25-678

UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT

BRIAN WUOTI, KAITLYN WUOTI, MICHAEL GANTT, REBECCA GANTT,

Plaintiffs-Appellants,

v.

CHRISTOPHER WINTERS, in his official capacity as Commissioner of Vermont Department of Children and Families, ARYKA RADKE, in her official capacity as Deputy Commissioner of the Family Services Division, STACEY EDMUNDS, in her official capacity as Director of Residential Licensing & Special Investigations,

Defendants-Appellees.

On Appeal from the United States District Court
for the District of Vermont
Case No. 2:24-cv-614-wks

BRIEF OF AMICI CURIAE BILLY BURLEIGH, KATHYGRACE DUNCAN, AND SOREN ALDACO IN SUPPORT OF PLAINTIFFS-APPELLANTS SEEKING REVERSAL

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STATEMENT OF INTEREST OF AMICI

Amici Billy Burleigh, KathyGrace Duncan, and Soren Aldaco respectfully submit this brief in support of Plaintiffs-Appellants. Plaintiffs-Appellants and Defendants-Appellees have consented to this filing.[1]

Amici experienced gender dysphoria when they were adolescents and young adults. The "affirmation" they received led them to believe that they could be members of the opposite sex and that medical interventions for the purpose of "gender transition," such as cross-sex hormones and surgical procedures, would resolve their gender dysphoria and permit them to live healthy, well-adjusted lives. Sadly, Amici learned through their experiences that such affirmations and interventions did not resolve their mental health issues or gender dysphoria, but only caused physical harm and increased their distress as they realized their bodies had been irreversibly altered based upon a false promise.

Amici support the ability of state governments and individuals, like Appellants, to protect young, vulnerable children from the harms of transitioning. Amici believe that promoting a child's physical, emotional, and educational growth does not come by forcing individuals to affirm a child's perception as a member of the opposite sex, but rather it comes from protecting this vulnerable

[1] No counsel for a party authored this brief in whole or in part, and no person other than Amici or their counsel contributed money that was intended to fund preparing or submitting the brief.

population from the dangers of social and medicalized transition.

Amici respectfully submit this brief to provide this Court with an understanding of their experiences as detransitioners, which are shared by thousands of individuals in the United States who have undergone medicalized transition; the scientific evidence showing childhood gender dysphoria often resolves without medical intervention; the scientific evidence showing the harms of gender-affirming treatment; and the State's obligation to protect and promote the welfare of children who face experiences similar to those Amici faced when they were young.

ARGUMENT

I. Amici and Thousands of Others Like Them Were Harmed and Not Helped by Medicalized "Gender Transition."

A. Amici Were Harmed by "Gender Transition" Procedures.

Amici experienced gender dysphoria when they were adolescents and young adults. Instead of being given the proper resources that they desperately needed to address their gender dysphoria and underlying mental health issues, their gender identities were affirmed by those around them. They were led to believe that medical interventions for the purpose of "gender transition," such as cross-sex hormones and surgical procedures, would resolve their gender dysphoria and permit them to live healthy, well-adjusted lives. Sadly, because the community around Amici chose to affirm their gender identities instead of warning Amici of

the dangers of medical intervention, Amici learned through their experiences that such social transitioning and medical interventions did not resolve their mental health issues or gender dysphoria, but only caused physical harm and increased their distress as they realized their bodies had been irreversibly altered based upon a false promise.

Billy Burleigh

Billy Burleigh grew up in a good family with supportive parents. But in the first grade he began experiencing intrusive thoughts that "God made a mistake" and that he was a girl. Through elementary school he had learning and emotional difficulties. He was in emotional pain, and he withdrew from others, trying to cope. He was sexually abused in sixth grade by a male diving coach.

Looking for answers to his distress, the prevailing information he received misled him into believing that the only way to overcome the disconnect was to change his body to conform to what his mind was telling him. Driven by depression and thoughts of suicide, Billy was willing to try anything to relieve his suffering. He told his therapist he wanted to transition, and she provided him a letter to begin cross-sex hormones. Billy was prescribed estrogen and spironolactone, to block testosterone. He underwent multiple surgeries. Starting at age 34, he underwent vaginoplasty, labioplasty, an Adam's apple shave, facial plastic surgery, and voice feminization surgery.

However, no matter how many surgeries he had, every time Billy looked in the mirror, he saw a man staring back at him. Despite a successful professional career and passing well as a woman, he still had all the same problems and mental distress he had before transitioning. After seven years, he began to detransition. Finding peace with God and being involved in a wonderful faith community helped Billy come to terms with his male body. With the help of healthy relationships with other men and a community that loved and supported him, he was able to make the journey back to embracing his male self. Billy got married in 2011 and is currently living happily as a male, a husband, and father, although he still must live with the consequences of a scarred body and the inability to engage sexually with his wife.

Based on his experience, Billy believes strongly that interventions aimed at "affirming" a discordant gender identity are harmful. These interventions amount to putting a band-aid on the individual's underlying issues. He believes that persons with gender dysphoria are looking for acceptance, significance, and security. "Gender-affirming" communities and treatments are offered to satisfy those needs, but from his own painful experience, Billy warns they cannot do that long term. Billy has spoken with many detransitioned individuals. Many of them have experienced trauma and/or sexual abuse. Billy has realized that these individuals need therapy and a safe environment to work through and address the

severe mental health issues they are experiencing, not the promise of happiness through the knife of a surgeon.

KathyGrace Duncan

From a very young age, KathyGrace was gender nonconforming; she preferred male attire, thought she was a "boy," and wanted to live as one. However, it was not until after she had medically transitioned and lived for many years as a man that she was able to reflect on the complex true origins and causes of her self-perception and gender dysphoria. Growing up in a dysfunctional family in which her mother was often the victim of her father's emotional and verbal abuse, KathyGrace intuited the message that "my dad would love me if I were a boy." Sexual abuse by a family member between the ages of 10 and 12 further convinced her that being a girl meant being unsafe and unlovable.

In sixth grade, she learned about female to male transsexuals, leading her to conclude that her distress was caused by not having the "right" body and the only way to live a normal life was to medically transition and become a heterosexual male. At age 19, she began living as a man named Keith and went to a therapist who formally diagnosed her with gender dysphoria. She began testosterone and a year later had a mastectomy. At the time, she believed changing her body was necessary so that what she saw in the mirror matched what she felt on the inside. She never viewed her condition as touching on mental health issues, and neither did the

therapist who diagnosed her. Whether her self-perception and desire to transition was related to her mental health issues was never explored.

After 11 years passing as a man and living a relatively "happy" and stable life (which included having multiple girlfriends), KathyGrace realized that she was living a lie built upon years of repressed pain and abuse. Hormones and surgery had not helped her resolve underlying issues of rejection, abuse, and sexual assault. Her desire to live as a man was a symptom of deeper, unmet needs.

With the help of life coaches and a supportive community, KathyGrace returned to her female identity and began addressing the underlying issues that had been hidden in her attempt to live as a man. She experienced depression that she had repressed for years and grieved over the irreversible changes to her body. KathyGrace believes that if someone had walked with her through her feelings instead of affirming her desire to transition, she would have been able to address her mental health issues more effectively and not spent so many years making and recovering from a grave mistake.

Soren Aldaco

Soren struggled with her identity from an early age. Due to a troubled family life, the sudden loss of a beloved grandmother, peer ridicule, and a host of other stressors and troubles plaguing her early years, Soren's psychological health was poor from the start. Making matters worse, Soren experienced early puberty,

resulting in the development of her breasts beyond what was typical among her pre-teen peers. This early development invited even more ridicule and, influenced by the "female" body images she saw on her social media, caused her to deeply dislike her physical appearance. Because of this dislike for her female physical appearance, coupled with her general propensity to enjoy activities usually enjoyed by boys and the influence from some transgender online friends, Soren began wondering if maybe she was transgender too.

Over the course of eighth and ninth grade, Soren flirted with identifying as a boy with a small group of close friends and a couple of trusted teachers. Eventually, Soren's flirtation with and fluctuation between gender identities began to stagnate, as she had become comfortable taking on a balanced gender identity that reflected the gender-nonconforming nature to which she felt most attuned. Gender identity aside, during this time, Soren's psychological troubles only worsened.

By the tenth grade, Soren's fight with depression and anxiety had become crippling. Once a straight-A student, Soren now found herself falling behind both academically and socially. In addition to depression, anxiety, and the social disorders she would later discover with the help of competent counseling, Soren experienced the added psychological stress of meeting her biological father for the first time in December of 2017. The next month, as a 15-year-old, these stresses and issues

coalesced and manifested into a psychiatric episode that resulted in an in-patient stay at a psychiatric hospital in Texas.

As a result of her psychiatric episode, Soren's mother checked her into the hospital in January 2018, where she was treated by a psychiatrist for three days. During that time, and against Soren's expressed wishes not to discuss her gender identity, the psychiatrist relentlessly pressed her on the topic by prompting her with trans-related questions and affirmations. The psychiatrist pressed so hard on the issue that Soren felt as though the only way to cease the discussion was to agree with him and tell him that she did identify as transgender. At the age of 15, this coerced "confession" from Soren would mark the first notable time she had ever discussed her gender identity offline with anyone outside her close group of friends and trusted confidants and the first time ever speaking about it with a medical professional.

Notably, the psychiatrist did not conduct any meaningful or comprehensive psycho-behavioral examinations, did not explore Soren's existing mental and psychological issues, and did not discuss or attempt to address her glaring comorbidities. Instead, he appeared to simply jump to—and indeed encourage—the conclusion that the sole explanation for Soren's mental breakdown was her needing to embrace a transgender identity, after only knowing her for mere minutes.

The psychiatrist's persistence caused Soren to feel like she was being pressured or coerced away from the comfortable balance she had struck concerning

her gender-nonconforming identity. Consequently, Soren began to wonder anew whether she was, in fact, transgender. The psychiatrist represented to Soren's parents that Soren's gender identity issues were, in fact, the source of Soren's mental health struggles, which in turn further confused Soren's parents and left them torn on how they could help her. As a result of this pressure, Soren began to explore what it would be like to actually live as a medicalized transgender "boy" by researching the various procedures and expanding the group of people with whom she would adopt that persona and identity. A few months after her psychiatric episode and hospitalization, Soren began treatment with another therapist and psychologist who helped her discover that in addition to her Major Depressive Disorder, ADHD, and other diagnoses, Soren was also diagnosed with autism. Soren's autism was never discussed or even considered by the psychiatrist at the hospital.

It was not until several years later that Soren had enough maturity and awareness to look back on these events with the psychiatrist at the hospital and realize that his coercion was undue and improper. The psychiatrist's influence caused an incessant pressure on Soren to travel down the path of harmful changes to her body, which compounded her mental health struggles instead of curing them.

In January 2020, when Soren was 17 years old, a nurse practitioner prescribed her testosterone. Soren first met the nurse practitioner at a transgender "support group," which hosted meetings for transgender young people and their supporters.

The group was run by transgender "elders." The group existed to help guide the children and adolescent attendees on their "gender journey." The nurse practitioner attended the meetings, although he was not himself transgender. The nurse practitioner apparently used the meetings to build up a list of patients and was the cross-sex hormone provider for many of the children and adolescents who frequented the group. Upon Soren's first casual encounter with the nurse practitioner at a group meeting, he immediately confirmed to her that, as with the other young girls and boys in the group, he could and would prescribe Soren with the testosterone she wanted, if and when she visited his office.

At Soren's first ever appointment—a visit lasting only approximately 30 minutes—the nurse practitioner wrote Soren a prescription for her first round of anastrozole (an estrogen blocker) and testosterone cypionate at a very large dosage. The nurse practitioner gave Soren instructions on how to inject herself with the drugs and sent her on her way. He failed to discuss with Soren the full extent of the risks posed by the cross-sex hormones and the irreversible consequences that use of the cross-sex hormones would cause. He also failed to discuss any potential alternatives to the cross-sex hormones, instead deferring to Soren's wishes to take testosterone like the other kids in the support group. He also failed to discuss or address any of Soren's numerous mental health issues and existing comorbidities and conducted no psych behavioral mental health analysis. Even though Soren was only 17 years old,

the nurse practitioner never sought or obtained any written consent from Soren's parents to guide her down this destructive path.

The cross-sex hormones caused severe complications in Soren's body. Yet rather than reduce her dosage or take her off the cross-sex hormones completely, the nurse practitioner simply referred Soren out to various medical specialists who could treat the specific symptoms that arose while continuing to prescribe and administer the cross-sex hormones. Believing that the cross-sex hormone regimen was still ultimately helping her, Soren continued taking the cross-sex hormones for nearly two years. As with many young people put on a path of medical transition, Soren eventually turned to surgery as the next step. A therapist treating Soren for relationship and co-dependency issues wrote a letter recommending her for transition "top surgery" (i.e., a double mastectomy) when Soren was 18. The therapist did so without properly evaluating Soren as a candidate for such surgery.

The therapist's treatment focused almost exclusively on the co-dependence and relationship issues Soren was experiencing with her partner; their sessions never focused on or attempted to fully assess or resolve the question of Soren's gender identity. To the extent that the topic did come up, Soren explained that she was still exploring her gender expression and becoming more comfortable with a non-masculine (or non-conforming) expression.

Notably, over the entire course of Soren's treatment with the therapist, COVID-19 restrictions were in place, meaning Soren had little to no normal social experiences. Even her high school experience was entirely online and by video during this time. Therefore, not even Soren was aware, nor could she have been aware, of what it would be like to live a full social life as a transgender male. Despite Soren's lack of awareness, the therapist's failure to properly assess her as a candidate for an irreversible medical transition procedure, and Soren's history of mental health struggles, surgeons agreed to perform the double mastectomy on her. Shortly after Soren turned 19, she went under the knife. The surgery left Soren in significant pain and in need of urgent, emergency medical attention as complications arose during her recovery. Soren experienced pools of blood forming subcutaneously within her torso and her nipples were literally peeling off her chest. The staff at the surgery center where Soren's double mastectomy was performed dismissed her concerns, and Soren was left to seek assistance elsewhere. She drove to an emergency room to get the urgent care she knew she needed, and after spending all night in the hospital waiting, the breast oncology team finally treated her the next day, observing that Soren had "massive bilateral hematomas" (16cm on the left flank, and 17cm on the right). They re-opened the original incisions and stitched in drains (which should have been included in the original surgery) and drained significant amounts of accrued blood and other bodily fluids. In addition to undergoing the pain and

suffering this caused, Soren was then forced to continue draining blood and fluids from her chest cavity for the following week.

Following that horrific experience, Soren began to realize that neither the testosterone nor the double mastectomy had helped her feel entirely comfortable in her body. Discouraged by this realization, Soren began looking for and discovered a successful alternative to resolve the issues with her gender identity through the simple practice of meditation and mindfulness. Through this practice, Soren learned that her body was not the problem at all; the problem was with her perception and expectation of her body that society and social media had all but forced upon her. A problem exacerbated by the very medical professionals she thought she could trust.

B. Amici Are Representative of Thousands of Individuals Who Likewise Were Harmed by "Gender Transition" Procedures.

Amici are not alone in their experiences of their gender identities having been affirmed and of being misled into life-altering medical interventions to change their bodies to look like the opposite sex.

A growing body of research indicates that an increasing number of youth and adults are detransitioning, indicating harm and/or lack of efficacy of the interventions. Two recent surveys (2021) displayed this lack of efficacy for medical interventions. The first survey showed that 70% of detransitioners reported they had detransitioned after realizing their gender dysphoria was related to other issues, while 60% of the second survey's detransitioners reported their decision to

detransition was motivated by the fact that they "became comfortable identifying with their natal sex." Elie Vandenbussche, *Detransition-Related Needs and Support: A Cross-Sectional Online Survey*, 69(9) J. Homosex. 1602-1620, 1606 (2022), Epub Apr. 30, 2021; Lisa Littman, *Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners*, 50(8) Arch. Sex. Behav. 3353-3369, 3361 (2021).

In this second survey, Dr. Littman found that, as is true of Amici, a majority of the study subjects felt that they had been rushed into medical "gender-affirmative" interventions with irreversible effects without the benefit of adequate psychologic evaluation. *Id.* at 3364-3366. Dr. Littman also found that several of the participants in her study felt pressure to transition from their doctors or therapists. *Id.* at 3366. Thirty-eight percent of participants in Dr. Littman's study said that their gender dysphoria was caused by trauma or mental health issues, and more than half said that transitioning delayed or prevented them from getting treatment for their trauma or mental health issues. *Id.* at 3361-3362.

Similarly, Reddit's "detrans" forum (http://www.reddit.com/r/detrans/) has more than doubled from over 23,000 members in November 2021, to 57,000 members today. One of the entries, titled "Still not me in the mirror" explains the

anguish detransitioners face when they realize there is no "reset button" to undo what has happened to them:

> **Still not me in the mirror.**
>
> I had a nice night last night, but this morning I felt disgusting looking at what I've done to myself. Only positive in sight is that it looks like it's probably gotten a small bit better again. I won't know until I take pictures. Either way, I'm pretty sure it'll never be me again. I want very badly to just see me in the mirror and not any of the changes I suffered. It makes me very strongly want surgery. I don't want surgery, but I do want it too. I feel like this is a problem that will never resolve itself and I'll be haunted by it unendingly. I'm certain surgery will not make me really look like myself. It's not a reset button. It's going to just be a new different look. I don't know if that's really what I need. I just don't know if I'll ever answer this question.

Reddit entry by UniquelyDefined, https://www.reddit.com/r/detrans/comments/10alig1/still_not_me_in_the_mirror/.

Amici, and thousands of others like them, were harmed by medicalized "gender transition," not helped by it.

II. Scientific Evidence Shows Gender Dysphoria Usually Resolves on Its Own, in Which Case Life-Altering "Affirmation" and Medical Intervention Is Proved Unnecessary and Only Harmful.

Over the last 50 years, numerous scientific studies have shown that gender dysphoria in children is not a fixed condition; rather, the vast majority of prepubertal children with gender dysphoria *who do not socially or medically transition* will stop feeling dysphoric by the time they reach adulthood. Eleven peer-reviewed studies published between 1972 and 2021 investigated the

persistence of childhood-onset gender dysphoria, and all reached the same conclusion: "among prepubescent children who feel gender dysphoric, the majority cease to want to be the other gender over the course of puberty—ranging from 61-88% desistance across the large, prospective studies." Expert Decl. of James Cantor, PhD in *L.W. v. Skrmetti*, No. 3:23-cv-00376 (M.D. Tenn.), ECF 113-3 at 59 (listing studies). No published study has shown otherwise.

Given this evidence, the Endocrine Society's Clinical Practice Guidelines acknowledge "the large majority (about 85%) of prepubertal children with a childhood diagnosis did not remain GD/gender incongruent in adolescence." Wylie C. Hembree, et al., *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline*, 102(11) J. of Clinic. Endocrin. & Metab. 3869-903, 3879 (2017).

Yet among children who are *affirmed* in a transgender identity, multiple studies have found that few or none grow into comfort with their biological sex. "The gender identity affirmed during puberty appears to predict the gender identity that will persist into adulthood." Carly Guss, et al., *Transgender and Gender Nonconforming Adolescent Care: Psychosocial and Medical Considerations*, 27(4) Curr. Opin. Pediatr. 421-26, 421 (2015); *see also* Thomas D. Steensma, et al., *Factors Associated With Desistence and Persistence of Childhood Gender Dysphoria: A Quantitative Follow-Up Study*, 52(6) J. Am. Aca. Child Adolesc.

Psychiatry 582-90, 588-89 (2013) (childhood social transitions are "important predictors of persistence").

Available evidence, then, suggests that affirming a transgender identity in children changes outcomes and prevents natural desistence in many children. Dr. Littman observed that her research into detransitioners "adds to the existing evidence that gender dysphoria can be temporary." Littman 2021 at 3365. She concluded that "intervening too soon to medicalize gender dysphoric youth risks iatrogenically derailing the development of youth who would otherwise grow up to be LGB nontransgender adults." *Id.*

In addition, many clinicians have commented on the rising numbers of detransitioners appearing in their clinics. *See, e.g.,* Laura Edwards-Leeper & Erica Anderson, *The Mental Health Establishment Is Failing Trans Kids*, Wash. Post, Nov. 24, 2021, https://www.washingtonpost.com/outlook/2021/11/24/trans-kids-therapy-psychologist/ (noting "rising number of detransitioners that clinicians report seeing," which is typically "youth who experienced gender dysphoria and other complex mental health issues, rushed to medicalize their bodies and regretted it"); Lisa Marchiano, *Gender Detransition: A Case Study*, 66(4) J. of Anal. Psychol. 813-32, 814 (2021) ("[T]he number of young people detransitioning (reaffirming their natal sex) … appears to be increasing. Detransitioners are now sharing their stories online and entering therapy."); *see also* R. Hall, et al., *Access*

to Care and Frequency of Detransition Among a Cohort Discharged by a UK National Adult Gender Identity Clinic: Retrospective Case-Note Review, 7(6):e184 BJPsych Open. 1-8, 1 (2021) ("Detransitioning might be more frequent than previously reported."); Isabel Boyd, et al., *Care of Transgender Patients: A General Practice Quality Improvement Approach*, 10(1) Healthcare 121 (2022) ("[T]he detransition rate found in this population is novel and questions may be raised about the phenomenon of overdiagnosis, overtreatment, or iatrogenic harm as found in other medical fields.").

The popular press is filled with accounts of detransitioners who now regret their transition to a transgender identity. *See* Lisa Selin Davis, *The Mainstream Media Needs to Talk About Detransitioners*, Psychreg, https://www.psychreg.org/mainstream-media-talk-about-detransitioners/ (last updated Feb. 12, 2023); Ross Pomeroy, *Transgender Detransition Is a Taboo Topic, But Data Shows It's On the Rise*, Big Think, June 20, 2023, https://bigthink.com/health/transgender-detransition/; Lauren Smith, *Detransitioners Can No Longer Be Ignored*, Spiked, Oct. 7, 2022, https://www.spiked-online.com/2022/10/07/detransitioners-can-no-longer-be-ignored/.

Numerous forums and online resources have been established for detransitioners, including: (1) Post Trans, (2) Beyond Trans, (3) a Reddit forum for

detransitioners (r/detrans), (4) the Pique Resilience Project, (5) Sex Change Regret, (6) Gender Exploratory Therapy Association/Detransitioners, (7) Life (de)transitions, and (8) Detrans Foundation.[2]

The Swedish National Board of Health and Welfare has recognized "[t]he documented prevalence among young adults of medical detransition." *Care of Children and Adolescents With Gender Dysphoria, Summary of National Guidelines*, Socialstyrelsen, The National Board of Health and Welfare 4 (Dec. 2022). Notably, March 12, 2021, was the first International Detransition Awareness Day. *See* Detrans Awareness Day, https://www.detransawareness.org/; Our Duty, Detransition Awareness Day, https://ourduty.group/2021/03/12/detransition-awareness-day/ ("March 12, 2021 the inaugural 'Detransition Awareness Day', provided an opportunity to raise awareness of detransition and of the stories of detransitioners.").

Despite growing research showing individuals are detransitioning in increasing numbers, adolescents and young adults' gender identities are being affirmed by those around them and by the medical professionals who are

[2] Post Trans, https://post-trans.com/; Beyond Trans, https://beyondtrans.org; Reddit forum, https://www.reddit.com/r/detrans/; Pique Resilience Project, https://www.piqueresproject.com/; Sex Change Regret, https://sexchangeregret.com/; Gender Exploratory Therapy Association/Detransitioners, https://www.genderexploratory.com/detransitioners/; Life (de)transitions, https://lifedetransitions.com/; Detrans Foundation, https://www.detransfoundation.com/.

prescribing cross-sex hormones and performing irreversible, life-altering surgeries that carry significant risks.

Men taking estrogen may experience complications, such as blood clots, heart problems, type 2 diabetes, stroke, and an increased risk of breast cancer. *Feminizing Hormone Therapy*, Mayo Clinic, (July 12, 2024), https://www.mayoclinic.org/tests-procedures/feminizing-hormone-therapy/about/pac-20385096. Testosterone may lead women to experience blood clots, liver injury, heart attacks, strokes, depression, and thoughts of suicide. *Testosterone Injection*, Cleveland Clinic, https://my.clevelandclinic.org/health/drugs/18031-testosterone-injection(last visited June 4, 2025).

There is still limited understanding of the effects of puberty blockers on children, and doctors continue to prescribe them despite knowing that puberty is "a major developmental process. . . ." Diane Chen et al., *Consensus Parameter: Research Methodologies to Evaluate Neurodevelopmental Effects of Pubertal Suppression in Transgender Youth*, 5(4) Mary Ann Liebert, Inc. 246, 254 (2020). Researchers found that delaying pubertal growth can substantially decrease a child's peak bone mass. Vicente Gilsanz et al., *Age at Onset of Puberty Predicts Bone Mass in Young Adulthood*, 158(1) J. Pediatrics 100-105.E2, (2011) ("[N]ormal variations in puberty corresponds to an additional 10 to 20 years of

protection against the normal age-related decline in skeletal mass."); *see* Jack A. Yanovski et al., *Treatment with a Luteinizing Hormone-Releasing Hormone Agonist in Adolescents with Short Stature*, 348(10) New Eng. J. Med., 908, 908, 915 (2003) (explaining that children who used puberty blockers to increase their height experienced a substantial decrease in their bone mineral density, and "there was inadequate catch-up accretion of bone mineral after treatment. . . ."). Puberty blockers may also have a negative effect on brain activity. D.S. Stenbæk et al., *Sex Hormone Manipulation Slows Reaction Time and Increases Labile Mood in Healthy Women*, 68 Psychoneuroendocrinology 39-46 (2016) (explaining that "undergoing a pharmacologically GnRHa-induced ovarian hormone fluctuation decreased speed of basic information processing and increased mood lability" in women).

Hysterectomies, surgeries that remove a woman's uterus, are associated with an increased risk of cardiovascular events, certain cancers, menopause, and depression. Obianuju Sandra Madueke-Laveaux et al., *What We Know About the Long-Term Risks of Hysterectomy for Benign Indication—a Systematic Review*, 10(22) J. of Clinical Med. 5335 (2021). Oophorectomies, procedures in which a woman's ovaries are removed, can cause menopause symptoms, depression, anxiety, memory problems, and osteoporosis. *Oophorectomy (Ovary Removal Surgery)*, Mayo Clinic (Apr. 17, 2024), https://www.mayoclinic.org/tests-

procedures/oophorectomy/about/pac-20385030. In addition to these risks, research shows gender-affirming surgery is associated with a significantly increased risk of self-harm, PTSD, and suicide. John J. Straub et al., *Risk of Suicide and Self-Harm Following Gender-Affirmation Surgery*, 16(4):e57472 Cureus (2024).

While doctors and surgeons are providing "gender-affirming care," their patients' underlying mental issues remain unaddressed, which carries grave consequences as well. Untreated mental illness can lead to social isolation, decreased academic performance, self-harm, harm to others, a weakened immune system, heart disease, and other medical conditions. *Mental Illness*, Mayo Clinic, (Dec. 13, 2022), https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968.

III. Vermont's Asserted Interest in Denying the Plaintiffs' Foster Care License Renewal Is Not Compelling.

Amici's unique perspective and the scientific evidence reinforces that the government's basis for enforcing the Vermont Department for Children and Families' ("DCF") Rules and Policies, and the government's asserted interest in revoking the Plaintiffs' foster care licenses is not compelling. Under either the Free Exercise Clause or the Free Speech Clause, the compelling interest requirement is extremely rigorous. "A government policy can survive strict scrutiny only if it advances interests of the highest order and is narrowly tailored to achieve those interests." *Fulton v. City of Philadelphia*, 593 U.S. 522, 541 (2021) (internal

quotation marks and citation omitted). The government cannot "rely on 'broadly formulated interests'" and must instead undergo a court's scrutiny of "'the asserted harm of granting *specific* exemptions to *particular* religious claimants.'" *Id.* (quoting *Gonzalez v. O Centro Espírita Beneficente União do Vegetal*, 546 U.S. 418, 431 (2006)) (emphasis added). General interests, such as nondiscrimination, are not sufficient to carry this burden. *See id.* at 541–42.

Here, Vermont argued that it had a compelling interest in denying the Plaintiffs' renewal of their foster care licenses because they "showed 'a lack of understanding of child development and, at the least, an inability to meet the emotional and developmental needs of an LGBTQ child.'" *Wuoti v. Winters*, No. 2:24-cv-00614-wks, 2025 WL 569909, at *4 (D. Vt. Feb. 20, 2025) (quoting Vt. Hum. Servs. Bd. Fair Hr'g 17, July 29, 2024, ECF No. 28-2). Vermont explained that it has an interest in "protecting the health and welfare of LGBTQ youth" because "'highly rejected' LGBTQ youth are far more likely to suffer from high levels of depression, attempt suicide, use drugs, and be at risk for sexually transmitted diseases." *Wuoti,* 2025 WL 569909, at *3, *9; *see* Defs.' Mem. in Opp'n to Pls.' Mot. for Prelim. Inj. 13, July 29, 2024, ECF No. 26. As part of this reasoning, the State categorically revoked the Plaintiffs' foster care licenses because of their religious objections to engaging in gender-affirming activities. *Wuoti,* 2025 WL 569909, at *6. Amici's experiences as detransitioners and

developing scientific research provide a different perspective and demonstrate that "affirming" a child's asserted gender identity can lead to significant physical and psychological harm. Additionally, children do not possess the "experience, perspective, and judgment to recognize and avoid choices that could be detrimental to them." *Bellotti v. Baird*, 443 U.S. 622, 635 (1979) (citing *Ginsberg v. New York*, 390 U.S. 629, 650 (1968) (Stewart, J., concurring) ("[A] child—like someone in a captive audience—is not possessed of that full capacity for individual choice. . . ."). As a result, the State's alleged interest in denying Plaintiffs the opportunity to foster children from its foster-care system because of their religious beliefs and religiously-motivated expression is not a compelling interest. Rather, the State should regulate the medical industry when there is "medical and scientific uncertainty." *Gonzales v. Carhart*, 550 U.S. 124, 163 (2007).

In fact, Amici's experiences show that the State would actually discharge its obligation to protect "the health and welfare of foster children" by allowing the Plaintiffs and others like them to care for these children. *Wuoti*, 2025 WL 569909, at *8. The Vermont Human Services Board ("Board") held at the administrative appeal hearing that Brian and Kaitlyn Wuoti are warm and loving foster parents who have raised children without any concerns. *Id.* at *4 (quoting Vt. Hum. Servs. Bd. Fair Hr'g 21, July 29, 2024, ECF No. 28-2). At this hearing, the Board heard from a family services worker, who reported that the Wuotis were an amazing

family, the children were nice and charming, and that he "could not hand pick a more wonderful foster family than them!" Vt. Hum. Servs. Bd. Fair Hr'g 3-4, July 29, 2024, ECF No. 28-2. Similarly, DCF told Michael and Rebecca Gantt that they were "'the most qualified'" foster parents to raise a child who was "'born to a woman suffering from drug addiction.'" *Wuoti,* 2025 WL 569909, at *4 (quoting Decl. of Michael Gantt in Supp. of Pls.' Mot. for Prelim. Inj. ("Decl. Of Michael Gantt") at 9, ¶¶ 83-85, July 1, 2024, ECF No. 17-4). However, despite the Wuotis and Gannts being more than qualified to care for vulnerable children in need of loving homes that would foster their emotional and physical growth, DCF decided to revoke the Plaintiffs' licenses at a time when the State is in desperate need of more families willing to foster children. Decl. of Michael Gantt at 20, ¶¶ 185-89; *Wuoti*, 2025 WL 569909, at *4.

Foster children who face the same challenges Amici faced deserve to grow up in truly supportive environments. These children need parents who recognize the dangers of social and medical transitioning and who will provide them with the right resources to help address whatever challenges they may be experiencing. The children deserve homes where they are loved for who they are, and not where people try to change who they are through harmful social affirmations and medical procedures.

CONCLUSION

Amici respectfully submit that this Court should reverse the decision of the district court.

Dated: June 6, 2025

Respectfully submitted,

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CERTIFICATE OF COMPLIANCE

This brief complies with the word limit of Fed. R. App. P. 32(a)(7)(B) and Local Rule 29.1(c) and 32.1(a)(4)(A) because this brief contains 5,662 words, excluding the parts of the brief exempted by Fed. R. App. P. 32(f).

This brief complies with the typeface requirements of Fed. R. App. P. 32(a)(5) and the type-style requirements of Fed. R. App. P. 32(a)(6) because the document has been prepared in a proportionally spaced typeface using Word 365 in 14-point Times New Roman.

Dated: June 6, 2025

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CERTIFICATE OF SERVICE

I hereby certify under penalty of perjury that on June 6, 2025, I electronically filed the foregoing Brief of Amici Curiae Billy Burleigh, KathyGrace Duncan, and Soren Aldaco in Support of Plaintiffs-Appellants Seeking Reversal with the Clerk of the Court for the United States Court of Appeals for the Second Circuit by using the CM/ECF system. I certify that all participants in the case are registered CM/ECF users, and that service will be accomplished by the CM/ECF System.

Dated: June 6, 2025

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