

*No. 21-2875*

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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.

LESLIE RUTLEDGE, in her 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  
Honorable James M. Moody, Jr.  
Case No. 4:21-CV-00450-JM*

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

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

*Amici* are 58 transgender adults who have received gender-affirming care, including one or more of hormone blockers, hormones, or surgery. Like the overwhelming majority of people who receive this care, *amici* benefitted from it immensely. *Amici* began treatment for gender dysphoria from as little as one year ago to as long as over sixty years ago. Some *amici* began receiving gender-affirming care as minors, while most began receiving it as adults. The *amici* who received gender-affirming care as minors describe it as crucial to their wellbeing. Many who started care after adolescence suffered as a result of the delay.

Transgender people reside in every region of our country, work in numerous professions, and come from all types of backgrounds.<sup>2</sup> Consistent with this, *amici* come from a variety of racial and ethnic backgrounds, including African-American, Black, Latinx, Puerto Rican, white, Filipinx, Chinese, Japanese, biracial, and mixed-race. They also have diverse religious affiliations and beliefs,

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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.

<sup>2</sup> Jody L. Herman *et al.*, *Age of Individuals who Identify as Transgender in the United States*, The Williams Institute, UCLA School of Law, 2 (2017) (estimating that there are 1.4 million transgender adults and 150,000 transgender youth ages 13-17 in the United States).

including Protestant, Catholic, Jewish, Buddhist, Muslim, Unitarian, atheist, and agnostic. They live in over twenty states, with twelve *amici* currently residing in or having come from a state within the Eighth Circuit. *Amici* are parents, children, spouses, partners, friends, aunts, uncles, mentors, and siblings. The youngest is 21 years old, and the oldest is over 70. *Amici* include teachers, lawyers, scientists, actors, artists, athletes, filmmakers, public servants, faith leaders, and software designers. Some *amici* are nurses and doctors who continue to provide vital health care through the COVID-19 pandemic. Others sustain the economy by running small businesses or delivering goods.

The care that Act 626 would prohibit is life-saving.<sup>3</sup> The State's view that gender-affirming care only worsens distress or that it is unsuitable for adolescents is contradicted by *amici*'s lived experiences. As *amici* attest, receiving gender-affirming care both alleviated suffering and sparked new joy in their lives. Because Act 626 would inhibit access to this critical medical care for transgender people, *amici* have an interest in asking this Court to consider their stories before rendering its decision.

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<sup>3</sup> House Bill 1570 has since been enacted as 2021 Ark. Act 626 (enacting 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 would harm.

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

*Amici* lead both ordinary and extraordinary lives, pursuing their passions and contributing to their communities. Yet, the State and its *amici* paint a bleak picture of life as a transgender adult to support their view that the State can and should try to prevent adolescents from transitioning. *See, e.g.*, Appellants’ Br. at 15, 48 (discussing supposed “mental-health harms” of gender transition); *id.* at 22, 43 (discussing purported interest in “protecting children”). This picture is not reality.

#### **A. *Amici* Have Meaningful Careers And Do Important Public Service**

*Amici* make substantial contributions to society through many paths and in many fields. Elizabeth Austin O’Daire of Missoula, Montana, for example, spends her “days driving cross country hauling the freight that keeps the U.S. economy moving” and enjoys “every second of it.” Jessie Lee Ann McGrath of Los Angeles has been a criminal prosecutor for over 33 years, prosecuting serious felonies, internet-related crimes, and consumer fraud. Jake Reilly, an urban planner in Saint Paul, Minnesota, advocates for “equitable schools, parks, and housing choices for all people,” in his capacity as a parent, volunteer, and

public employee.

Several *amici* have a record of remarkable achievements. Dr. Rebecca Oppenheimer, an astrophysicist at the American Museum of Natural History and Columbia University, was the first scientist to study the atmospheric composition, chemistry, and physics of a sub-stellar object outside of our solar system. Her work “opened a whole new aspect of astronomy, our understanding of the universe and our role in it.” Naomi Clark, a professor at New York University, has built a career in the arts, focusing on game design. She has patented an invention for virtual building with digital blocks used by LEGO, written a textbook, won an award at a major international festival, had her work curated in museums around the world, started her own small business selling tens of thousands of copies of self-published board games, and mentored many in her field.

*Amici* who have achieved recognition for their accomplishments particularly value the ways they have been able to use their platforms to support others. For example, Lilly Wachowski of Chicago, a filmmaker who has written, produced, and directed over twenty acclaimed films, including films of the *Matrix* franchise, commented that her “films at their core try to center love and connectivity” and that she is “proud to have lifted up” queer and transgender voices “in front of as well as behind the camera.” Elliot Page of New York, an accomplished actor and producer known for his roles in *The Umbrella Academy* and *Juno*, most values

“moments when I connect with those who have been moved by my journey or work I have created that has positively impacted their lives.”

Some *amici* have found fulfillment teaching or coaching. Dr. Marisa Richmond of Nashville, a professor of History and Women’s and Gender Studies at Middle Tennessee State University, is proud to continue her family’s multi-generational tradition of education. She “cares very strongly” about her role as a history professor in preparing her students “for the next stage of life by teaching them how to think.” Chella Man of New York speaks “frequently to universities and organizations around the world on accessibility and inclusivity issues” as a Deaf, transgender person of color. Chris Mosier of Chicago, a professional triathlete, works as a coach and speaker because he is “deeply passionate about ensuring that young people like himself never need to live in a world where they don’t see someone like themselves.”

Included among the *amici* are doctors, nurses, social workers, and other providers who have cared for their patients before and during the COVID-19 pandemic. Dr. Gwendolyn Herzig of Alexander, Arkansas owns and operates an independent pharmacy and steered it “in the face of a pandemic” as a vital resource for her community. Dr. Tamar Carmel of Pittsburgh takes pride in “the lives I touch every day” serving people as a psychiatrist. Mallory Wood of Baltimore spends her time as a clinical social worker “caring for others experiencing acute

psychiatric crisis such as suicidality, post-traumatic stress, and psychosis.” She considers it a privilege to be “a source of care and grounding for people who are experiencing some of the hardest moments of their lives.” Rye Blum of New York, a nurse practitioner at a community health center, explains that in spite of long hours and many stories of suffering, “being present with others” and “offering solutions to help in their journey is an incredible privilege and joy.”

Several *amici* are faith leaders. Rev. Darcy Corbitt-Hall, an ordained minister in Auburn, Alabama, describes her work as “loving, guiding, and supporting people who are lost, curious, or hurting.” Rev. Louis J. Mitchell, a pastor at the United Church of Christ of Kent, Washington, similarly prizes “being present with folks who are in the midst of struggles” and helping them triumph. La Sarmiento, a Dharma and Mindfulness teacher in Towson, Maryland, supports people to “be all of who they are” and “feel ease and acceptance in their bodies.” Fresh “Lev” White, a Buddhist teacher and diversity trainer in Oakland, California, teaches “compassion for self and others.”

### **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 Jazz Jennings: “The most important thing in my life is my family. The love

they give me is unconditional and invaluable.” Precious Brady-Davis of Chicago says that simple things like “picking up my daughter at school brings me the most joy.” Rev. Mitchell notes that his family “by blood, marriage, and choice” and his “church family are the joy of his every day!”

Beck Witt Major of Little Rock, 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 did that this year too,” which he considers “an incredible blessing.”<sup>4</sup> Wen Brovold, who works in Minneapolis at a nonprofit, has weathered the pandemic with their partner and ten-year-old child, while also caring for their partner’s father who “cannot care for himself.” Anna Lange of Perry, Georgia, a sergeant in the Houston County Sheriff’s Office, noted that her “number one priority every day is being a parent to my only son. It is a job that I take seriously because like every parent, I want my child to grow up, have good morals, and treat people with dignity and respect.”

Other *amici* also consider family the center of their lives. Dr. Herzig, who married her high-school sweetheart and came out to them at the age of thirty, said,

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<sup>4</sup> The State’s purported concern about fertility is overblown, and some of its assertions regarding the impact of gender-affirming care on fertility are patently false. *See, e.g.*, Appellants’ Br. at i (“Cross-sex hormones cause lifetime infertility.”). Several *amici* became genetic parents, and a few also gestational parents, after years of hormonal and other gender-affirming treatment.

“My family is everything to me. My wife and children take priority over anything and everything else.” Jennifer Boylan, who has been married for 33 years, lives with her wife in their “little town in Maine” and has raised two children. She said: “Having a transgender parent was never an issue in their lives. If anything, I hope it provided a lesson in how to be open hearted, how to stand up for the underdog, and to understand the importance of being yourself in this world.” For many *amici*, transitioning has allowed them to be more comfortable with themselves and, in turn, to connect more deeply with their families and communities.

## **II. Transgender Youth Seeking Gender-Affirming Care Deserve Support**

Many *amici* who began receiving gender-affirming care as adults wished they had begun transitioning earlier and believe that earlier care would have prevented years of distress, greatly enhancing their well-being. *Amici* who began treatment while young universally described profound joy for having transitioned and no regret for having done so.

### **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. Rhys Ernst remembers, “One of my earliest conscious memories, in which I felt the most alive and like myself, was at age 3, when I realized quite clearly that I was a boy. I felt a strong jolt of purpose and belonging claiming that identity for myself.”

Similarly, Anya Marino recalls “having a sense of my gender identity at age 3 or

4.” Growing up without transgender role models, some *amici* felt bewildered by what they were going through until later in life. Abby Jensen describes “being 6 or 7 years old and praying every night to wake up as a girl, and being thoroughly confused at why I wanted such a thing.”

Unfortunately, many *amici* were shamed for their perceived gender nonconformity as children. Rev. Corbitt-Hall recalls carrying a purse when she was about four: “My Dad told me not to tell anyone on my t-ball team that I carried a purse because ‘that’s not what boys do.’ I felt an overwhelming sense of shame, so I never told anyone how I felt.” But some *amici* also recalled precious moments of validation and joy. Carl Charles, who learned to ski growing up in Colorado Springs, remembers appreciating the opportunity to wear clothes that were more masculine, and the way it freed him from being misgendered: “I remember riding the lift up the slopes with a teenage guy who thought I was a younger boy, and who I did not correct when he bonded with me about ‘guy things.’ I relished that experience for a very long time.”

Of course, regardless of whether they had support as a child, *amici*’s gender identities endured. For Dr. Jamison Green, “My parents thought I would just grow out of the ‘tom-boy phase,’ but that never happened.” Finally, at age 39, “I was able to start medically-supervised hormone treatment, get reconstructive surgery, and live as a young man – and grow old as the man I know I am and always knew I

was supposed to be.”

**B. *Amici* Who Started Receiving Gender-Affirming Care As Adolescents Benefitted From It Immensely**

Several *amici* began receiving gender-affirming care as adolescents. While *amici* did not always have supportive parents or medical providers, some began hormone treatment as minors several decades ago, and none of them regret it.

Major Griffin-Gracy, an activist in Arkansas who is now over seventy, first began receiving gender-affirming care in the form of hormones when she was 16 years old. Her life has not been easy: “Despite the fact that I’m a proud transgender woman, I have run into walls at every turn in life. People telling me that I couldn’t, that I shouldn’t, that I can’t.” But she reflects that receiving hormone treatment as a teen “made life easier than it would have been.” Cecilia Gentili, a 49-year-old small business owner, first received self-managed gender-affirming care at age 17. The hormone treatment she received was “great” and “changed her life.” She reflects, however, that it would have been even more beneficial if she had been able to obtain it through a doctor, rather than on her own.

Fortunately, like Plaintiffs, some *amici* were able to do just that, obtaining treatment while young with support from their parents and medical providers. Ms. Jennings, a 21-year-old student from Florida, began gender-affirming treatment when she began puberty and then went on to receive gender-affirming hormones. Going through a typical female puberty helped her: “I never looked masculine. I

developed alongside my peers as a female teenager. I was able to lead a happy childhood because I was able to live as the girl I knew I was.”

Elise Bader-Saye, a 22-year-old college student from Texas, benefitted from receiving treatment beginning at age 16, after experiencing distress so severe it “blocked out everything else.” She said: “Having the chance to stop those changes early was critical in allowing me to actually experience the rest of my life as a child and come into my adult life intact and on the right track towards a better future.” Jack Einstein, a 23-year-old paralegal in New York, began treatment at age 13, with testosterone at 15 and top surgery at 17. For him, care was no less critical: “As someone who has benefited from gender-affirming care during adolescence, I can confirm that it saved my life and I have never once regretted the decision.” Since top surgery, he has not experienced any depression or dysphoria.

**C. Many *Amici* Who Could Not Access Gender-Affirming Care When They Were Younger Believe That Earlier Care Would Have Prevented Needless Suffering**

Most *amici* were not able to access gender-affirming care until adulthood. For some, it is difficult even to imagine having sought or obtained earlier care because they did not have the language to describe their experience as transgender people at the time, or because their own or others’ gender nonconformity was harshly punished growing up. 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.

Ms. Naomi Clark regards the time when she went without gender-affirming care 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 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.” Adrian Elaine Doerr reflects: “I used to feel like the future was irrelevant to me—that it didn’t matter. Given how much better my life got after transitioning, I can’t help but wonder how my life could have felt more meaningful and rewarding at a much earlier age.” Ms. Marino similarly recalls: “My childhood and adolescence were quite painful. If I had obtained access to gender-affirming care at an early age, I believe it would have significantly improved my experience during those years.” Mx. Brovold likewise shares: “Having access to puberty blockers would have been life changing. My mental health would have been incredibly different.”<sup>5</sup>

As Daniel Soltis remarks: “Puberty is when irreversible changes start happening whether you want them or not, so it’s not a situation where gender-affirming care can be delayed without harm.” Some of the changes from going through puberty without gender-affirming care cannot be undone, resulting in

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<sup>5</sup> “Mx.” is a gender-neutral honorific.

serious and continuing dysphoria. As Rev. Corbitt-Hall describes it: “There are things that I hate about my body that I can never change because I didn’t have the opportunity to have gender-affirming care like puberty blockers. The times I feel dysphoric, though few and far between, normally stem from these things that I can never change about myself.” And, while some changes from puberty can be medically addressed later (for those who survive to adulthood), this can only be accomplished with expensive, painful, and time-consuming treatments that would not otherwise have been needed, in addition to the needless suffering delayed care causes. Dr. Elena Long speaks for many of the amici when she writes: “To only have to go through puberty once and to have it be the correct one—that would have been life-changing for all of us who had to go through it twice.”

### **III. *Amici* Benefitted From Gender-Affirming Care**

Gender-affirming care has profoundly benefitted all *amici*. Many had to suffer through adolescence and even well into adulthood before having access to care. And those who were unable to receive care as adolescents often continue to experience at least some dysphoria due to permanent changes to their bodies resulting from puberty. *Amici* in no way regret receiving gender-affirming care. If they are dissatisfied by anything, it is beginning the treatment that changed their lives later than they would have liked.

## A. Care Relieved Gender Dysphoria And Often Saved Lives

The health benefits of transition-related care are immense. One of the most common terms *amici* used to describe gender-affirming care was “lifesaving.”

*Amici* who began receiving gender-affirming care while young, like Mr. Einstein and Ms. Jennings, reflected that their distress from dysphoria was so debilitating that they question whether they would have lived to adulthood if they had not had access to care. Destiny Clark echoes the experiences of many when she explains: “The gender-affirming care I received saved my life. Prior to getting the care I needed I was depressed and oftentimes suicidal.” Gender-affirming care has an immense, positive impact on people’s lives because, in the words of Ms. Lange, “gender dysphoria is a nightmare.”

The treatment for gender dysphoria—gender affirmation—*works*. The relief can be profound, as Mr. Charles describes: “The peace I have found by accessing this care now enables me to show up as my whole self, unencumbered by the fear and trepidation that flows from untreated gender dysphoria.” Many *amici* noticed a marked difference in their performance, productivity, and ability to bring their full selves to their professional lives, as well as their family relationships and spiritual lives, once they had relief from dysphoria. For example, Dr. Oppenheimer, already an accomplished scientist, found that gender-affirming 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, a nurse practitioner, found that masculinizing chest reconstruction surgery, or top surgery, made it easier for them to do their best work as a provider for their patients: “I could focus my attention and energy on what I was meant to focus my attention and energy on—the labor of healing and healthcare.” The improvements for Mr. Blum were not limited to work; they also found that care improved their ability to practice their religion. “My religion and spiritual practices are a significant part of my life that are also impossible to explore and fully experience in an embodied way without being in the right body,” they explained. Their religious tradition includes gendered observance that “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 shares, “I go to a job that I love. I own a home. I am loved by a truly incredible wife and I believe that I am valuable enough to receive that love. That ability to move forward with my life in a meaningful way is how gender-affirming medical care has benefited

me.”

## **B. Transition Sparked Confidence And Joy**

For some *amici*, gender-affirming care has become an unremarkable part of life. Ms. O’Daire, for instance, explains: “I’m old enough and far enough from the beginning of my transition that just existing as a transgender person in my day-to-day life is largely uneventful and frankly rather boring. It’s normal. I wake up, I take a couple pills, and I go to work.” Mr. Mosier, a professional athlete, reflects: “My daily life is much like the life of my cisgender peers in sports: I get up, I train, I eat, I train again, I scroll through Instagram, I do some computer work. My ‘transgender lifestyle’ isn’t much different than my peers who are not transgender.” Free to appreciate other things about life, one of Rickke Mananzala’s simple pleasures has been “taking my dog for walks early in the morning when the city is quiet.” Ms. Naomi Clark enjoys simply being a mom: “To most people I pass or sit near as my daughter and I commute to preschool on the subway, I’m just another mom toting a toddler around along with my work bag.”

Some *amici* also experience gender euphoria. Gender euphoria is a colloquial term some transgender people use to describe the inverse of gender dysphoria—happiness, satisfaction, and a sense of rightness related to gender. As Dr. Green says, “There is nothing like living comfortably in one’s body.” Dr.

Carmel attempts to put words to the experience: “I don’t know how to begin to explain the blessing that is gender euphoria, feeling safe and comfortable in my physical body. It’s walking around with my head held high rather than trying to make myself small and invisible. It’s being proud and hopeful for my future.” For Ms. McGrath, “just being able to live as myself has been one long period of euphoria. Being able to look in the mirror and being happy with the reflection I see has been magical. I no longer dislike the person looking back at me and that has made life worth living.”

Many *amici* shared a similar sense of relief. Cael Marcus Keegan said that “transition has been one of the most rich, meaningful, and rewarding experiences of my life.” 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.”

Many *amici* commented specifically on how important top surgery was for them.<sup>6</sup> Mx. Sarmiento explained that top surgery allowed them “to come into alignment” with themselves. *Amici* who have had this procedure at any age have had enormously positive outcomes. Mr. Page describes his experience after top surgery in this way: “I couldn’t believe the amount of energy I had, ideas, how my imagination flourished, because the constant discomfort and pain around that aspect of my body was gone.” Mr. Mosier recalled his first triathlon race after top surgery as a moment of gender euphoria: “The feeling of being able to run freely in a body that more closely matched the way I’ve always seen myself was overwhelming.”

*Amici* also value the ability to make gender-affirming health care decisions for themselves, with the support of medical providers, family, and their communities. Miss Griffin-Gracy explained that the ability to make her own medical choices improved her self-confidence. Alexander Harris likewise emphasizes the importance of having the choice to receive care, stating that “receiving gender-affirming care was a matter of my body no longer being

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<sup>6</sup> The Bell *amici* imply that any benefits from gender-affirming care will prove fleeting, especially for transgender men whom they assume have some “underlying” conditions. See, Bell Br. at 2. But that is far from the experience of *amici*. In fact, of the 27 *amici* who are transgender men or who are trans-masculine, the majority have received gender-affirming treatment for more than a decade, and some have received it for more than twenty or thirty years. All continue to benefit greatly from the care they received.

neglected or systematically made to feel unimportant.” Making decisions about how they live in their own bodies is critical to many *amici*’s wellbeing.

*Amici*’s family and friends often noticed a positive difference after they received the gender-affirming care they wanted and needed. Alejandra Caraballo 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, Ms. 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.”

### **C. The Bell *Amici*’s Arguments Do Not Reflect The Experiences Of *Amici***

The Bell *amici* claim that transgender people typically have other “psychological issues” underlying their gender dysphoria that lead them to want to transition, and that most transgender people assigned female at birth have “significant mental health problems and neurocognitive comorbidities, such as autism-spectrum disorder or ADHD.” Bell Br. at 1, 12-13. They further assert that because some transgender people have autism or other disabilities, transgender people cannot be trusted to understand who they are or make their own decisions, and therefore they should be deprived of treatment for gender dysphoria. *See, e.g.*, Bell Br. at 4-5, 17-28. *Amici*’s experiences show this concern to be unfounded.

Some *amici*, like many transgender youth and adults, do not have any disability or illness (apart from gender dysphoria).<sup>7</sup> Those *amici* who do have a disability or illness, like the vast majority of people with disabilities, can still make informed decisions about their healthcare. Shain Neumeier, an autistic trial attorney with a craniofacial condition, points out that it is wrong to assume, just because someone is disabled, that they do not know who they are or that their disability renders their choices “invalid.” Moreover, gender-affirming care is part of a holistic approach to health, and many *amici* remarked on improvements to both their physical and mental health as a result of receiving care.

In *amici*’s experience, while untreated depression or other conditions did not lead to gender dysphoria, untreated gender dysphoria did often lead to depression or other conditions. Ms. Destiny Clark observes: “Had I been allowed to receive this vital gender-affirming care as an adolescent, I feel I would not have had many of the mental health problems I had growing up.” Devon Shanley notes that he does not “struggle with what likely would have been a slew of anxiety- or depression-based medical conditions” that he would have suffered had he not been able to receive gender-affirming care. Care can also be important to physical health. When Mr. Einstein had top surgery, it alleviated not only dysphoria, but

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<sup>7</sup> S. E. James *et al.*, *The Report of the 2015 U.S. Transgender Survey*, National Center for Transgender Equality, 56 (Dec. 2017), <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>.

also Tietze syndrome (chronic inflation of the chest wall) and a broken rib he had gotten from tightly binding his chest. Similarly, receiving hormones from a doctor allowed Ms. Gentili to prioritize treatment for other conditions for the first time.

Often, gender-affirming treatment improved anxiety and depression.<sup>8</sup> Ms. Jensen experienced clinical depression for many years before she began gender-affirming care: “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.” Ames Simmons 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.” Mx. Brovold has also observed marked improvement to their mental health since they began hormones and had top surgery: “My depression and anxiety have decreased by 90%. I was able to cut my depression medication in half. Now I stand taller and laugh deeper.”

For some, gender-affirming care resolved anxiety or depression entirely, as was the case for Ms. McGrath: “For many years I was sad, depressed, suicidal and

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<sup>8</sup> A recent study further suggests that treating adolescents with gender-affirming care leads to better mental health outcomes for transgender adults. See Jack Turban *et al.*, *Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults*, PLOS ONE (2022), <https://doi.org/10.1371/journal.pone.0261039>.

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." 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."

\* \* \*

While *amici*'s life experiences are varied, they are unanimous that gender-affirming care 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. Gender-affirming care 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 care with the support of their parents and medical providers. In the words of Ms. Gentili: "Transgender youth know who they are, and they know what they need. Our job is to listen to them."

## CONCLUSION

For the foregoing reasons, the decision of the District Court for the Eastern District of Arkansas should be affirmed.

Dated: January 19, 2022  
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 5,411 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 January 19, 2022, 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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<sup>1</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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Dear Counsel:

The amicus curiae brief of Elliot Page and 57 Other Individuals 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](http://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  
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