No. 25-759

In the Supreme Court of the United States

AMBER LAVIGNE,
Petitioner,
v.
GREAT SALT BAY COMMUNITY SCHOOL BOARD,
Respondent.

On Petition for a 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 Petitioner 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

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A MATTER OF GREAT PUBLIC IMPORTANCE

Respondent school district cannot unconstitutionally usurp the fundamental parental role by secretly and egregiously "socially transitioning" gender-confused young school children because of a disagreement of opinion regarding proper treatment for gender dysphoria. Parents are entrusted with the wise guidance of their children's medical care, not the school. Desistance statistics and the weight of research show that the parental opinions in this case are most likely correct, and the school's approach is medically contraindicated. This is about saving lives.

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 Petitioner's petition for *certiorari* in *Lavigne v. Great Salt Bay Community School Board,* No. 25-759.[1] *Amici Curiae* have also filed briefs in recent cases affecting public health and medical freedom such as *Chiles v. Salazar,* No. 24-539, *Foote v. Ludlow School Committee,* No. 25-77; *Lee v. Poudre School District R-1,* No. 25-89; *Kory v. Bonta,* No. 24-932; *Does 1-2 v. Hochul,* No. 24-1015; *Stockton v. Brown,* No. 25-606; *Mirabelli v. Bonta,* No. 25A810; *Heath v. EcoHealth Alliance, Inc.,* No. 25-740, *International Partners for Ethical Care, Inc. v. Ferguson,* No. 25-840. AFLDS also filed briefs in cases recently decided by this Honorable Court, such

[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. The parties received timely notice of the filing of this *amici curiae* brief.

as *Miller v. McDonald,* No. 25-133; *United States v. Skrmetti,* No. 23-477; and *Mahmoud v. Taylor,* No. 24-297 (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 parent is engaged in the lawful exercise of her fundamental parental right to shield her own beloved minor child 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 where the actions of Respondent predictably lead to permanent and irreversible psychological and physical damages to these confused 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]

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

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

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 a sacred trust, 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 "man-dating" 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 Petitioner is engaged in the lawful exercise of her *fundamental parental right* to protect and shield her own beloved gender-confused daughter from attempts by Respondent school district to secretly "transition" her child 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 misguided pressure to "transition" to the opposite sex.

Respondent 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 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 troubling. *Amici Curiae* strongly protest using misleading phrases such as "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 petitioning parent rightfully protects her young child. *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] true "gender reassignment" surgery is medically impossible.

Parental protection and control is absolutely essential where confusing and dangerous trans-gender ideology, now largely discredited and lacking an evidentiary basis, can cause permanent and irreversible psychological and physical damage to Petitioner's child, which damage can constitute criminal child sexual abuse.

Petitioner enjoys the absolute right and obligation to protect her child from secret indoc-

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[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

trination in "transgender ideology" at school. Children lack the capacity to understand these "transgender ideology" concepts without confusion, or to give informed consent to any dangerous procedures to which this ideology may lead, and which may cause sterilization for life, irreversible termination of their normal growth during puberty, numerous serious and ongoing medical complications, and a lifetime of medications, medical treatments, and a very high likelihood of regret. No third party can usurp Petitioner's fundamental parental rights. There is no common law precedent for any third party 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 *United States v. Skrmetti,* 145 S. Ct. 1816 (2024). Further, numerous circuit decisions have upheld the fundamental right of parents to informed consent concerning their minor children, while simultaneously acknowledging that the states have a concurrent obligation to protect minors against bodily harm.

The results of unethical medical practitioners' manipulation of children is coming to light. In a recent groundbreaking verdict, a medical malpractice jury awarded $2 million to a young woman detransitioner against her former so-called "gender-affirming care" psychologist and surgeon, who performed a double mastectomy upon the young teenage girl.

Petitioner enjoys the right of access to courts in order to state her claim to redress her grave grievances under the First, Fifth and Fourteenth Amendments. The 'stating a claim' determination

herein has life or death medical consequences. "Transitioning" Petitioner's daughter absent parental knowledge or consent can and will lead to grave harms.

ARGUMENT

I. Respondent school district cannot secretly usurp fundamental parental rights by "socially transitioning" gender-confused young school children without the knowledge or consent of their parents, in violation of Respondent's own policy because of a disagreement of opinion regarding gender dysphoria treatment. The current weight of research shows that parental opinions in this case are likely correct, and the school's approach is likely contra-indicated and based on discredited ideology. Secretly attempting to transition children to the opposite sex — an impossible task — is orders of magnitude more egregious than those recently enjoined by this Court in *Mahmoud v. Taylor,* and presents a question of national importance.

Petitioner enjoys constitutionally protected fundamental parental rights over the care, custody and control of her minor daughter, 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 Respondent, or by

private third parties.[4] These fundamental parental rights broadly include guiding her child's education and medical care, and protecting their children from real or potential harms. Respondent must not be allowed to usurp and trample upon Petitioner's fundamental parental rights by secretly and recklessly causing severe and irreversible psychological harms and sexual abuse to her child by attempting to secretly transition her daughter to the opposite sex. Respondent engaged in this reprehensible behavior due to ill-advised viewpoint discrimination which favored controversial and now-discredited "transgender ideology." This recurring "secret transitioning" of minors has been recognized as a question of national importance. *See Parents Protecting Our Children, UA v. Eau Claire Area School Dist*., No. 23-1280, 145 S. Ct. 14 (2024) (Alito, J., dissenting from denial of *certiorari*); *Lee v. Poudre School District R-1,* No. 25-89, 223 L. Ed. 2d 142 (2025) (Statement of Alito, J., joined by Thomas, J. and Gorsuch, J.*)*.

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

[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).

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. … [I]n *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." [I]n *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." … *Prince v. Massachusetts*, 321 U.S. 158 (1944) … again confirmed that there is a constitutional dimension to the right of parents to direct the upbringing of their children. ....

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). …; *Wisconsin v. Yoder*, 406 U.S. 205, 232 (1972) …; *Quilloin v. Walcott*, 434 U.S. 246, 255 (1978) …; *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.[")]; *Santosky v. Kramer*, 455 U.S. 745, 753 (1982) … 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.
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> *Troxel v. Granville*, 530 U.S. 57, 65-66 (2000).

Most recently, these principles have been strongly reaffirmed in *United States v. Skrmetti,* 145 S. Ct. 1816 (2024) and *Mahmoud v. Taylor,* 145 S. Ct. 2332 (2024).

Respondent's secret interference with fundamental parental rights is blatant here.

The Eleventh Circuit held in *Arnold v. Board of Education of Escambia County*, 880 F.2d 305, 313 (11th Cir. 1989), that "[c]oercing a minor to obtain an abortion or to assist in procuring an abortion *and to refrain from discussing the matter with the parents* unduly interferes with parental authority in the household and with the parental responsibility to direct the rearing of their child." (Emphasis added).

In *Mabe v. San Bernardino County*, *et al.*, 237 F.3d 1101, 1107 (9th Cir. 2001), the Ninth Circuit acknowledged the constitutional rights of families not to be subjected to unwarranted governmental interference without due process of law, except in emergency circumstances:

> The constitutional right of parents and children to live together without govern-

> mental interference is well established. *See Santosky v. Kramer*, 455 U.S. 745, 753 (1982). The Fourteenth Amendment guarantees that parents will not be separated from their children without due process of law except in emergencies. *See Stanley v. Illinois,* 405 U.S. 645, 651 (9th Cir. 1997) (holding that … "a parent had a constitutionally protected right to the care and custody of his children and that he could not be summarily deprived of that custody without notice and a hearing except when the children were in imminent danger"). (Full citations omitted).

The school's misguided attempt to secretly transition Petitioner's daughter to impossibly become a son is colossal unwarranted governmental interference. *See, e.g., Croft v. Westmoreland County Children and Youth Services*, 103 F.3d 1123, 1125–1126 (3d Cir. 1997), finding that interference with family relationships cannot be justified by unsubstantiated allegations or opinions that child abuse may have occurred.

State laws *prohibiting* transgender treatments for minors have been found not to interfere with parental rights. In *Eknes-Tucker v. Governor of Alabama*, 80 F.4th 1205, 1224 (11th Cir. 2023) the Eleventh Circuit found that the constitutional rights of parents to guide the medical care of children, for parents *advocating for* transgender treatments, could be limited when "it appears that parental decisions will jeopardize the health or safety of the child, or have a potential for significant social burdens," relying upon *Wisconsin v. Yoder, Prince v. Massachusetts, Parham v. J.R.; L.W. v. Skrmetti, and Troxel v. Granville*. The *Eknes-Tucker* court refused

to invalidate Alabama's ban on transgender treatments for minors:

> In sum, none of the binding decisions regarding substantive due process establishes that there is a fundamental right to "treat [one's] children with transitioning medications subject to medically accepted standards." … [T]hose decisions applying the fundamental parental right in the context of medical decision-making do not establish that parents have a derivative fundamental right to obtain a particular medical treatment for their children as long as a critical mass of medical professionals approve. Moreover, all of the cases dealing with the fundamental parental right reflect the common thread that states properly may limit the authority of parents where "it appears that parental decisions will jeopardize the health or safety of the child, or have a potential for significant social burdens." *Wisconsin v. Yoder*, 406 U.S. 205, 233-34 (1972) … Against this backdrop, and without any historical analysis specifically tied to the medications at issue, Plaintiffs have not shown it to be likely that the Due Process Clause of the Constitution guarantees a fundamental "right to treat [one's] children with transitioning medications subject to medically accepted standards." *See L.W. v. Skrmetti*, 73 F.4th 408, 416–17 (6th Cir. July 8, 2023) (recognizing that parents "have a substantive due process right 'to make decisions concerning the care, custody, and control of

> their children'" but noting that "[n]o Supreme Court case extends it to a general right to receive new medical or experimental drug treatments." (Some internal citations omitted).

The logic of *Eknes-Tucker* applies to limit Respondent's authority, not the authority of the Petitioner here, who is not encouraging experimental and harmful treatment for her daughter, unlike Respondent, which is advocating the slippery slope of transgender ideology. Similar decisions have been reached by the Eighth and Tenth Circuits, *see Poe v. Drummond,* 2025 U.S. App. LEXIS 19837 (10th Cir., August 6, 2025) (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 Respondent here.

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. Respondent's 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 Petitioner's daughter.

The psychological and physical harms to minor children caused by attempting to impossibly "transition" them to the opposite sex are well documented.

Medical malpractice lawsuits filed by "detransitioning" young adults are now winding their way through the court system. On January 30, 2026, detransitioner Fox Varian was awarded $2 million by a New York jury for malpractice after a mastectomy at age 16. Her mother testified that she opposed the "gender affirming" surgery but was pressured into consenting after psychologist Dr. Einhorn told her Varian was suicidal.[5] Another case, *Layla Jane v. Kaiser Foundation Hospitals, et al.*, is pending in California Superior Court, San Joaquin County. The plaintiff is a young woman who was subjected to puberty blockers, cross-sex hormones, and a double mastectomy at the age of 13. The shocking March 15, 2023 Intent to Sue letter may be viewed here.[6]

A well-publicized third lawsuit for medical negligence brought by a young detransitioner, *Chloe Cole v. Kaiser Foundation Hospitals, Inc.*, filed in the California Superior Court for San Joaquin County,

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[5] *See* https://x.com/benryanwriter/status/2017394408878993460. *See also* https://childrenshealthdefense.org/defender/jury-awards-2-million-woman-who-sued-over-gender-affirming-surgery-teen/ (last visited February 16, 2026).

[6] https://libertycenter.org/wp-content/uploads/2023/03/Draft-90-notice-to-sue-letter-002_Redacted.pdf

has now been set for trial in 2027.[7] The defendants are accused of performing a mutilating, mimicry sex-change experiment on Chloe, from the ages of 13–17, which included puberty blockers, cross-sex hormones, and a radical double mastectomy.

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.* ("the Review")[8] On May 28, 2025, HHS Secretary Kennedy posted 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).[9]

Sec. Kennedy further advised recipients of the HHS letter that the Review documents the "weak evidence and growing international retreat" from the use of puberty blockers, cross-sex hormones, and

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[7] https://libertycenter.org/chloe-coles-trial-set-for-april-5-2027/ (last visited February 22, 2026).

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

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

surgeries to treat gender dysphoria in minors. Given recipients' obligation to avoid serious harm, "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."

On January 28, 2025, President Trump issued Executive Order 14187, entitled "Protecting Children From Chemical and Surgical Mutilation." Similarly, on January 29, 2025, President Trump issued Executive Order 14190, entitled "Ending Radical Indoctrination in K-12 Schooling."

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*.[10]

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."[11] Ideological terminology divorced from biological reality, such as

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

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

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 various new usages of the term "gender" are controversial.[12]

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

In 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 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 have not stopped the grotesque mutilation of children.

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[12] *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).

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.[13,14]

Echoing Dr. Gold and Dr. Grossman are thousands of international medical professionals and organizations that have signed the Doctors Protecting Children Declaration[15] and the members of Do No Harm Medicine.[16]

Numerous medical organizations vigorously oppose the medical mutilation of minors in the name of biased transgender ideology, to which the actions of Respondent could lead. Over 75,000 physicians and healthcare professionals in over sixty countries publicly support minor medical mutilation bans and have signed the Doctors Protecting Children Declaration. 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*

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[13] "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

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

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

[16] https://donoharmmedicine.org

> *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:

> 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 trans-

gender identification, recognizing that existing evidence … 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 … 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. ...

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. ...

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 … is the outcome for the vast majority of affected children who are not actively encouraged to proceed with sex discordant gender affirmation.
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> *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 explains 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.[17]

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[17] *See* "Miriam Grossman | Gender Ideology and the Medical

Amici Curiae have been examining in depth the many controversial issues concerning treatments for gender dysphoria for years. In 2024, *Amici Curiae* released a full length film called "What Is A Doctor?", which explores 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.[18]

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.

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 sterilizations. 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

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Experiment on our Children | NatCon 3 Miami," https://www.youtube.com/watch?v=wIh8tvRLqck

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

constitutional right as far back as *Skinner v. Oklahoma*, 316 U.S. 535, 541 (1942).

Laws prohibiting child abuse, sexual abuse, and sterilization, protecting the fundamental procreation rights of minors, and severely or entirely eliminating the ability of minors to give informed consent to such procedures are common throughout the nation's states. In Maine, *e.g.,* it is a crime to "recklessly endanger[] the health, safety or welfare of [a] child by violating a duty of care or protection." 17-A M.R.S. § 554. Similarly, 18 U.S.C. § 116 criminalizes female genital mutilation; these laws arguably apply to "transgender ideology" surgical outcomes as well. Criminal law precludes the acceptability of actions endangering minors by cutting them off from parental guidance and instead encouraging them to permanently alter their bodies. Respondent cannot succeed when they advocate for behaviors which arguably violate 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 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

[19] *See* https://www.texasattorneygeneral.gov/sites/default/files/

entirety. It holds that minors completely lack the capacity to consent to radical "gender reassignment" surgery, surgery which could result in their permanent sterilization. And because procreation is a fundamental constitutional right, minors cannot give consent to their own sterilization.

Nor can any third party, including parents or the government acting *in loco parentis*, consent to such medical mutilation of minors, which can result in permanent sterilization. *See Brandt, supra*, at 32, citing *Skrmetti* at 1837.

There is no question that these mutilating procedures can and do cause sterilization.[20] 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 Respondent's actions in and of themselves.

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.[21] In *Lost In Trans Nation*, Dr. Grossman presents a detailed analysis of the negative effects of these surgical interventions.[22]

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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/

[21] *See* https://www.youtube.com/watch?v=wIh8tvRLqck

[22] Grossman, M.D., *Lost In Trans Nation*, p. 175.

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.[23]

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.[24] The importance of this clinic closure must not be missed: Tavistock was *the world's largest pediatric gender clinic and it was closed in March 2024 due to risk of harm to children*.

Respondent must not be allowed to secretly promote this harmful and discredited ideology without legal accountability.

III. Petitioning parent has stated a claim for redress of her grievance against Respondent's unconstitutional and secret targeting of her minor daughter.

In dismissing Petitioner's petition for redress on a pretrial Rule 12(b)6 motion, the First Circuit stated that Petitioner had "not pleaded facts sufficient to establish the existence of a permanent

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[23] *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

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

and well-settled policy or custom of withholding and concealing information." No. 25-759, App. 17a.

In reaching this conclusion, the First Circuit directly quoted Respondent's policy: "In addressing needs raised by a transgender student, the school should, among other steps, develop a plan 'in consultation with the student, parent(s)/guardian(s) and others *as appropriate*.'" *Id.*, App. 6a. (Emphasis added).

"[A]s appropriate"? For whom? Certainly not for the petitioning parent with the fundamental parental rights to determine these matters. The phrase "as appropriate" refers to the school; a permanent policy giving school personnel an unconstitutional veto over properly informing parents of crucial matters affecting their families, a veto exercised by the school in this case.

Even if the First Circuit would have found a clear policy prohibiting informing parents of the school's secret efforts to transition their children to the opposite sex, it clarified that this wouldn't have mattered. *See* footnote 4, *Id.*, App. 14a, citing its decision in *Foote v Ludlow School Committee*, 128 F.4th 336 (1st Cir. 2025) (petition for *certiorari* pending, No. 25-77), in which the First Circuit inexplicably concluded that no fundamental parental right was implicated by a school's admitted "secret transitions" policy. *Certiorari* could be granted for this case and *Foote,* which could be decided together, as both involve this recurring issue of national importance.

Petitioner enjoys the right of access to courts to redress her serious grievances under the First, Fifth, and Fourteenth Amendments. Family life and long-

term well-being of confused children suffering from gender dysphoria are at stake.[25] Petitioner has stated a claim.

In *Parents Defending Education v. Linn Mar Community School District,* 83 F.4th 658, 667 (8th Cir. 2023), the Eighth Circuit found that a parent group had standing to challenge part of a school policy which broadly and vaguely prohibited a refusal to "respect a student's gender identity." This chilled the political speech of at least one plaintiff's child, who wanted to express opinions contrary to transgender ideology, and the parent had standing.

In *Assn. of Am. Physicians & Surgeons Educ. Found. v. Am. Bd. Of Internal Med.,* 103 F.4th 383 (5th Cir. 2024), the Fifth Circuit found that the plaintiff physician association had standing to challenge both government and private actors who threatened to chill physician speech critical of Dr. Anthony Fauci, lockdowns, mask mandates, Covid vaccinations, and abortions.

Much more compelling life or death circumstances support Petitioner's statement of a claim, analogous to standing to sue here.

CONCLUSION

The petition for *certiorari* should be granted, and the decision below reversed.

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[25] *Amici curiae* maintain that the phrase "transgender student" is misleading. A more accurate phrase is "student suffering from gender dysphoria."

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.

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