No. 25A810

In the Supreme Court of the United States

ELIZABETH MIRABELLI, *et al.*,
Applicants,

v.

ROB BONTA, Attorney General of California, *et al.*
Respondents.

On Emergency Application to the Honorable Elena Kagan
to Vacate Interlocutory Stay Order Issued by the
United States Court of Appeals for the Ninth Circuit.

AMICI CURIAE BRIEF OF AMERICA'S FRONTLINE DOCTORS AND DR. SIMONE GOLD, M.D., J.D., IN SUPPORT OF APPLICANTS AND FOR VACATION OF STAY ORDER

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A MATTER OF URGENT PUBLIC IMPORTANCE AND SAFETY

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' *Emergency Application to Vacate Interlocutory Stay Order Issued by the United States Court of Appeals for the Ninth Circuit* in *Mirabelli, et al. v. Bonta, et al.,* 25A810 (2025).[1] *Amici Curiae* have also filed an *amici curiae* brief in support of the Petitioners for reversal in a related case: *Stephen 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).

AFLDS recently submitted *amici curiae* briefs in the related cases of *United States v. Skrmetti,* 145 S. Ct. 1816 (2024); *Mahmoud v. Taylor,* 145 S. Ct. 2332 (2024); and *Chiles v Salazar,* 145 S. Ct. 1328 (2025).

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.

Such parental protection and wise guidance is completely lawful, particularly

[1] 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.

where the actions of Respondents predictably lead to permanent and irreversible psychological and physical damages to these young California school children. These harms were even admitted by Respondents' own experts at trial, *see Emergency Application*, Appendix 51a. The well-developed permanent injunction should be reinstated immediately.

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;
- Advancing healthcare policies that protect the physician-patient relationship;
- Expanding healthy treatment options for all Americans who need them.

Each of AFLDS' member physicians is deeply committed to the guiding

[2] https://americasfrontlinedoctors.org/about-us (all websites cited herein last visited on January 20, 2026).

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. Their allies, the like-minded petitioning teachers, fully support these parents, and strenuously object to being forced to lie and to mislead parents by following California's official "Parental Exclusion Policy."

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 "transgender" ideology.

The Respondents cannot usurp these constitutionally protected fundamental parental rights. The overwhelming weight of this Court's jurisprudence affirming parental rights under the Due Process clause of the Fourteenth Amendment to the United States Constitution leaves no doubt as to the lawful exercise of parental protection, supervision and authority.

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 absolutely essential where sexualized and confusing information can cause permanent and irreversible psychological and physical damage to Petitioners' children, even as admitted by Respondents' own experts, *see Emergency Application, Appendix* 51a, which damage could 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 ideology may lead. By definition, a minor cannot understand irrevocable infertility and anorgasmia. But minors have fundamental reproductive rights, *see Skinner v.*

[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

Oklahoma, 316 U.S. 535 (1942).

Petitioners enjoy the absolute right and obligation to protect their young children who are unable due to their age to understand "transgender ideology" concepts without confusion, or to give informed consent to any procedures that may lead to their sterilization for life in violation of the constitution, *see Skinner*, 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 an extreme likelihood of regret. No third party can usurp Petitioners' fundamental parental rights. No common law precedent exists for a third party to grant permission to mutilate any other person's body. No parent nor government actor nor 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*).

Full blown attempts to secretly "transition" minors absent parental knowledge or consent can and will lead to grave harms to Petitioners' young children, as conceded by Respondents' own experts.

ARGUMENT

I. In attempting to secretly and impossibly "transition" minor children to the opposite sex without parents' knowledge or consent, Respondents are continuously engaged in ongoing harmful 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.*

These blatant usurpations by Respondents of the core parental role are 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.

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,

[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).

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, continues to 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 California public schools.

The psychological and physical harms to minor children caused by attempting to impossibly "transition" them to the opposite sex are well documented, and again, were admitted by Respondents' own experts. To be clear, this discussion focuses on medical realities and harms affecting minors.

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.

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 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 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

[5] https://opa.hhs.gov/sites/default/files/2025-05/gender-dysphoria-report.pdf
[6] https://x.com/HHSGov/status/1927791449476567043

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] Ideological terminology that has no basis in the reality of human biology, 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]

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

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[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).

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-assisted euthanasia has overtaken stroke as the sixth leading cause of death) which have 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]

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

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

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:

> *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

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

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:

> 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

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

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

Erin Lee, the Colorado mother who was a Petitioner in *Jonathan Lee, et al. v. Poudre School District R-1,* 25-89 (2025), willingly shared with Dr. Gold her family's fight to achieve a happy outcome for her young daughter, whom she and her husband literally rescued from a Colorado school's efforts to "transition" her without parental consent. Her illustrative case history can be viewed here.[18]

Although *certiorari* was denied in *Jonathan Lee, et al.,* Justice Alito, joined by Justices Thomas and Gorsuch, expressed concerns:

> I concur in the denial of certiorari because petitioners do not challenge the ground for the ruling below. But I remain concerned that some federal courts are "tempt[ed]" to avoid confronting a "particularly contentious constitutional questio[n]": whether a school district violates parents' fundamental rights "when, without parental knowledge or consent, it encourages a student to transition to a new gender or assists in that process." *Parents Protecting Our Children, UA v. Eau Claire Area School Dist.*, 604 U.S. ___ (2024) (ALITO, J., dissenting from denial of certiorari) (slip op., at 1–2) (citing *Troxel v. Granville*, 530 U.S. 57, 70 (2000) (plurality opinion)). Petitioners tell us that nearly 6,000 public schools have policies—as respondent allegedly does—that purposefully interfere with parents' access to critical information about their children's gender-identity choices and school personnel's involvement in and influence on those choices. Pet. for Cert. 24. *The troubling—and tragic—allegations in this case underscore the "great and growing national importance" of the question that these parent petitioners present. Parents Protecting Our Children*, 604 U.S., at ___ (slip op., at 1).

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

[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

Jonathan Lee v. Poudre School District R-1, 607 U.S. ____ (2025). (Emphases added.)

As Justice Alito noted, attempted "secret gender transitions" of minors by numerous American school systems, including the California school systems here, is an issue of "great and growing national importance". Petitioners further emphasize this national importance on p. 6 of their *Emergency Application*. This nationally important issue is also currently before the Court in *Foote v. Ludlow School Committee,* 25-77 (2025), which was most recently redistributed for conference on January 16, 2026. This issue is still causing tremendous harms nationwide, will continuously recur if not resolved, and should be addressed by this Honorable Court. *Certiorari* should be granted for both *Foote* and *Mirabelli*, and the cases could be considered together.

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, supra.

Laws prohibiting child abuse, child sexual abuse, child sterilizations, protecting the fundamental 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; California Penal Code § 273a makes it a crime to "willfully cause[] or permit[] any child to suffer" or "the person or health of [a] child [in one's care] to be injured, or … that child to be placed in a situation where his or her person or health may be endangered." Removing any of the genitalia of a female child is also punishable as a crime, *see* § 273.4.

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 it advocates 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, *see Skinner v. Oklahoma*, *supra*, 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]

TX A.G. Op. KP-0401, 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.

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

[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/

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

NHS England commissioned the Cass Review in 2020, appointing Dr. Hilary Cass, former President of the Royal College of Paediatrics and Child Health, to lead an independent investigation. Conducted over four years, the Review was

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[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.
[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

unprecedented in scope, examining evidence relating to more than 113,000 children across 18 countries, and concluded that the scientific evidence supporting gender-affirming care for minors was "remarkably weak." 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 cannot be overstated: Tavistock was *the world's largest pediatric gender clinic and it was closed in March 2024 due to risk of harm to children*.

In recent years, thousands of detransitioners have come forward to describe the adult repercussions of the irreversible medical harm they sustained as minors. Many of these firsthand accounts—including videos and written testimony—are documented at the PITT (Parents for Inconvenient Truth about Trans) Substack.[26]

III. The stay pending appeal of the permanent injunction should have never been granted in this case. The well founded permanent injunction was based on years of extensive discovery and a well developed record, but the stay was issued after only three days, one of which was Christmas. The permanent injunction protects the public, is consistent with the latest jurisprudence, and is likely to succeed on appeal. There is no benefit or compelling need for a stay for Respondents. Indeed, there is a compelling need to vacate the stay in the interest of public safety, to prevent further harms, and to assure truthful communications between parents and school employees.

The beneficial permanent injunction in this case was well developed, well thought out, and issued after years of litigation. The Ninth Circuit's issuance of a stay in just three days of the injunction is shocking.

On December 22, 2025, the district court issued the permanent injunction.

[25] *See* Joint Appendix, Vol. 2, pp. 550, 590*, United States v. Skrmetti*, No. 23-477 (2024).
[26] See https://www.pittparents.com/

On December 24, 2025, Christmas Eve, Respondents applied for a stay. An administrative stay was issued on December 26, 2025, and a response was required from Petitioners by December 30, 2025. The administrative stay was rapidly converted into a stay pending appeal on January 5, 2026.

Thus, due to Christmas, only two days of review of this significant and complex record was available before the administrative stay, and just five days of review before the issuance of the stay. This lacks any appearance of a meaningful review.

In contrast, the district court received numerous expert depositions, conducted extensive discovery, and was well aware of the balance of harms analysis caused by the unconstitutional and dubious "Parental Exclusion Policy," which required school employees to dishonestly lie to and mislead parents about their own children's dangerous gender dysphoria issues. Petitioner Jane Poe's daughter had already attempted suicide once because of gender dysphoria issues which the school concealed from her parents. Respondents' own expert had admitted on cross examination that living a double life as a teenager with school employees concealing critical information from parents was harmful to children.[27]

Respondents conceded at the November 17, 2025 motion for summary judgment hearing that there was no material issue of fact in dispute. *Petition,* p. 15. The district court's permanent injunction was fully consistent with *Troxel v. Granville, Mahmoud v. Taylor,* and *Miller v. McDonald*, 25-133, __ S. Ct. __ (2025), all of which affirmed the fundamental rights of parents to guide their children's

[27] *Emergency Application, Appendix* 51a–52a.

upbringing, education, and religious development. Here, years of beneficial legal work was quashed in just three days, violating that controlling jurisprudence in multiple ways.

Petitioners enjoy a high chance of success on the merits on Respondents' appeal to maintain the usurpation of fundamental parental rights via their "Parental Exclusion Policy." Respondents' position is inconsistent with this Court's established jurisprudence and the United States Constitution. Further, a stay of a permanent injunction pending appeal "ordinarily must show (i) a reasonable probability that this Court would eventually grant review and a fair prospect that the Court would reverse, and (ii) that the applicant would likely suffer irreparable harm absent the stay." *Merrill v. Milligan*, 142 S. Ct. 879, 880 (2022) (Kavanaugh, J., concurring) (citing *Hollingsworth v. Perry*, 558 U.S. 183, 190 (2010) (per curiam)). Further, "[i]n deciding whether to [vacate] a stay pending appeal or certiorari, the Court also considers the equities (including the likely harm to both parties) and the public interest." *Id.* (Kavanaugh, J., concurring).

Not only is the stay pending appeal under the facts of this important case violative of *Troxell, Mahmoud*, and *Miller*, it continues to expose the children of California to dangerous harms, and continues to require California schools to mislead parents, lie to them by commission or omission, and even to fabricate school records in some cases. This illegal, dangerous and unconstitutional policy should not be countenanced any further.

CONCLUSION

Petitioners are exercising their lawful parental prerogatives and their constitutionally protected fundamental parental right to object to Respondents' intrusion upon and usurpation of their parental role by secretly and egregiously attempting to "transition" their children to the opposite sex, in 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, the stay should be immediately dissolved, and the permanent injunction should be reinstated.

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Respectfully submitted,

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