

No. 21-2875

In the
United States Court of Appeals
for the Eighth Circuit

DYLAN BRANDT, et al.,

Plaintiffs-Appellees,

v.

LESLIE RUTLEDGE, in her official capacity as the
Arkansas Attorney General, et al.,

Defendants-Appellants.

Appeal from the United States District Court
for the Eastern District of Arkansas – Central, No. 4:21-cv-00450-JM.
The Honorable **James M. Moody, Junior**, Judge Presiding.

**AMICI CURIAE BRIEF OF FAMILIES WITH TRANSGENDER CHILDREN
IN SUPPORT OF PLAINTIFFS-APPELLEES AND AFFIRMANCE**

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CORPORATE DISCLOSURE STATEMENT

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People (7th ed. 2012)3, 4

**STATEMENT OF IDENTITY, INTEREST,
AND AUTHORITY TO FILE¹**

Amici are families with transgender children who live in Arkansas and other states covered by the jurisdiction of the Eighth Circuit Court of Appeals. Gender-affirming medical care has been of vital importance to the health and wellbeing of these transgender youth.

Arkansas House Bill 1570 (Ark. Code Ann. § 20-9-1501 et seq., “Act 626”) prohibits transgender youth from receiving critical and well-established medical care. *Amici* know first-hand the profound and positive impact gender-affirming care has had on the well-being of transgender youth with gender dysphoria and seek to share their experience with the Court as it considers this case. Act 626 puts transgender youth at serious risk of harm — mentally, emotionally, and physically. Moreover, for each family, their child receiving care was critical to avoiding serious harms they experienced prior to beginning care, and likely would experience if care was suddenly ripped away from them. The decision to receive such care is one that was made together by transgender youth, their parents, and their doctors. Act 626 invades that medical decision-making process.

¹ Pursuant to F.R.A.P. 29(a)(2) and 29(a)(4)(E), *amici curiae* state that the parties in this case have consented to the filing of the brief, no counsel for a party has authored this brief, in whole or in part, and no person, other than *amici* or their counsel, has made a monetary contribution to the preparation or submission of this brief.

As such, *amici* have a direct interest in the Court rejecting an attempt by a state legislature to categorically ban access to medically necessary care.

SUMMARY OF ARGUMENT

The process of transition — both socially and, for some, seeking medical treatment to live authentically in accordance with their gender identity — is one that transgender youth uniquely face. Gender-affirming medical care from licensed and knowledgeable mental health and medical professionals can be a critical part of treatment for youth suffering from gender dysphoria. Denying this treatment to those who need it would cause severe, and irreparable, harm. Moreover, as *amici*'s stories below make clear, every transgender youth's process and needs are different, and *amici* families with transgender children found the ability to consult with mental health providers and doctors about the treatment options invaluable to making decisions about how to care for their children. These decisions have been made between transgender youth, families, and their doctors and mental health professionals for decades, as they should be.

However, Act 626 passed by the Arkansas legislature (overriding the Governor's veto) bans just that. Act 626 not only bans the provision of gender-affirming medical care to transgender minors, including those who are already receiving such care, but also bans referrals for such care. ARK. CODE ANN. § 20-9-1502(a, b). If Act 626 goes into effect, Arkansas's transgender youth and their

parents have nowhere to turn in the state to seek vital medical care.

Act 626 can be a matter of life and death for some transgender individuals with gender dysphoria, as the stories of *amici* make clear. Gender dysphoria (the medical diagnosis for the distress that can result from the incongruence between a person's sex assigned at birth and a person's gender identity) can be severe.² Indeed, gender dysphoria can, without treatment, cause serious consequences including depression, anxiety, and even suicide. Transgender individuals who have a supportive family, social, and medical environment are better equipped to understand their gender identity and combat the symptoms of gender dysphoria with a range of treatment options, as appropriate and necessary. Yet, Act 626 takes off the table all gender-affirming medical treatments for transgender youth that can assist transgender youth in avoiding the serious harms caused by gender dysphoria.

As *amici*'s stories below make clear, there is no one-size-fits-all treatment. Act 626 is based on a lack of understanding of gender-affirming medical care, the treatments available depending on the age and mental health needs of the transgender individual,³ and the steps taken by licensed medical professionals who are operating

² See World Professional Association for Transgender Health, Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, at 5-6 (7th ed. 2012) [hereinafter "WPATH Standards of Care"].

³ Different treatments are available for prepubertal children, adolescents, and adults, and some are simply unavailable at particular times. For example, before puberty, there are no surgical or drug treatments available for transgender youth.

under well-established protocols and guidelines. Simply put, *amici*'s stories show that gender-affirming medical care is medically necessary for some youth with gender dysphoria, as medical and mental health professionals have understood for decades.

Amici's stories highlight that obtaining gender-affirming medical care is not a rushed, quick, or simple process. Initiating such care is not a decision any of the *amici* families took lightly, and each required different, customized care that takes into account many factors. Consistent with the widely accepted guidelines for gender-affirming care set by the Endocrine Society and the World Professional Association for Transgender Health, *amici* all went through a multi-stage process involving numerous consultations with therapists, psychiatrists, doctors, and other medical professionals before gender-affirming medical care was deemed medically necessary and they could make an informed decision about how to proceed with treatment. Indeed, some of the *amici* parents were unfamiliar, and even, as one parent described himself, "skeptical," of gender-affirming medical care at first. Yet, over time, after seeing their children's suffering with gender dysphoria and other mental

Puberty blocking treatments, which are reversible drug interventions, are available only after puberty starts. Finally, chest reconstruction surgery in transgender men may be medically necessary for some people prior to age 18 (genital surgery is not recommended for minors under the guidelines). See Hembree WC, et al., Endocrine treatment of gender-dysphoria/gender incongruent persons: An Endocrine Society clinical practice guideline. 102:11 J. Clinical Endocrinology & Metabolism 3869, 3870-72, 3877-78 (2017) [hereinafter "Endocrine Society Guidelines"], available at <https://academic.oup.com/jcem/article/102/11/3869/4157558>; WPATH Standards of Care at 14-21.

health struggles, the assistance of these medical professionals allowed them to make informed decisions to provide treatment to their children that that they credit as significantly improving and, in some cases, saving their children’s lives.

Act 626 removes the ability of parents of *amici* transgender youth to access medical professionals that can help them protect their children and make informed decisions for their children and families. *See Troxel v. Granville*, 530 U.S. 57, 65 (2000) (parents have a fundamental right to “seek and follow medical advice” for their children). Moreover, Act 626 ignores the experience of gender-affirming medical care for transgender youth like *amici*, and prevents doctors from providing care that is widely acknowledged to be safe, effective, and medically necessary. Restricting access to treatment known to work — in some transgender youth’s cases, to literally save their lives — will cause severe harm to *amici* and other transgender youth and families like them.

For those reasons, and those discussed by *amici* below, *amici* respectfully urge this Court to affirm the order of the District Court.

ARGUMENT

The experiences of *amici* recounted below bear the foregoing scientific, medical, and, practical realities out, and highlight the importance of gender-affirming medical care to those transgender youth who need it. That care has dramatically improved the health of *amici* transgender youth and enabled them and their families

to flourish. Bans to that care, such as those in Act 626, jeopardizes the well-being of these youth and their families.

*K.L., A.L., Lori, and James L., Conway, Arkansas*⁴



K.L., pictured above with her parents Lori and James, brother A.L., and their dog, is a 17-year-old transgender girl in high school in Conway, Arkansas. While she was assigned male at birth, her gender identity is female. As long as she can remember, K.L. liked to dress in girls' clothes, wear makeup, and paint her nails. However, K.L. did not understand that she was transgender until she was in middle

⁴ This narrative is based on interviews conducted between December 27, 2021 and January 12, 2022. The family asked to abbreviate their last name for their safety and privacy.

school. Even then, K.L. observes that she “didn’t choose to be transgender” but it was something she came to understand about herself after a long period of time.

As K.L. entered her teen years and puberty was on the horizon, she began to struggle with her gender identity. K.L. reports that she became “obsessive about my appearance” and would “lock myself in the bathroom for hours” to scrutinize herself and her body in the mirror. By eighth grade, K.L. stated she “didn’t feel right” about her gender and body and felt compulsions towards self-harm. Fortunately, K.L.’s cousin, with whom she is very close, recognized that K.L. needed help and talked to her about what she was feeling in the spring of 2019. K.L. recalls texting her mother, Lori, from the school bus to tell her that she may be suffering from gender dysphoria.

Although she had a general idea of what gender dysphoria was, Lori began researching in depth and kept a watchful eye on K.L.’s mental health. Lori stated that she kept K.L.’s discussion with her confidential at first: “I researched but did not share [with other family members] because I thought it may pass.” It did not. K.L. suffered from severe depression, anxiety, and some suicidal ideation, so Lori told James and the family quickly sought professional medical and mental health assistance. After speaking to a local therapist, they obtained a referral to the Gender Spectrum Clinic in Little Rock. After numerous meetings and consultations, K.L. started on puberty blockers. Although she continued to feel that she was in the “wrong body” and “out of place,” K.L. was “no longer panicked” and felt a

“tremendous sense of relief” after she started her blockers. Lori explained that, “puberty blockers were not a difficult decision” in the face of the severe mental health struggles K.L. was facing at the time.

Accessing that care gave K.L. and her parents time to figure out what was right for K.L.. They began considering whether hormone replacement therapy (“HRT”) may be medically appropriate for K.L. with the assistance of her mental health providers and doctors, and had numerous discussions both with these healthcare professionals and among their family for months before K.L. started HRT. Lori recalls that she and James “struggled to sign off” on HRT at first due to their fears about what it meant for K.L.. However, after a “grueling and meticulous process, many family sit downs, and hours of discussions,” Lori and James realized that HRT was what K.L. needed and consented to her starting HRT. Lori says that the family “just wanted to do the right thing” and, after seeing K.L. suffer from her body not matching who she knew she was, and expressing suicidal thoughts as a result, she realized “we can support this child or bury her.”

K.L. and her parents are relieved that they had access to gender-affirming care, which enabled them to make the best decisions for K.L.. K.L. has been on HRT for over two years and she and her parents have seen a marked improvement in her life. She reports that the severe depression and anxiety she was feeling has been lifted: “Life has picked up. Since starting transitioning three years ago, I have become more

social because I feel at home in my body. I'm doing things that regular teens should be doing." With the assistance of gender-affirming medical care, K.L. finally feels that she is able to take care of herself and her obligations. K.L.'s relationship with her family also has improved and she has a better relationship with her parents than she ever has. K.L.'s mother sees a "huge difference in functioning and willingness to participate" in social and familial activities.

When Act 626 passed, K.L. and her family feared that all of the forward momentum in K.L.'s life could disappear. Knowing where K.L. was before starting her gender-affirming care, the family could not go back to that point for fear they would lose K.L.. Lori and James began considering a move to southern Illinois in the event that Act 626 went into effect. Lori observed that "this year has been the hardest due to COVID, and now the state has made illegal the thing that helped us the most." But there was no other option for K.L.'s family that would enable them to protect their daughter. K.L. herself explained that "I was born and raised in Arkansas and would be disappointed to leave." Yet, if "my therapy is stopped, I would start getting male features and be visibly transgender, which would be extremely distressing to me every day." In addition to the disastrous mental health consequences K.L. would face if her treatment was halted, K.L. also fears physical harm from others if she is forced to go through endogenous puberty and start to develop secondary sex characteristics inconsistent with her gender identity.

Getting from that first text message to her mom from the school bus to today was neither an easy process nor a short one for K.L. and her family. But it was a necessary one; K.L. and her family believe that gender-affirming medical care saved K.L.’s life. K.L.’s HRT treatments are ongoing with the assistance of her doctors and her parents, and K.L. looks forward to the future, saying that her life feels — finally — “just peachy.”

Nikki, Beth, and Steve Phillips, Bentonville, Arkansas⁵

Nikki is a transgender woman from Bentonville, Arkansas who turned 18 in October 2021. Nikki, currently a high school senior, came out as transgender around age 12. At first, Nikki came out at school to a few friends and some teachers, who were supportive of Nikki. However, there were some people who, when they found out, “didn’t appreciate my identity” and Nikki suffered some bullying. Nikki soon told her parents that she was transgender.

As she approached puberty, Nikki started to experience anxiety relating to her body and gender identity. At the same time, these challenges were compounded by an earlier diagnosis of idiopathic intracranial hypertension (“IIH”), which caused hospitalization several times in 2018 and 2019. Suffice to say, Nikki and her family are unfortunately not strangers to the need for medical care. All of these issues

⁵ This narrative is based interviews conducted between December 31, 2021 and January 15, 2022.

escalated into depression and other mental health crises; Nikki recalls being “very depressed” during this time period.

Fortunately, Nikki’s family understood the issues she was facing, at least with respect to her gender identity. Although Nikki was not then aware, Beth — Nikki’s mother — has a sister who is transgender and who had transitioned decades previously. Having seen what her sister went through, Beth knew that they had to seek professional assistance as soon as possible to figure out what was the best course of treatment for Nikki. For Nikki and her family, that meant working with multiple medical professionals — doctors and mental health professionals — to ensure Nikki received the care she needed in all respects.

Nikki and her family started meeting with doctors, mental health providers, and medical professionals in Fayetteville, about 30 minutes from Bentonville, who specialized in caring for patients with gender dysphoria. After many meetings and consultations with her medical professionals, Nikki and her family were able to chart a plan for Nikki’s care. Nikki started on puberty blockers at age 14, which helped Nikki’s mental health and allowed her, and her family, time to understand her gender identity, treat her gender dysphoria, and consider further treatment options. After additional extensive consultations and discussions with her doctors and family, Nikki began HRT later that year. Nikki described her treatment as “a fog clearing” for her. Whereas before her treatment, Nikki found herself adrift and lost, she described

simply that after her treatment started “I could function.” Nikki’s medical and familial support allowed her to focus on moving forward in her life.

Having seen the hardships her own sister faced while transitioning years before, Beth knew how important it was to seek medically appropriate care for her daughter. Beth explained that “I moved mountains to get Nikki what she needed to make her comfortable in her own skin.” That care Nikki and her family sought out is ongoing. Nikki has required a number of adjustments to her treatment and her doctors keep a close watch on her bloodwork to ensure her treatment is tailored for the best results for her given her IIH as well. Nikki remarks that “even having accepting parents is not enough,” and the medical treatment she has obtained has been critical to her wellbeing. Nikki’s family has worked hand-in-hand with medical professionals for years now both for Nikki’s gender-affirming care and related to her IIH, and cannot imagine what her life would be like if she were not able to continue it.

When Act 626 passed, Nikki was approximately six months away from her eighteenth birthday and had been on hormone therapy for years. The idea that Nikki could be forced to stop this treatment that has been so beneficial to her was devastating. Her family had to consider impossible choices given, as Beth put it, the “state stepped in between the parent, child, doctor relationship” that had worked so well for so long. The family considered whether they could obtain enough of Nikki’s

medication to get through her eighteenth birthday in October 2021 if Act 626 went into effect in July 2021. Even if that were possible, Nikki still would not be able to see a doctor to monitor and ensure that her hormone levels and treatment was still appropriate and safe. They also had to consider moving, as Beth explained: “If the law went into effect, it would be devastating. We would have to consider trying to leave, which isn’t financially feasible, but what else could we do?” Steve, Nikki’s father who is a veteran who served for over twenty years, is incredulous at Act 626, stating that their family’s medical decisions for their daughter is “none of their [the state’s] business.”

If Act 626 had gone into effect in July 2021, Nikki’s treatment would have been completely interrupted. Nikki and her family describe that threat as “frustrating and scary” and did not know exactly what they could do for Nikki. Nikki also feared for her transgender friends who are younger and could be forced out of treatment. Nikki said that “when the law was first announced, my friends were panicking.” Simply passing Act 626 took Nikki “to a dark place” and, if it took effect as planned, Nikki explained that she “definitely wouldn’t be the same mentally, emotionally, and physically” as where she is now.

Nikki has already lost a transgender friend to self-harm because “they couldn’t see a future” for themselves. Nikki and her family all feared that “this law is going to make a lot of kids’ lives difficult” and deny them the care that they need to survive.

Nikki explained the effect of the law on transgender youth like her: “It’s like seeing your path get blocked off, and watching the light at the end of the tunnel fade away.”

F.B., Brandon, and Jenny Boulware, Kansas City, Missouri⁶



F.B., pictured above (center) with her family, is 13 years old and currently in the 7th grade. Though assigned male at birth, F.B. has a female gender identity. From a very young age — as early as age 5 — F.B. often preferred to dress in girls’ clothes and play with her older sister’s toys. At the time, F.B.’s parents Brandon and Jenny made her wear boys’ clothes, get short haircuts, and play on boys’ sports teams. However, Brandon and Jenny realized that doing so was making F.B. “absolutely

⁶ This narrative is based on interviews conducted between December 31, 2021 and January 18, 2022.

miserable.” At a certain point, Brandon saw a child that had “no confidence, no friends, no laughter” and could “honestly say this: I had a child who did not smile.” The family ended up seeking out medical and mental health assistance to help F.B. and figure out how to support her.

Brandon — who is the son of a Methodist minister, a Christian, and an attorney — recalls being initially skeptical regarding his daughter’s gender identity and potential gender-affirming care. F.B. and her parents talked to numerous psychiatrists, doctors, counselors, and teachers, ultimately getting referrals to the gender clinic at Children’s Mercy Hospital in Kansas City. Brandon recalls thinking that “I needed to really dive into this and talk to people who looked at this from different angles.” Through this process, Brandon explained that “every one independently came to the same conclusion” and knew that gender-affirming medical care was necessary for F.B.

Brandon described the resolution of this process as “a lightning bolt” for his family. They realized that they needed to change and seek understanding of the issues F.B. faced in order to support their daughter. After additional consultations with her doctors and mental health professionals over several years, F.B. started on puberty blockers. F.B. and her family are thankful that they had access to the care she needed, which allowed her to thrive and bring her smile back. Because she “started this journey earlier than many,” F.B. did not experience as much “panic about going

through puberty” that she understands many transgender youth experience. For his part, Brandon explains that he “can’t imagine F.B. having to go through typical male puberty” if F.B. did not have access to medical care that supported her for who she is.

Following additional discussions with her doctors, F.B. is moving towards starting HRT, and expects to start that treatment in the next year. However, highlighting how important open and honest access to medical care is, F.B. and her family discovered that F.B. and two of her siblings have a genetic kidney condition that will require transplants. F.B.’s sister received a transplant in late 2021 and F.B. is next on the list. F.B.’s doctors — both those providing gender-affirming care and her family’s doctors — are working hard together to provide the best care for F.B. and her siblings. Their family is concerned that a lack of gender-affirming care would mean additional, unnecessary risks — mental, emotional, and physical — associated with F.B.’s kidney treatment as well. In short, without F.B.’s gender-affirming medical care, F.B. would be in a mental and emotional place that would be harmful to her during treatment for her kidney condition. Brandon explains that the full and open dialogue between F.B.’s doctors allows the family to make all of these important medical decisions as fully informed as possible.

For those who doubt the importance of gender-affirming care to youth who need it, Brandon has a very clear message: “This is not a choice, nor something that

we can pretend is not happening. Even if being transgender can create challenges for F.B., you have to be who you truly are because you only get one shot at life.” As F.B. puts it, “I can be me.”

Although a bill similar to Act 626 failed in Missouri earlier in 2021, F.B.’s family is concerned about what these attempts to restrict this essential medical care would mean for them. Brandon explained the awful choice his family would be faced with if a law were to pass in their state taking away F.B.’s care: “I’m licensed to practice law in Missouri and have purposely built my career here. My entire family is from Missouri — generations of us. This is home and every decision along the way has been to keep Missouri home. But, if there suddenly is a law that prevents us from providing essential medical care to our daughter, we will have no choice but to leave. I will choose my daughter every time and over everything else.”

*G.S., Tiffany, and Weylin Smith, Decorah, Iowa*⁷



G.S., pictured above with her family, turned 15 in November 2021 and is currently in ninth grade. G.S. does not recall “coming out” as transgender at any particular time, more that she gradually socially transitioned over time. Tiffany and Weylin, G.S.’s parents, said that they knew that G.S. was different than her older brother (3 years older) since she was very young. When she was in the third grade, G.S. asked a friend’s grandmother to buy her some girls’ clothes from a thrift shop. G.S. would take the clothes to school and change into them at school for a time.

After G.S.’s parents learned this from the school, G.S. told them she felt like a

⁷ This narrative is based on interviews conducted between December 31, 2021 and January 18, 2022.

girl, and it was not long before G.S.'s family realized that she was transgender. The family also started seeking out medical and mental health professionals to determine what, if any, care would be appropriate for G.S.. G.S.'s treatment initially consisted of work with her therapist and family practitioner. In connection with this care and her regular meetings with her therapist, G.S. had a diagnosis of gender dysphoria around the same time. As part of her treatment, G.S. also started seeing a pediatric endocrinologist to determine if and when any medical care might be appropriate for G.S.. Tiffany recalls this process as taking a number of steps over a long period of time: "It took 6 months to get to initial bloodwork" designed to monitor the onset of puberty, at which time puberty blockers would be an option.

As G.S. got closer to puberty, she became terrified of going through typical male puberty: "I was worried that I might start having more male features if I didn't get on puberty blockers on time." G.S. reported that many of her classmates were and are unaware that she is transgender, saying that most "don't know if they aren't told." Working with her doctors, G.S. and her family determined it was appropriate to start her on puberty blockers around age 12 after her blood work indicated that puberty had started. Tiffany stated that she noticed a difference in G.S.'s mental state once she started blockers, and that the treatment "has taken away the anxiety [about going through puberty] and allowed G.S. to be relaxed and just get to be herself."

G.S., with her doctors and parents, is considering whether starting HRT to

initiate a typically female hormonal puberty is appropriate. They have been discussing the treatment and the considerations involved in that treatment for over a year. G.S. reports that there have been long conversations with her doctors, family, and therapist about what HRT would mean for her. In particular, G.S. says she is considering the potential impacts of HRT on her future fertility and what it would mean for her as a parent in her own future. G.S. is fully aware of the gravity of these decisions, which she is making with the assistance and support of her family, therapists, and doctors: “I always wanted to be a mom with my own kids,” and so she is taking her time to understand all potential impacts of HRT in connection with the decision of whether and when to start. To date, G.S. has not decided what is next for her in terms of treatment, and she fully expects that the discussions with her family and doctors will continue. For now, her treatment with puberty blockers has meant the world for her as it has given her the time to come to a decision as to what is right for her.

Although G.S. lives in Iowa, when she heard of Act 626, G.S. felt fear for people like her — transgender youth — in Arkansas. G.S. said that, if a similar bill was passed in her state, it would cause her extreme harm and “I would be really depressed, not comfortable in the state or my own body, and would just feel wrong.” For G.S., the thought of having to be suddenly pulled off her puberty blockers was incomprehensible. She believes it would severely harm not only her own mental

health but also her physical safety as well if she was effectively outed as transgender to everyone by going through male puberty.

Weylin does not know what their family's future would look like if they could not get G.S. appropriate care. "I don't even know what we would do. I want to do everything right for my child and she should have the life she deserves. But if you would have someone else telling you that you can't do the right thing for your child, everything would be on the table, including a move, or any option that would help our family." Tiffany shared a similar sentiment. "I just want our kids to be happy regardless of who they are. [Gender-affirming care] is not different than any other medical treatment. You want to do everything needed for your child and, for me, it was something that we had to do for our child."

The process of getting appropriate medical care for their daughter has been a long one that G.S. and her family have approached thoughtfully and conservatively. Tiffany commented that their family learned about how to support G.S. and the medical and mental health care necessary along the way, asking questions of her providers and focusing on doing what was right for their child: "We are not liberal-minded. We have our guns, and fit in with the hunters here, and are independent in our thoughts. We are not one-sided. We've seen counselors, and we've seen doctors. We've done everything we need to get the best" for G.S.

Since beginning gender-affirming medical care, G.S. has thrived and her

supportive family has allowed her to be who she is and get on with the business of being a normal teenager. G.S. plans on doing all the things her cisgender peers do during high school and looks forward to playing volleyball, bowling, and golf, meeting new people, and learning Spanish (her favorite class). G.S. concludes by saying that laws like Act 626 “can try to take away things that will help us [transgender youth] through our lives, but we won’t hide or go away.” G.S. only wants for herself and other transgender youth the ability to “get what we need to be who we are.”

* * * * *

The experiences of these *amici* are consistent with what the best available data show, that gender-affirming medical treatment has a positive impact on the health and well-being of transgender youth who need it. Transgender youth like *amici* who get appropriate care see their lives dramatically improve. On the other hand, transgender youth who cannot access gender-affirming medical care that they need can face significant mental and physical harms, including self-harm and suicide. In addition, restricting access or pulling individuals off a course of treatment, can lead to situations where transgender youth are effectively outed as transgender to their schools, peers, or community who were unaware of their gender identity. In many cases, that can lead to discrimination, violence and other harms on top of the very serious mental and physical health consequences that flow from removing medically

necessary treatment options.

CONCLUSION

Amici's accounts demonstrate that Act 626, if it were to go into effect, would create significant harm to transgender youth who need gender-affirming medical care. For these reasons, *amici* respectfully urge this Court to affirm the decision of the District Court.

Dated: January 19, 2022

Respectfully submitted,

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CERTIFICATE OF COMPLIANCE

I am counsel for *amici curiae* in the above-captioned matter and certify pursuant to Federal Rules of Appellate Procedure 29, 32(a)(5), 32(a)(7), and 32(g)(1) and Eighth Circuit Rules 28A and 29A that the foregoing *Amici Curiae* Brief of Families with Transgender Children in Support of Plaintiffs-Appellees and Affirmance is proportionally spaced, has a typeface of 14 point Times New Roman, and contains 5,202 words, excluding those sections identified in Fed. R. App. P. 32(f). Pursuant to Eighth Circuit Rule 28A(h)(2), this PDF file was scanned for viruses, and no viruses were found on the file.

Dated: January 19, 2022

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CERTIFICATE OF SERVICE

I hereby certify that, on January 19, 2022, I filed the foregoing *Amici Curiae* Brief of Families with Transgender Children in Support of Plaintiffs-Appellees and Affirmance using the CM/ECF system, which will automatically serve electronic copies upon all counsel of record.

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Thomas F. Eagleton U.S. Courthouse
111 South 10th Street, Room 24.329
St. Louis, Missouri 63102

Michael E. Gans
Clerk of Court

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January 26, 2022

Mr. Jesse Ryan Loffler
COZEN & O'CONNOR
One Oxford Centre, 41st Floor
301 Grant Street
Pittsburgh, PA 15219

RE: 21-2875 Dylan Brandt, et al v. Leslie Rutledge, et al

Dear Counsel:

The amicus curiae brief of the Families with Transgender Children has been filed. If you have not already done so, please complete and file an Appearance form. You can access the Appearance Form at www.ca8.uscourts.gov/all-forms.

Please note that Federal Rule of Appellate Procedure 29(g) provides that an amicus may only present oral argument by leave of court. If you wish to present oral argument, you need to submit a motion. Please note that if permission to present oral argument is granted, the court's usual practice is that the time granted to the amicus will be deducted from the time allotted to the party the amicus supports. You may wish to discuss this with the other attorneys before you submit your motion.

Michael E. Gans
Clerk of Court

CRJ

Enclosure(s)

cc: Ms. Lauren R. Adams
Mr. Barrett James Anderson
Mr. Gabriel Arkles
Mr. Jess Askew III
Mr. Paul V. Avelar
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Mr. Vincent M. Wagner
Ms. Breean Walas
Ms. Stephanie Yu
Mr. Howard S. Zelbo

District Court/Agency Case Number(s): 4:21-cv-00450-JM