No. 25-77

In the Supreme Court of the United States

STEPHEN FOOTE, Individually and as Guardian and Next Friend of B. F. and G. F., Minors, *et al.*,
Petitioners,

v.

LUDLOW SCHOOL COMMITTEE, *et al.*,
Respondents.

On Petition for Writ of Certiorari to the United States Court of Appeals for the First Circuit

Amici Curiae Brief of America's Frontline Doctors and Dr. Simone Gold, M.D., J.D., in Support of Petitioners for Reversal

DR. SIMONE GOLD, M.D., J.D.

DAVID A. DALIA, Attorney at Law
Counsel of Record
700 Camp Street
New Orleans, LA 70130
(504) 524-5541
davidadalia@gmail.com

Counsel for Amici Curiae

TABLE OF CONTENTS

TABLE OF CONTENTS
(*continued*)

TABLE OF AUTHORITIES

TABLE OF AUTHORITIES
(*continued*)

TABLE OF AUTHORITIES
(*continued*)

CONSTITUTION

STATUTES AND REGULATIONS

OTHER AUTHORITIES

TABLE OF AUTHORITIES
(*continued*)

TABLE OF AUTHORITIES
(*continued*)

TABLE OF AUTHORITIES
(*continued*)

A MATTER OF GREAT PUBLIC IMPORTANCE

The Free Speech Foundation, d/b/a America's Frontline Doctors, and Dr. Simone Gold, M.D., J.D., the founder and physician member ("*Amici Curiae*" or "AFLDS") respectfully file this *amici curiae* brief in support of the Petitioners' request for reversal in *Foote, Individually and as Guardian and Next Friend of B.F. and G.F., Minors, et al. v. Ludlow School Committee, et al.,* 25-77 (2025).[1] *Amici Curiae* are also filing an *amici curiae* brief in support of the Petitioners for reversal in a related case, *Jonathan Lee, et al. v. Poudre School District R-1,* 25-89 (2025).

AFLDS recently submitted *amici curiae* briefs in in the related cases of *United States v. Skrmetti,* 23-477 (U.S. 2024); *Mahmoud v. Taylor,* 24-297 (2024); and *Chiles v Salazar,* 24-539 (2024).

This brief offers an important *medical and legal perspective* to this Court of great public importance, from thousands of doctors on the frontlines, by demonstrating that the petitioning parents are engaged in the lawful exercise of their fundamental parental rights to shield their own beloved minor children from being subjected to permanently mutilating surgeries now known as "gender transition surgeries." Protecting one's own children from harm is a well-established and constitutionally protected fundamental parental right.

---

[1] Pursuant to Rule 37.6, it is hereby certified that no counsel or any party authored or prepared this brief in whole or in part, and no such counsel or party made a monetary contribution intended to fund the preparation or submission of this brief. The parties received timely notice of the filing of this *amici curiae* brief.

Such parental protection and wise guidance is completely lawful, particularly where the actions of Respondents predictably lead to permanent and irreversible psychological and physical damages to these young school children.

INTEREST OF *AMICI CURIAE*

Amici Curiae are the Free Speech Foundation, d/b/a America's Frontline Doctors ("AFLDS"), a non-partisan, not-for-profit organization of hundreds of member physicians from across the country, representing a range of medical disciplines and practical experience on the front lines of medicine, and its founder and expert physician and attorney member with over twenty years' experience as an emergency room physician in minority communities, Dr. Simone Gold, M.D., J.D.[2]

AFLDS' programs focus on a number of critical issues, including:

- Providing Americans with science-based facts for staying healthy;
- Protecting physician independence from government overreach;
- Combating illnesses with evidence-based approaches without compromising constitutional freedoms;
- Fighting medical cancel culture and media censorship;

[2] https://americasfrontlinedoctors.org/about-us (all websites cited herein last visited on August 20, 2025).

- Advancing healthcare policies that protect the physician-patient relationship;
- Expanding healthy treatment options for all Americans who need them; and
- Strengthening the voices of frontline doctors in the national healthcare conversation.

Each of AFLDS' member physicians is deeply committed to the guiding principle of medicine: "FIRST, DO NO HARM." They take their ethical obligations to their patients very seriously. It is axiomatic that a physician's duty is to his or her patient. AFLDS holds sacrosanct the relationship between doctor and patient where informed decisions are to be made, taking into consideration all of the factors relating to the patients' health, risks, co-morbidities and circumstances.

For AFLDS' member physicians, the practice of medicine is not merely a job or career. Rather, it is a sacred trust. It is a high calling that often requires a decade or more of highly focused sacrificial dedication to achieve.

America's Frontline Doctors is committed to preserving the voluntary and fully informed doctor/patient relationship, opposes any sort of illegal interference with that relationship, and opposes illegal government overreach by the censorship of medical and other information, or by the "mandating" of incorrect or dangerous medical information or treatments.

"Informed consent" for medical treatments cannot truly be informed unless there is a full disclosure of all known benefits and risks. Voluntary informed consent can never be coerced, subjected to

undue influence, nor distorted by censored and incomplete information.

SUMMARY OF ARGUMENT

It is "beyond debate" that the parent Petitioners are engaged in the lawful exercise of their *fundamental parental rights* to protect and shield their own beloved too-young children from school attempts to secretly "transition" their children to the opposite sex — an impossible task — without parental knowledge or consent.

Parents enjoy fundamental constitutional rights to protect their minor children from harms, including outside pressure to "transition" to the opposite sex, or from exposure to any other sort of inappropriate sexualized materials, be it heterosexual, gay, lesbian, or "transgender" ideology.

The blatant but secret promotion of "transgender ideology" in this case is particularly troubling. *Amici Curiae* strongly protest using the phrases "gender transition surgery" or "gender-affirming care," as these phrases are intentional distractions from where this ideology typically leads, which is to a permanent Frankenstein-esque mutilation of a minor child's healthy body.

This Court must never lose sight of what is *medically* at stake: permanent and irreversible loss of a minor child's ability to ever create/produce sperm or egg; permanent and irreversible loss of a minor child's ability to breast-feed, get pregnant, birth or father a baby; and permanent and irreversible damages to facial, body and vocal structures. The female child ends up with a lifelong

"micro-penis" which typically cannot achieve penetrative intercourse, and the male child ends up with a lifelong chronic wound requiring multiple painful dilatations per day. The majority of both sexes have lifelong anorgasmia.

Amici Curiae see these controversial surgeries as *medical mutilation of a healthy human body*, harms from which Petitioners rightfully protect their young children. *Amici Curiae* do not use the phrase "gender-affirming surgery" because that phrase is inaccurate. The phrase "medical mutilation surgery" accurately describes the surgical offerings which destroy healthy tissue.[3] *Amici Curiae* affirmatively state that true "gender reassignment" surgery is medically impossible, due to the unalterability of the "XX" and the "XY" chromosomes. Every single cell in every single organ in the human body is either XX or XY. Testosterone on an XX female human and estrogen on an XY male human can never change that.

Parental protection and control is lawful, appropriate, and absolutely essential where the sexualized and confusing information can cause permanent and irreversible psychological and physical damage to Petitioners' children, and which damage can constitute criminal child sexual abuse.

Finally, and alarmingly, these children lack the capacity to understand the substantial risks of these "gender reassignment" surgeries to which this

---

[3] Simone Gold, M.D., J.D.; Melanie Crites-Bachert, D.O., F.A.C.O.S., F.A.C.S.; Brian Atkinson, M.D.; David Heller. *AFLDS White Paper: The Civil Liberties and Human Rights Implications of Offering Children Medical Mutilation Procedures.* July 2024, p. 12. *See* https://res.cloudinary.com/aflds/image/upload/v1720808982/Medical_Mutilation_White_Paper_1804e8ca1a.pdf

ideology may lead. By definition a minor cannot understand irrevocable infertility and anorgasmia.

Petitioners enjoy the absolute right and obligation to protect their young children who are unable due to their age to understand these "transgender ideology" concepts without confusion, or to give informed consent to any procedures that may lead to their sterilization for life, to irreversible termination of their normal growth during puberty, to numerous serious and ongoing medical complications, and to a lifetime of medications, medical treatments, and a very high likelihood of regret. No third party can usurp Petitioners' fundamental parental rights. There is, of course, no common law precedent for any third party to be able to grant permission to mutilate any other person's body. No parent nor government actor nor any physician has ever had such a right.

This principle was resoundingly reinforced in an important trio of recent cases. *See United States v. Skrmetti,* 145 S. Ct. 1816 (2024); *Poe v. Drummond,* 2025 U.S. App. LEXIS 19837 (10th Cir., August 6, 2025); and *Brandt v. Griffin,* 2025 U.S. App. LEXIS 20402 (8th Cir., August 12, 2025) (*en banc*).

Premature exposure to these sexualized concepts and ideologies by schools, and full blown attempts to "transition" minors absent parental knowledge or consent, can and will lead to grave harms to Petitioners' young children.

ARGUMENT

I. In attempting to secretly and impossibly "transition" minor children to the opposite sex without parents' knowledge or consent, Respondents are engaged in egregious violations of the constitutionally protected fundamental parental rights of Petitioners, violations which are orders of magnitude worse than those recently enjoined by this Court in *Mahmoud v. Taylor*. This blatant usurpation of the core parental role by Respondents is directly contrary to numerous well-settled precedents from this Court and to centuries of tradition.

It is "beyond debate" that Petitioners enjoy constitutionally protected fundamental parental rights over the care, custody and control of their minor children, fundamental parental rights which have been affirmed numerous times by this Honorable Court. These fundamental parental rights cannot be usurped or co-opted by governmental actors such as Respondents, or by private third parties.[4] These fundamental parental rights broadly include guiding their children's education and protecting their children from real or potential harms. Respondents must not be allowed to usurp and trample upon Petitioners' fundamental parental rights by recklessly causing severe and irreversible psychological harms and sexual abuse to their children through ill-advised and illegal actions.

---

[4] There is a presumption that fit parents act in their children's best interests. *Parham v J.R.*, 442 U.S. 584, 602 (1979).

As Justice O'Connor definitively ruled in *Troxel v. Granville*:

> The Fourteenth Amendment provides that no State shall "deprive any person of life, liberty, or property, without due process of law." We have long recognized that the Amendment's Due Process Clause, like its Fifth Amendment counterpart, "guarantees more than fair process." *Washington v. Glucksberg*, 521 U. S. 702, 719 (1997). The Clause also includes a substantive component that "provides heightened protection against government interference with certain fundamental rights and liberty interests." *Id.*, at 720; see also *Reno v. Flores*, 507 U. S. 292, 301-302 (1993).
>
> The liberty interest at issue in this case — the interest of parents in the care, custody, and control of their children — is perhaps the oldest of the fundamental liberty interests recognized by this Court. More than 75 years ago, in *Meyer v. Nebraska*, 262 U. S. 390, 399, 401 (1923), we held that the "liberty" protected by the Due Process Clause includes the right of parents to "establish a home and bring up children" and "to control the education of their own." Two years later, in *Pierce v. Society of Sisters*, 268 U. S. 510, 534-535 (1925), we again held that the "liberty of parents and guardians" includes the right "to direct the upbringing and education of children under their control." We explained in *Pierce* that "[t]he child is not the mere creature of the State; those who nurture him and direct his destiny have the

right, coupled with the high duty, to recognize and prepare him for additional obligations." *Id.*, at 535. We returned to the subject in *Prince v. Massachusetts*, 321 U. S. 158 (1944), and again confirmed that there is a constitutional dimension to the right of parents to direct the upbringing of their children. "It is cardinal with us that the custody, care and nurture of the child reside first in the parents, whose primary function and freedom include preparation for obligations the state can neither supply nor hinder." *Id*., at 166.

In subsequent cases also, we have recognized the fundamental right of parents to make decisions concerning the care, custody, and control of their children. *See, e.g., Stanley v. Illinois*, 405 U. S. 645, 651 (1972) ("It is plain that the interest of a parent in the companionship, care, custody, and management of his or her children 'come[s] to this Court with a momentum for respect lacking when appeal is made to liberties which derive merely from shifting economic arrangements'" (citation omitted)); *Wisconsin v. Yoder*, 406 U. S. 205, 232 (1972) ("The history and culture of Western civilization reflect a strong tradition of parental concern for the nurture and upbringing of their children. This primary role of the parents in the upbringing of their children is now established beyond debate as an enduring American tradition"); *Quilloin v. Walcott*, 434 U. S. 246, 255 (1978) ("We have recognized on numerous occasions that the relationship between parent and child is

> constitutionally protected"); *Parham v. J. R.*, 442 U. S. 584, 602 (1979) ("Our jurisprudence historically has reflected Western civilization concepts of the family as a unit with broad parental authority over minor children. Our cases have consistently followed that course"); *Santosky v. Kramer*, 455 U. S. 745, 753 (1982) (discussing "[t]he fundamental liberty interest of natural parents in the care, custody, and management of their child"); *Glucksberg*, supra, at 720 ("In a long line of cases, we have held that, in addition to the specific freedoms protected by the Bill of Rights, the 'liberty' specially protected by the Due Process Clause includes the righ[t] ... to direct the education and upbringing of one's children" (citing *Meyer* and *Pierce*)). In light of this extensive precedent, it cannot now be doubted that the Due Process Clause of the Fourteenth Amendment protects the fundamental right of parents to make decisions concerning the care, custody, and control of their children.
>
> *Troxel v. Granville*, 530 U.S. 57, 65-66 (2000).

Justice O'Connor made it clear that parental authority was constitutionally paramount in the parents versus government relationship. This impeccable logic was recently carried forward by trial judge Joy F. Conti in *Tatel v Mt. Lebanon School District*, 752 F.Supp.3d 512 (W.D. Pa. 2024). In granting the plaintiff parents' motions for summary judgment against the school district on their primary

due process and equal protection claims, Judge Conti stated:

> iii. Parents' authority over their young children
>
> A teacher instructing first-graders and reading books to show that their parents' beliefs about their children's gender identity may be wrong directly repudiates parental authority. Williams' conduct struck at the heart of Plaintiffs' own families and their relationship with their own young children. …
>
> This case … involves not merely instruction to influence tolerance of other children or families, but efforts to inculcate a teacher's beliefs about transgender topics in Plaintiffs' own children. Williams' conduct caused actual confusion among the children. Telling the students to talk to their parents about the child's gender — after telling the first-graders their parents might be wrong — did not eliminate the students' confusion in this case.

Tatel, at 559.

Judge Conti also granted the plaintiff parents declaratory relief against the school district with this ruling:

> Absent a compelling governmental interest, parents have a constitutional right to reasonable and realistic advance notice and the ability to opt their elementary-age children out of noncurricular instruction on

> transgender topics and to not have requirements for notice and opting out for those topics that are more stringent than those for other sensitive topics.
>
> *Id.,* at 579.

Most recently, these principles have been firmly adopted in *United States v. Skrmetti,* 145 S. Ct. 1816 (2024); *Mahmoud v. Taylor,* 145 S. Ct. 2332 (2024); *Poe v. Drummond,* 2025 U.S. App. LEXIS 19837 (10th Cir., August 6, 2025) (Oklahoma's interest in the health and welfare of minors provides a rational basis for upholding Oklahoma's ban on transgender medical treatments); and *Brandt v. Griffin,* 2025 U.S. App. LEXIS 20402 (8th Cir., August 12, 2025). The *en banc* Eighth Circuit held that "this court does not find a deeply rooted right of parents to exempt their children from regulations reasonably prohibiting gender transition procedures." *Id.*, at 32. Surely this principle applies with even greater force to the non-parent Respondents.

II. Research confirms attempts to secretly "transition" children by non-parent parties, absent parental knowledge or consent, can and will lead to irreparable psychological and physical harms to minor children, in violation of parents' fundamental rights. Respondents' usurpations of parental authority also violate recent guidance from the Department of Health and Human Services, Presidential Executive Orders, state Attorneys' General Opinions, and state criminal

laws. These harms must be enjoined to assure the safety of children in public schools.

The psychological and physical harms to minor children caused by attempting to impossibly "transition" them to the opposite sex are well documented. To be clear, this discussion *is not in any way about being "transphobic."* This discussion is simply about medical realities and harms.

The myriad problems with so-called "gender affirming care" have now been officially recognized by the federal government. On January 29, 2025, President Trump issued Executive Order 14190, entitled "Ending Radical Indoctrination in K-12 Schooling." The actions of Respondents herein appear to violate E.O. 14190.

On May 1, 2025, the Department of Health and Human Services (HHS), released a report entitled *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices*.[5] This important new report is being viewed as the United States' equivalent of the U.K.'s Cass Review.

Then, in another significant development on May 28, 2025, HHS Secretary Kennedy posted a letter to health care providers, risk managers, and state medical boards with the following statement on the official HHS X account:

> HHS sent a letter to health care providers, risk managers, and state medical boards urging immediate updates to treatment

[5] https://opa.hhs.gov/sites/default/files/2025-05/gender-dysphoria-report.pdf

protocols for minors with gender dysphoria based on *HHS' comprehensive review that found puberty blockers, cross-sex hormones, and surgeries have very weak evidence of benefit, but carry risk of significant harms, including sterilization*. Providers should no longer rely on discredited guidelines that promote these dangerous interventions for children and adolescents based on ideology, not evidence. (Emphasis added).[6]

Further, Sec. Kennedy stated in his letter:

This letter advises you to read with care "Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices" (the Review) published by the U.S. Department of Health and Human Services (HHS) on May 1, 2025. The Review documents the *"weak evidence and growing international retreat"* (p. 205) *from the use of puberty blockers, cross-sex hormones, and surgeries to treat gender dysphoria in minors and the "risk of significant harm"* (p. 10). The Review explains that "many treatments (e.g., surgery, hormone therapy) can lead to relatively common and potentially serious long-term adverse effects" (p. 221). Given your "obligation to avoid serious harm" (p. 221) and the findings of the Review, HHS expects you promptly to make the necessary updates to your treatment protocols and training for care for children and adolescents with gender dysphoria to protect them from

[6] https://x.com/HHSGov/status/1927791449476567043

> these harmful interventions. (Emphasis added).

Amici curiae physicians are very concerned that foundational medical principles such as the absolute requirement for informed consent in all cases, the Hippocratic Oath's "Do No Harm" mandate, and the strict observance of all applicable civil and criminal laws, have been trampled upon in recent years by the sudden onslaught of an aggressive "transgender ideology" activism. These very real harms to minor children and their civil rights implications are described in the AFLDS White Paper cited *supra*.[7]

A heretofore rare disorder defined gender confusion as "gender identity disorder" in the American Psychiatric Association's 1980 Third Diagnostic and Statistical Manual (DSM-3). However, the 2013 DSM-5 replaced "gender identity disorder" with "gender dysphoria."[8] Questionable terminology such as the "sex assigned at birth," and concepts such as "being born into the wrong body" came into use.

The term "gender" itself, traditionally reserved for grammatical purposes, began to be used to describe characteristics of biological sex. The correctness or incorrectness of the various new usages of the term "gender" is controversial.[9]

---

[7] *See* FN 3, Gold, *et al. AFLDS White Paper: The Civil Liberties and Human Rights Implications of Offering Children Medical Mutilation Procedures*.

[8] *See* American Psychiatric Association, Gender Dysphoria, 2013, https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM-5-Gender-Dysphoria.pdf

[9] *See* Expert Declaration of Paul W. Hruz, M.D., Ph. D., Joint Appendix, Vol. 2, p. 474, 484-485, *United States v. Skrmetti*, No. 23-477 (2024).

In past traditional medical practice, years of physical and psychological screening were required before any rare adult patient was approved for gender reassignment surgery. *There were never any cases involving minor children.*

Until very recently, all medical professionals agreed that under NO circumstances could a child consent to these treatments. That fact alone requires this Court to pause. The recent rapid change was instigated by gender activists, not by dispassionate research. All over the world, countries have now halted their "gender" programs aimed at minors due to utter lack of benefit. The United Kingdom, Sweden, Norway and Finland have recently drastically limited access, as have Denmark and Chile. France, Germany and Holland are voicing extreme alarm. It is only the United States, Australia and Canada (where physician-euthanasia is now the sixth leading cause of death) which has not stopped the grotesque mutilation of children.

After the 2013 DSM-5 change, suddenly gender confusion was no longer a "disorder," but was instead a "condition," a "dysphoria" that could be supported. For activists, it became a condition that could be promoted.

The many surgical complications of so-called "gender-affirming care" are discussed by Dr. Gold in "The Gold Report: Medical Mutilation: Part 1 of 5 'The Reality of Gender Affirming Care'," and are also well-documented in *Lost in Trans Nation: A Child Psychiatrist's Guide Out of the Madness* by gender dysphoria expert Dr. Miriam Grossman, M.D.[10,11]

---

[10] "The Gold Report: Medical Mutilation: Part 1 of 5 'The Reality of Gender Affirming Care' with Dr. Melanie Crites-Bachert,"

Dr. Grossman further describes the harms to young children caused by early child sexualization in her book, *You're Teaching My Child WHAT?*[12] Dr. Grossman counsels that exposing children to concepts such as "gender fluidity" and that sex is "assigned at birth" undermines their psychological stability by exposing them to age-inappropriate concepts.

Echoing Dr. Gold and Dr. Grossman are thousands of international medical professionals and organizations that have signed the Doctors Protecting Children Declaration[13] and the members of Do No Harm Medicine.[14]

Numerous medical organizations all vigorously oppose the medical mutilation of minors in the name of biased transgender ideology, to which the actions of Respondents could lead. Over 75,000 physicians and healthcare professionals in over sixty countries are publicly supporting state minor medical mutilation bans and have signed the "Doctors Protecting Children Declaration."[15] The Declaration states:

---

https://www.aflds.org/videos/post/the-gold-report-medical-mutilation-part-1-of-5-the-reality-of-gender-affirming-care-with-dr-melanie-crites-bachert

[11] Miriam Grossman, M.D., *Lost In Trans Nation: A Child Psychiatrist's Guide Out of the Madness* (New York, NY: Skyhorse Publishing, 2023).

[12] Miriam Grossman, M.D., *You're Teaching My Child WHAT?: A Physician Exposes the Lies of Sex Education and How They Harm Your Child* (Regnery Publishing, 2009).

[13] *See* the Doctors Protecting Children Declaration, https://doctorsprotectingchildren.org/

[14] https://donoharmmedicine.org

[15] https://doctorsprotectingchildren.org

> *Therefore, given the recent research and the revelations of the harmful approach advocated by WPATH and its followers in the United States, we, the undersigned, call upon the medical professional organizations of the United States,* including the American Academy of Pediatrics, the Endocrine Society, the Pediatric Endocrine Society, American Medical Association, the American Psychological Association, and the American Academy of Child and Adolescent Psychiatry *to follow the science and their European professional colleagues and immediately stop the promotion of social affirmation, puberty blockers, cross-sex hormones and surgeries for children and adolescents who experience distress over their biological sex.* Instead, these organizations should recommend comprehensive evaluations and therapies aimed at identifying and addressing underlying psychological co-morbidities and neurodiversity that often predispose to and accompany gender dysphoria. (Emphases added).

Solid research now shows that the vast majority of children (85% +) will outgrow "gender dysphoria" within a few years. The clinical success in treating gender dysphoria with "Watchful Waiting and Exploratory Therapy" is explained by Dr. Hruz, M.D., Ph. D. in his Expert Declaration filed in *United States v. Skrmetti*, No. 23-477, 145 S. Ct. 1816 (2024). The clinical benefits of "Watchful Waiting" are reflected by the positive statistics:

II. Treatments

A. Watchful Waiting and Exploratory Therapy

60. The first approach, sometimes called "watchful waiting," motivated by an understanding of the natural history of transgender identification in children, is to neither encourage nor discourage transgender identification, recognizing that existing evidence (discussed next) shows that the vast majority of affected children are likely to eventually realign their reports of gender identification with their sex. This realignment of expressed gender identity to be concordant with sex is sometimes called "desistance."

61. The "watchful waiting" approach does not advocate doing nothing. Rather, it focuses on affirming the inherent dignity of affected people and supporting them in other aspects of their lives, including the diagnosis and treatment of any comorbidities, as individuals proceed through the various stages of physical and psychological development. ...

62. Despite differences in country, culture, decade, follow-up length, and method, multiple studies have come to a remarkably similar conclusion: *Very few gender dysphoric children still want to transition by the time they reach adulthood*. Many turn out to have been struggling with sexual orientation issues rather than gender discordant "transgender" identity. The exact number of children who experience realignment of

> gender identity with biological sex by early adult life varies by study. Estimates within the peer-reviewed published literature range from 50-98%, with most reporting desistance in approximately 85% of children before the widespread adoption of the "affirming" model discussed below. ...
>
> In 2018, for instance, studies found that 67% of children meeting the diagnostic criteria for gender dysphoria no longer had the diagnosis as adults, with an even higher rate (93%) of natural resolution of gender-related distress for the less significantly impacted cases. A March 2021 study, with one of the largest samples in the relevant literature, suggests that most young gender dysphoric children grow out of the condition without medical interventions. Thus, desistance (*i.e.,* the child accepting their natal, biological sex identity and declining "transitioning" treatments) is the outcome for the vast majority of affected children who are not actively encouraged to proceed with sex discordant gender affirmation.
>
> *Expert Declaration of Paul W. Hruz, M.D., Ph. D.,* Joint Appendix, Vol. 2, pp. 474, 504-506, *United States v. Skrmetti,* 23-477 (2024). (Emphasis added).

Dr. Hruz goes on to explain in detail exactly how and why "affirming" gender dysphoria treatments such as puberty-blockers, cross-sex hormones, and surgical interventions can be very harmful and cause lifetime permanent damage. *Id.,* at pp. 507-523. Dr. Miriam Grossman, M.D., also discusses successful

and unsuccessful gender dysphoria treatment options, the medical experimentation on our children, and the lack of data showing beneficial effects of puberty-blockers, cross-sex hormones, and surgical interventions. Dr. Grossman also recounts the heart-wrenching history of her regretful patient who could only say "If I just would have waited." Dr. Grossman recommends gender dysphoria treatment which includes supportive psychological care, treating other co-morbid conditions such as depression, anxiety, autism (found in more than 70% of gender dysphoria patients), family counseling and affirmation of biological reality. Dr. Grossman's lecture can be viewed here.[16]

Amici Curiae have been examining in depth the many controversial issues concerning treatments for gender dysphoria for years. On October 6, 2024, *Amici Curiae* through their affiliate Frontline Films released a full length film called "What Is A Doctor?", which explores questions surrounding the efficacy of alternative treatments of gender dysphoria, with opinions from Dr. Simone Gold, Dr. Miriam Grossman, Dr. Melanie Crites-Bachert, Dr. Eithan Haim and Dr. Scott Jensen, all independent, expert frontline physicians who take their oaths to "Do No Harm" very seriously. The documentary "What Is A Doctor?" can be viewed here.[17]

Further, *Amici Curiae* have examined many case histories of such treatment approaches. The choice of

---

[16] "Miriam Grossman | Gender Ideology and the Medical Experiment on our Children | NatCon 3 Miami" https://www.youtube.com/watch?v=wIh8tvRLqck

[17] "*What Is A Doctor?*" America's Frontline Doctors (2024), https://americasfrontlinedoctors.org/whatisadoctor; https://www.youtube.com/watch?v=T_bifKH7Jds

the correct treatment approach can make the difference between a happy outcome and a tragic outcome.

The Colorado mother who is a Petitioner in *Jonathan Lee, et al. v. Poudre School District R-1*, No. 25-89 (2025), willingly shared with Dr. Gold her family's fight to achieve a happy outcome for her young daughter, whom they literally rescued from a Colorado school's efforts to "transition" her without parental consent. Her illustrative case history can be viewed here.[18]

Amici Curiae affirmatively state that surgical and hormonal interventions can only affect outward appearance; they are akin to cosmetic surgery, except that the surgery destroys normal and healthy functional tissue. Such surgical interventions affect outward appearance, functionality and psychological issues.

Texas Attorney General Ken Paxton opined in TX A.G. Op. No. KP-0401 that much of "transgender ideology," which promotes so-called "gender reassignment" surgery also violates Texas criminal laws prohibiting child abuse and child sterilizations. Further, Attorney General Paxton found that children lacked the capacity to consent to any such surgeries, and that the right to procreate has long been explicitly recognized as a fundamental constitutional right as far back as *Skinner v. Oklahoma*, 316 U.S. 535, 541 (1942).

Laws prohibiting child abuse, child sexual abuse, child sterilizations, protecting the fundamental

---

[18] *See* "The Gold Report: Ep. 32 'Gender Ideology Is A Cult' with Erin Lee," https://www.aflds.org/videos/post/the-gold-report-ep-32-gender-ideology-is-a-cult-with-erin-lee

procreation rights of minors, and severely limiting or entirely eliminating the ability of minors to give informed consent to such procedures, are of course not limited to Texas. Such state laws are common throughout the nation; in Massachusetts, General Laws Chapter 265, § 13L addresses endangerment by those responsible for a child's welfare, encompassing actions or omissions that "would result in serious bodily injury or sexual abuse to a child."

As another example, 18 U.S.C. § 116 is a federal statute which criminalizes female genital mutilation (FGM). This federal criminal law arguably applies to "transgender ideology" surgical outcomes as well. Criminal law violations would preclude the acceptability of Respondents' actions. Respondents cannot succeed when they advocate for behaviors which arguably violate numerous well-established state and federal criminal laws.

Most state laws severely restrict or eliminate the ability of minors to consent to anything, with limited exceptions, because they lack the capacity at a young age to understand the long-term and even the short-term consequences of their actions. They cannot sign binding contracts, buy alcohol, or get tattoos. This obviously includes their inability to give truly informed consent to life-altering puberty blockers, cross-sex hormones, or surgical destruction (not reconstruction) of the normal functioning of their bodies, which is a foreseeable and predictable outcome of the "transgender ideology" to which these minors are being exposed.

TX A.G. Op. KP-0401[19] is worth reviewing in its entirety, and holds that minors completely lack the capacity to consent to radical "gender reassignment" surgery, surgery which could result in their permanent sterilization. The Opinion relies upon *Bellotti v. Baird*, 443 U.S. 622, 634 (1979) and *Ginsberg v. New York*, 390 U.S. 629, 640 (1968), among other authorities.

The Opinion goes on to point out that because procreation is a fundamental constitutional right, *Skinner v. Oklahoma*, 316 U.S. 535, 541 (1942), minors cannot give consent to their own sterilization. These procedures can and do cause sterilization:

> III. To the extent that these procedures and treatments could result in sterilization, they would deprive the child of the fundamental right to procreate, which supports a finding of child abuse under the Family Code. ...
> The surgical and chemical procedures you ask about can and do cause sterilization.[20]

Id., at p. 5.

This logic is inescapable. Minors lack the capacity to give informed consent to lifetime alterations of their normal bodily functioning and of their very lives.

---

[19] *See* https://www.texasattorneygeneral.gov/sites/default/files/opinion-files/opinion/2022/kp-0401.pdf

[20] *See* Philip J. Cheng, "Fertility Concerns of the Transgender Patient," *Transl Androl Urol.* 2019; 9(3):209-218 (explaining that hysterectomy, oophorectomy, and orchiectomy "results in permanent sterility"), https://www.ncbi.nlm.nih.gov/pmc/ articles/ PMC6626312/

No third party, including parents or the government acting *in loco parentis*, can consent to such medical mutilation of minors, which can result in permanent sterilization. *See Brandt, supra*, at 32, citing *Skrmetti* at 1837.

Much data has been collected and is of record regarding the drastic, life altering, and lifetime adverse effects which are caused by treatments such as puberty blockers, cross-sex hormones, and "gender reassignment" surgeries. These often-horrific long-term adverse effects justify enjoining Respondents' actions in and of themselves.

For example, Dr. Hruz goes into great detail about the clinically-observed serious adverse effects, including the irreversibility of puberty blockers, and the effects on long term height, brain development, and other developmental issues.[21]

Dr. Grossman enumerates problems with bone density (osteoporosis), heart attacks, strokes, blood clots, early menopause, sexual dysfunction, and effects on brain development, from the hormones alone.[22] Additionally, in Chapter Twelve, a "Surgeon's Dangerous Idea," of *Lost In Trans Nation*, Dr. Grossman presents a detailed analysis of the negative effects of these surgical interventions.[23]

Many surgical complications of so-called "gender-affirming care" are also discussed by Dr. Gold and Dr. Melanie Crites-Bachert in "The Gold Report: Medical Mutilation" series, Parts 2 and 3,

---

[21] Hruz, M.D., Expert Declaration, Joint Appendix, Vol. 2, pp. 507-531*, United States v. Skrmetti*, No. 23-477 (2024).
[22] *See* https://www.youtube.com/watch?v=wIh8tvRLqck
[23] Grossman, M.D., *Lost In Trans Nation*, p. 175.

regarding complications from female to male surgery (Part 2), and male to female surgery (Part 3).[24]

A critical report from the U.K. called The Cass Review meticulously reviewed the treatment of transgender youth for four years and found "gaps in the evidence base for hormone treatment" of minors. Following The Cass Review, the NHS ordered the closure of the Tavistock clinic, the only dedicated gender identity clinic in the U.K.[25] The importance of this clinic closure must not be missed by this Court: Tavistock was *the world's largest pediatric gender clinic and it was closed in March 2024 due to risk of harm to children*.

Another source documenting the all-too-often tragic detransitioner stories and videos is the PITT (Parents For Inconvenient Truth About Trans) substack.[26]

CONCLUSION

Petitioners are exercising their lawful parental prerogatives and their constitutionally protected fundamental parental right to object to the attempt by Respondents to intrude upon and usurp the parental role by secretly and egregiously "transitioning" their children to the opposite sex, in

---

[24] *See* https://www.aflds.org/videos/post/the-gold-report-medical-mutilation-part-2-of-5-female-to-male-with-dr-melanie-crites-bachert; *see also* https://www.aflds.org/videos/post/the-gold-report-medical-mutilation-part-3-of-5-male-to-female-with-dr-melanie-crites-bachert

[25] *See* Joint Appendix, Vol. 2, pp. 550, 590*, United States v. Skrmetti*, No. 23-477 (2024).

[26] See https://www.pittparents.com/

direct violation of all of the constitutional, statutory, and other authorities cited herein, and causing grievous harms to their children.

The decision below should be reversed.

Respectfully submitted,

DR. SIMONE GOLD, M. D., J.D.

DAVID A. DALIA
Counsel of Record
Attorney at Law
700 Camp Street
New Orleans, LA 70130
(504) 524-5541
davidadalia@gmail.com

Counsel for Amici Curiae,
America's Frontline Doctors and
Dr. Simone Gold, M.D., J.D.

August 21, 2025