college in-state. “It’s super pretty out here... there’s not a lot of people, but there’s enough so that it’s never lonely, just big

enough for me.” Scarlet wants to stay in Montana after she graduates, hoping to audition for the local symphony, compose music, run sound for concerts, or even one day own a recording studio.

When asked if she had a message for the Supreme Court of the United States, Scarlet said, “our lives are as important as everybody else’s,” and she worries about the loss of life that will result if anti-trans discrimination is allowed to continue—if trans youth lose hope.<sup>11</sup>

### F. Leon Walsh, Northeast Ohio

Leon “Leo” Walsh is an avid artist with a love for mixed media art. He also enjoys music from the 1970s and 1980s, with some of his favorite artists being Queen, David Bowie, and Elton John. He is a fan of movies from the 1980s and 1990s, with some of his favorites being *The Lost Boys*, *Jurassic Park*, and *The Breakfast Club*.

During high school in Northeast Ohio, Leo was president of the Genders & Sexualities Alliance, a member of his school’s mock trial team, and participated in the Model UN. As a junior in high school, Leo was the first trans male to attend Buckeye Boys’ State, an all-male program run by the American Legion, created to teach boys about city, county, and state government through leadership and management education. Now 18 years old, Leo is beginning his first year of college, where he plans to study psychology and studio art. After getting his

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<sup>11</sup> Source: August 19, 2024 teleconference interview. Photograph included with permission.

undergraduate degree, Leo hopes to pursue a Master of Social Work. A recent photograph of Leo is below.



Though Leo was assigned female at birth, he realized something was different about him when he was around seven or eight years old. He did not feel a strong connection to anyone, male or female, but instead felt like a “loner” and an “outcast.” He realized his interests were aligning more with stereotypically masculine interests. Leo hit puberty at an early age and immediately felt an intense disconnection and discomfort with his body. He felt he did not belong in his body or the environment around him and did not feel comfortable with how he was perceived by others.

Around age 13, Leo participated in a fundraiser for St. Baldrick’s Foundation to Conquer Kids’ Cancer, and he shaved off his hair as part of the fundraiser. Upon shaving his head, he felt more comfortable with his gender expression and found himself getting upset



when his family would correct people in public who referred to him as “Sir” or as a boy.

Around this time, Leo learned more about what it meant to be transgender, specifically transmasculine. Leo learned about the stories of other transmasculine people, and he slowly began to understand that their experiences aligned with his own. He was scared to tell his parents in person, so he wrote them a letter telling them that he no longer felt comfortable going by his birth name, wanted to be known as Leo, and wanted people to use he/him pronouns. The following day, he also told his friends at school.

Leo’s school friends were immediately respectful of his decision. They were the first to call him by his name and the first to speak up when others used the wrong name or pronouns for Leo. However, Leo’s family had a harder time accepting him at first. While his parents allowed him to dress as he liked, they continued to call him by his birth name and used incorrect pronouns when referring to him. He felt like his parents acted like he was simply “confused,” treated his gender identity as an “open secret,” and refused to discuss it with him. As he entered high school, Leo confronted his parents about their reticence to acknowledge who he was. Since then, they have become his fiercest advocates. Leo’s parents now help plan their community’s local pride event every year.

Not all of the people around Leo have been quite as supportive. When Leo was in middle school, a school therapist told him that, no matter what he did, he “would always be viewed as a girl.” One classmate was a particularly ruthless bully, going so far as to create a social media page pretending to be Leo and post humiliating things under Leo’s name—a campaign of

harassment that culminated in a falsified police report which brought officers to Leo's family home.

In high school, Leo first sought medical treatment for his diagnosis of gender dysphoria. He worked closely with his pediatrician and a therapist to complete the required appointments to pursue hormone therapy. But insurance denials forced him to wait an additional two years before he could begin medical treatment. The wait was excruciating. "I didn't see myself making it to college age," he reported. Leo went through years of intensely depressive episodes because he could not access care.

Once he was able to access the medical treatment for gender dysphoria he desperately needed, Leo was finally able to feel like himself. Through a local non-profit, Leo found an amazing healthcare team. He has seen changes to his voice's pitch and begun to grow facial hair, which have made it much easier for him to present himself authentically. While he is still eagerly pursuing future surgical treatment for his gender dysphoria, he finally feels like himself in his body. His friends tell him, "You are holding yourself higher, you seem overwhelmingly more confident."

But Leo believes his life would have been different had he had access to this medical treatment earlier. He knows he would have been a much happier person, and despite his accomplishments, he still feels he "lost a few years" of his teenage experience. He felt trapped in his body and ostracized about how he sounded and how he looked.

Leo's challenges throughout his adolescence make him keenly aware of the importance of allowing adolescents and their families to make decisions about their bodies and allow them access to medical care that can alleviate the pain of gender dysphoria. This

past summer, Leo was a counselor at Camp Lilac, where he worked with so many transgender adolescents and saw first-hand how laws, like Tennessee's and Ohio's, that bar adolescents from receiving medical treatment for gender dysphoria, can hurt kids. He stated, "I'm lucky enough that I made it to eighteen, but as someone who has worked very closely with younger trans youth, these laws are absolutely going to hurt people's kids." Trans youth "are more than their identity," they "need to be allowed to be kids and teenagers, and these laws are taking that chance away from them."<sup>12</sup>

## CONCLUSION

As evidenced by the personal stories of the transgender adolescents shared in this brief, transgender youth need and deserve access to medical treatment for gender dysphoria. A prohibition against such treatments can cause profound harm on their lives, including their social, emotional, medical, and educational well-being.

*Amici* respectfully request that this Court reverse the opinion of the Sixth Circuit Court of Appeals and hold that Tennessee's ban on medical treatments for gender dysphoria in minors violates the Equal Protection Clause of the Fourteenth Amendment.

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<sup>12</sup> Source: August 16, 2024 teleconference interview. Photograph included with permission.

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Respectfully submitted,

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