No. 25-840

In the Supreme Court of the United States

INTERNATIONAL PARTNERS FOR ETHICAL CARE, INC.; ADVOCATES PROTECTING CHILDREN; ET AL.,
Petitioners,

v.

ROBERT FERGUSON, GOVERNOR OF WASHINGTON, IN HIS OFFICIAL CAPACITY, ET AL.,
Respondents.

ON PETITION FOR WRIT OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE NINTH CIRCUIT

BRIEF OF *AMICI CURIAE* JODIE AND DAVID HOLMAN, ASHLY WALLACE AND LGB COURAGE COALITION SUPPORTING PETITIONERS

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INTRODUCTION AND INTEREST OF *AMICI CURIAE*[1]

Amici Curiae Jodie and David Holman are grieving parents whose family was devastated by the application of Washington laws at issue in this action, Wash. Rev. Codes §§ 13.32A.082(2)(c)(i)[2] and 74.09.675(3). Their daughter, age 15, who suffers from a myriad of mental health issues as well as an identity crisis, has been missing since November 2025. The impetus for her disappearance stems from her adoption of a transgender identity and a coordinated effort by various government entities, including her public school and quasi-government actors, to sever parental control over the very troubled teenager because the Holmans would not treat their daughter as male.

Amicus Curiae Ashly Wallace's daughter adopted a transgender identity when she was a young teenager. Wallace, who was never found to be an unfit parent, *de facto* lost custody of her daughter as her daughter claimed to be homelessness and used all of the welfare systems to escape a family who refused to treat her as a male.

Amicus LGB Courage Coalition is a lesbian and gay advocacy group committed to promoting evidence-based medical care, ending the medicalization of

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[1] This brief was not authored in whole or in part by counsel for any party and no person or entity other than *amici curiae* or their counsel has made a monetary contribution toward the brief's preparation or submission. All parties received 10-day advance notice of the filing of this brief.

[2] Effective July 23, 2023.

gender nonconformity, safeguarding homosexual rights, and building a healthy pathway back for lesbian, gay, and bisexual individuals who have undergone medicalization while identifying as trans. The Courage Coalition is motivated by the understanding that gender transition is based on regressive stereotypes that target those who do not conform to traditional sex-based norms, including many gays, lesbians, and autistic youth. The Courage Coalition knows that no child should be subjected to the material harms caused by puberty blockers, cross-sex hormones, and sex-rejecting surgeries. Nor should families be coerced into affirming the false notion that their child is a sex other than that which he or she was born.

The Courage Coalition was founded by Jamie Reed, the whistleblower from the Washington University Pediatric Transgender Center ("Center") at St. Louis Children's Hospital. Ms. Reed's testimony to the Missouri Attorney General in 2023 prompted the enactment of a state law banning gender transition procedures for minors and the Center's closing.

As Ms. Reed has testified numerous times in legislative hearings across the country, she was once a "true believer" that sex-rejecting medical interventions helped children and gender nonconforming adults. However, during her time at the Center, she witnessed that in many cases, pediatric gender medicine caused permanent harm to the very children the Center claimed to help.

SUMMARY OF ARGUMENT

The Ninth Circuit erroneously held that petitioner parents who have gender dysphoric children and a fear that their children may runaway including—parents whose child has, or has been encouraged, to run away—lack standing to challenge Wash. Rev. Code §13.32A.082, to avoid deciding the question that is at the heart of parental rights: do parents have a right to raise their children in conformity with their sex?[3] As they currently stand, Washington laws force parents into an untenable position: either default to "transitioning" a distressed child or lose custody, either through direct interference by the Department of Children, Youth & Families ("DCYF") or indirectly through Washington's child welfare and medical systems. Child welfare systems were designed to protect abused and homeless children, not to remove troubled children from their own parents who seek to address their minor child's underlying mental health issues rather than default to encouraging that child to undergo life-altering measures to change their appearance. No human has changed sex.

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[3] Currently, there have been over 31 lawsuits filed nationwide against school districts requesting courts to restore parental rights to raise children as their sex and control their health treatment, including three cases with petitions for certiorari pending, including *Mirabelli v. Bonta*, 2026 WL 44874 (9th Cir. Jan. 5. 2026) *emergency appl. & pet. for cert. filed*, No. 25-8056 (Jan. 8. 2026); *Foote v. Ludlow Sch. Comm.*, 128 F.4th 336, 346-47 (1st Cir. 2025) *pet. cert. filed*, No., 25-77 (July 22, 2025); *Littlejohn v. School Bd. of Leon Cnty.*, Fla., 132 F.4th 1232, 1242-43 (11th Cir. 2025), *pet. for cert. filed*, No. 25-259 (Sep. 5, 2025).

The horrifying effect of Washington's laws are exemplified through the Holmans' and Ashly Wallace's tragic stories. While the all-consuming grief felt by these parents cannot ever be adequately described, these stories reflect how the current state systems allow for, promote, and essentially require sex-rejecting care.

ARGUMENT

I. Washington's Laws Unconstitutionally Presume that Parents Who Want to Raise Their Child as Their Sex Are Unfit.

Washington has engineered its child welfare programs to operate as a pipeline to sex-rejecting interventions—interventions whose efficacy and appropriateness are extremely suspect, as made clear by the Department of Health and Human Services,[4] the closure of more than 40 pediatric gender clinics at hospitals,[5] the American Society of Plastic Surgeons' ("ASPS") recent Position Statement on "gender medicine" for minors,[6] and the American Medical

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[4] Depart. of Health and Human Servs., Treatment for Pediatric Gender Dysphoria, Review of Evidence and Best Practices, Nov. 19, 2025 at 69-70,252 ["HHS Review"].

[5] Theresa Gaffney, *Amid Federal Pressure, More Hospitals Stop Gender-Affirming Care for Minors*, STAT NEWS, Feb. 5, 2026, https://www.statnews.com/2026/02/05/hospitals-stop-gender-care-minors-trump-administration-pressure/.

[6] Am. Soc'y of Plastic Surgeons, *Position Statement on Gender-Related Procedures for Patients with Gender Dysphoria*, (Feb. 3, 2026), https://www.plasticsurgery.org/documents/health-policy/positions/2026-gender-surgery-children-adolescents.pdf.

Association's withdrawal of its support for sex-rejecting surgeries on minors.[7]

ASPS's position paper states:

> [T]he overall evidence base for gender-related endocrine and surgical interventions is low certainty, and in light of recent publications reporting very low/low certainty of evidence regarding mental health outcomes, along with emerging concerns about potential long-term harms and the irreversible nature of surgical interventions in a developmentally vulnerable population, ASPS concludes **there is insufficient evidence demonstrating a favorable risk-benefit ratio for the pathway of gender-related endocrine and surgical interventions in children and adolescents**.[8]

When it comes to gender-confused kids, all roads lead to "medical transition" in Washington. Once a child says she or he is transgender, no barriers exist to instantiating that belief through medical intervention. When the State began passing legislation to provide care for abused or abandoned children, its focus was on the best interest of the child, with an eye towards

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[7] Paige Twenter, *AMA Clarifies Position on Gender-Affirming Surgeries for minors,* BECKER'S CLINICAL LEADERSHIP, Feb. 5, 2026, https://www.beckershospitalreview.com/quality/patient-safety-outcomes/ama-alters-position-on-gender-affirming-surgeries-for-minors/.

[8] See *id,* Note 6 (emphasis added).

reunification with the parents. Providing shelter, food, and a safe place for children is a laudable goal. But that goal has been sidelined, as the State considers parents who refuse to "transition" their distressed children to be unfit, and the system now allows children of non-consenting parents to utilize the welfare network to circumvent any attempts by their parents to protect their children from inflicting permanent harm to their bodies.

Washington's laws and policies, taken as a whole, make it nearly impossible for parents to direct the upbringing of their children to be raised as his or her sex once the child states that he or she is "transgender." A myriad of laws and policies exist to thwart parents' wishes for their children to grow up whole, without experimental and destructive wrong-sex hormones and irreversible surgeries. *See Smith v. Seibly*, 431 P.2d 719, 720 (Wash. 1967) (Washington's mature minors doctrine); Wash. Rev. Code §71.34.500 (minors 13 and older can, without parental consent, obtain inpatient mental health treatment); Wash. Rev. Code §71.34.530 (minors 13 and older can, without parental consent, obtain outpatient mental health treatments); Wash. Rev. Code §48.43.005 and Wash. Rev. Code §48.43.505 (minors who may obtain health care without parental consent are "protected individual" for which insurers must protect disclosure to policyholder of their "gender affirming care"); *see also* Wash. Admin. Code §182-505-0211 (2024) and Wash. Rev. Code §7.70.065(2)(a)(ii) (Apple Health—Washington's Medicaid program—provides sex-rejecting interventions for minors and DCYF can take the medical control of a child under its care).

With the passage of Wash. Rev. Code §13.32A.082, the State makes a parent's refusal to "transition" their child tantamount to child abuse. The runaway child seeking "affirmation" is not returned to the parents and is instead removed from the parents' care, either through DCYF or the network of shelters. Once a child enters the DCYF system, there are no voices cautioning against life-changing alterations to her body. *See* Washington State's DCYF Administrative Policy, Chapter 6.04, Oct. 20, 2022 (DCYF must "[a]ssist children, youth, and young adults when they are: i. Seeking affirming medical, behavioral, and mental health services. . . [r]eferring to gender-affirming services, including medical care, as approved by Medicaid.").[9] These laws can only be described as state-sanctioned kidnapping, as they are designed to take minors from parents without justifiable provocation (such as abuse or neglect), emancipate a child without any due process for parents, and hand over medical control of children, age 13 and above, to the child, a guardian not sanctioned by the parents, or the courts.

Laws that remove parents who refuse to affirm their child's transgender identity are based upon the insidious and unconstitutional presumption that parents categorically cannot be trusted to raise a child who identifies as "transgender" and that the only acceptable way to raise a trans-identified child is to allow such child to live out that status in any way he or she chooses. This presumption contradicts a foundational principle of American law: the "natural

[9] Wash. Dep't of Child., Youth & Fam. Admin, Policy 6.04 at 2,4 (2024); https://www.dcyf.wa.gov/sites/default/files/pdf/Admin-6.04.pdf.

bonds of affection lead parents to act in the best interests of their children." *Parham v. J.R.*, 442 U.S. 584, 602 (1979). The Court's precedents operate on a "presumption that parents possess what a child lacks in maturity, experience, and capacity for judgment required for making life's difficult decisions." *Id.* The state cannot simply cast this presumption aside based on a generalized fear or an ideological disagreement with a parent's views on "gender." As stated in *Parham*, "[t]he statist notion that governmental power should supersede parental authority in all cases because some parents abuse and neglect children is repugnant to American tradition." *Id.* at 603 (emphasis in original). "The Due Process Clause does not permit a state to infringe on the fundamental right of parents to make child rearing decisions simply because [the government] believes a 'better decision' could be made." *Troxel v. Granville*, 530 U.S. 57, 72-73 (2000).

II. The Holmans' and Wallace's Heartbreaking Stories Illustrate the Disastrous Results When Government Actions Remove a Child From Fit Parents to Advance the Transgender Agenda.

A. Jodie and David Holman

Jodie and David Holman lived in Washington State most of their lives.. David is an accomplished veteran of the Green Berets, having deployed on three operations as well as serving in the National Guard. Jodie is obtaining her Master's Degree in museum studies. They have three children: two boys and a girl.

In 2025, the Holmans fled to Texas because Washington state was interfering with their efforts to effectively help their middle child, 16-year-old Eleanor, who was struggling with mental health issues and had adopted a transgender identity. Shortly after that, on November 28, 2025, Eleanor ran away from home and has been missing ever since. Her parents do not know if she is in Washington, has been sex-trafficked or is even still alive. What they do know is that her adoption of a transgender identity and Washington's anti-parental rights laws and policies helped pave the way for Eleanor's disappearance.

Before moving to Texas, state and quasi-state actors in Washington employed aggressive tactics, using the child welfare system, to undermine the Holmans' parental rights because they refused to affirm Eleanor's maladaptive trans identity.

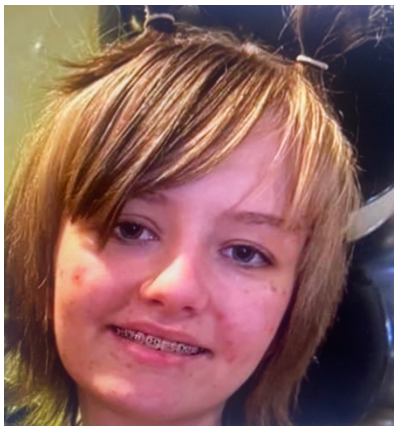

Photo of Eleanor, courtesy of the Holmans

Eleanor's personal history is complex. The Holmans discovered that, as a toddler, Eleanor was subjected to sexual trauma. (The perpetrator was imprisoned.) Because of this horrific experience, the

Holmans anticipated that Eleanor would need substantial mental health support, especially as she entered puberty. That prediction came true.

In 2019, as Eleanor began school at the Puyallup School District, her mental health began spiraling downward. Around that time, Jodie discovered that Eleanor was exposed to highly sexualized material, including books with transgender themes at the school library.[10]

Eleanor's pain became increasingly evident. Her failure to make friends resulted in her resorting to unhealthy attention-seeking antics. Covid-19 lockdowns in 2020, further exacerbated Eleanor's loneliness, and she turned to the internet to find friends and caused mischief, hacking into the school's computer system. When school resumed in person, Eleanor established a close relationship with her school's mental health counselor, whom the Holmans mistakenly believed had been partnering with them to help Eleanor cope with her depression, ADHD, trauma, and behavioral issues.

The Holmans later learned that the counselor had actually been putting Eleanor in harm's way by encouraging her transgender identity. Eleanor had a safety plan to reduce suicide risks, she was cutting

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[10] In fact, Puyallup made the news for a book it made available to students that celebrated and normalized transgenderism and the removal of healthy breasts. David Urbanski, *Elementary School Promotes Transgender 'Top Surgery' Book for Pride Month. Then the Complaints Come Rolling in.* THE BLAZE, (July 1, 2021); https://www.theblaze.com/news/elementary-school-transgender-top-surgery-book.

herself, and had begun to frequently run away. The safety plan was supposed to include close monitoring of Eleanor's whereabouts because of her propensity to run away. The school counselor, however, ignored this, giving Eleanor brochures for transgender support clinics and encouraging her to visit during school hours, without telling her parents. When Jodie discovered this and confronted her, the counselor insisted that she had every right to provide the transgender resources to Eleanor.

When Eleanor claimed to be a boy trapped in a female's body, following a period of asserting that she was a lesbian—an identity with which the Holmans took no issue —the Holmans initially went along with the transgender identity, even though they never ascribed to the notion that their daughter, or any child, is born in the wrong body and understood that the identity crisis was another maladaptive behavior stemming from Eleanor's extensive mental health issues. However, since the Holmans were primarily focused on stabilizing Eleanor's behavior, they went along with Eleanor's male identity for roughly a year. But the Holmans eventually concluded that treating Eleanor as a boy only exacerbated her distress, and they stopped playing along.

The Holmans asked that the school stop encouraging Eleanor's transgender identity and support their chosen measures to treat her mental health crisis, but the school continued to advance Eleanor's belief that she was really a boy. Eleanor took advantage of the special treatment at the school for "transgender" students, using the single-use "trans" bathroom to use drugs. The identity affected Eleanor's ability to connect with peers, limiting her friendships

to other "trans-identified students" who influenced each other to enable their beliefs.

In December 2024, the school likely notified DCYF that Eleanor was being abused by her parents. Eleanor, herself, called DCYF to report her parents multiple times, often claiming that Jodie had physically abused her. Each DCYF investigation concluded with no finding of abuse or neglect by either parent. During this protracted mental health crisis, the Holmans continued to use Catholic Community Services, Wraparound with Intensive Services, and therapists to try to stabilize Eleanor.

In January 2025, Eleanor ran away again, and by this point, she had been in and out of hospitals close to thirty times. During all of those visits, none of the hospital staff, who are mandated reporters, contacted DCYF with any allegations of parental abuse. In March 2025, after another episode of Eleanor running away, she met Jeanne Shepherd at EgyHop homeless outreach center.[11] Shepherd provided Eleanor the pathway to extricate herself from her non-affirming family.

Shepherd introduced Eleanor to TeamChild, a law firm partially funded by the State that represents minors in juvenile and dependency cases. TeamChild, which has a relationship with DCYF and Puyallup School District through Communities in Schools

[11] Emma Goldman Youth & Homeless Outreach Program, https://www.egyhop.org (last visited Feb. 11, 2026).

("CISWA"),[12] worked tirelessly to "emancipate" Eleanor from her parents. TeamChild's stated strategy in its representation of minors is to follow the lead of the child: "[y]oung people are the experts about their own lived experiences and needs, and they are centered in [TeamChild's] legal services. Youth prioritize their goals and call the shots about decisions that impact their lives."[13]

TeamChild aggressively adhered to its mission in Eleanor's case, petitioning the court on April 24, 2025, on Eleanor's behalf, for an Emergency Minor Guardianship ("EMG"). Fortunately, the restraining order was not granted, but the court placed Eleanor under the control of Shepherd, a virtual stranger who was completely unvetted and who lived with other unvetted adults (a vice-principal from Puyallup who identifies as transgender attended the hearing to support the removal of Eleanor from her parents' home).

The Holmans fought strenuously to get their vulnerable daughter back. They wanted her removed from the home with complete strangers. They had reason to fear that some members of the household may have been planning on trafficking Eleanor. Shepherd had requested Eleanor's passport and had been permitting an adult male with a criminal record to transport Eleanor around town. Notably, over the

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[12] Eleanor's TeamChild counsel was Demetri Heliotis, who is also a board member of CISWA. See Demetri Heliotis, Communities in Schools, https://tacoma.ciswa.org/person/demetri-heliotis/ (last visited Feb. 11, 2026).

[13] *Our Approach*, TeamChild, https://www.teamchild.org/our-approach (last visited Feb. 11,2026).

period of placement with Shepherd, Eleanor did not attend school—hardly a sign of a healthy or safe guardianship.

On May 21, 2025, the commissioner deciding Eleanor's fate properly denied the petition to extend the EMG, returning Eleanor to her parents. But that night, Eleanor, who had access to marijuana and Benadryl at Shepherd's home, ingested both in another attempt to take her life and to create a pretext to try again to be removed from her parents. Eleanor was hospitalized again. Her TeamChild's attorney, Demetri Heliotis, appeared at the hospital during Eleanor's stay, confusing the staff as to who had medical authority over her.

The Holmans successfully got Eleanor back but reached the undeniable conclusion that if they stayed in Washington, state actors and quasi-state actors would continue to interfere with their family, continue to make false claims of abuse, and use every possible avenue to remove Eleanor from their care. Thus, they moved, at great expense, to Texas, and enrolled her into an inpatient facility in Utah. The attorney for TeamChild attempted to contact Eleanor there. Ultimately, the Utah facility informed the Holmans that they were unable to care for Eleanor's acute mental health issues, and she was transferred to a facility in Louisiana. TeamChild once again managed to contact Eleanor—contact which her mental health team noted disrupted her progress.

After months of acute inpatient treatment, Eleanor returned to her family in Texas. But within two weeks of her arrival at home, she disappeared. Thus, the interlopers were finally successful in placing

this child into unspeakable danger, all because the parents would not submit to her trans-identity. No one from TeamChild, the Puyallup School District, nor Shepherd, her court-appointed temporary guardian, has cooperated with the parents in their search for Eleanor.

If Eleanor is in Washington, the Holmans do not expect that any of Washington's shelters or "chosen families" will contact them, because Wash. Rev. Code §13.32A.082 permits them to bypass the parents and report directly to DCYF. Nor is there any readily available recourse against those who influenced Eleanor to run. No private right of action otherwise exists against the shelters in this instance.[14]

B. Ashly Wallace

Ashly Wallace's case parallels that of the Holman family, except it occurred in Oregon. Like the Holmans' child, Ashly's minor daughter Wynter also disappeared with the assistance of state systems.

Wynter's childhood was unremarkable except for difficulties with peer relationships. She was frequently bullied and sought acceptance through mimicking her peers' mental health issues. Still, she struggled to make friends, and when the pandemic forced social isolation, she turned to the internet for companionship, where she was heavily influenced by numerous pro-transgender videos. By the time Wynter entered eighth grade in 2021, many in her peer group adopted transgender identities, and she followed suit.

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[14] See Wash. Rev. Code §13.32A.085.

Around the same time that she began identifying as male. Wynter's demeanor changed markedly. Initially, Ashly dismissed 13-year-old Wynter's obsession with LGBTQ topics as a passing developmental phase. However, the connection between Wynter's aberrant agitated state and her adoption of a transgender identity eventually became undeniable. Moreover, Ashly discovered an unfamiliar phone in Wynter's room containing sexual content, a topless photo of a minor, and indications of marijuana usage.[15] Wynter's erratic behavior escalated as she started high school.

Ashly sought professional help, but the professionals only directed her to affirm Wynter's identity. Unbeknownst to Ashly at that time, Wynter's school had been helping drive her transgender identity by enrolling her in a trans support club, inviting her to engage in confidential affirming therapy, and conspiring to socially transition Wynter. At 15, Wynter began dropping hints to her mother about wanting to emancipate while obsessively logging every instance when her mother and stepfather referred to her using female pronouns. After a heated argument between Wynter and Ashly over Wynter's identity, Wynter ran away to an affirming friend's house. A state and federally sponsored crisis resolution mediator advised Ashly to authorize Wynter's temporary stay at Looking Glass Community Services Station 7 ("Station 7") shelter to give her some space. Station 7, an organization funded

[15] Ashly contacted the police about the images but her concerns were dismissed.

largely by Medicaid[16], partners with the Oregon Department of Education[17] and explicitly provides "LGBTQIA+ affirming care" inserted itself into the Wallace family.[18]

Around the same time, Ashly permitted Wynter to take music lessons at Youth Era, a self-proclaimed safe space for LGBTQ teens[19] promoted by the Oregon Health Authority.[20] But when Wynter's brother and stepfather went looking for her at Youth Era during another runaway attempt, the state-sponsored center

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[16] Ben Botkin, *Federal Funding Aids Looking Glass Efforts to Reach Youth in Cottage Grove*, LOOKOUT EUGENE-SPRINGFIELD, (May 28, 2025), (Looking Glass gets 65% to 75% of its budget from Medicaid),https://lookouteugenespringfield.com/story/government-politics/2025/05/28/federal-funding-aids-looking-glass-efforts-to-reach-youth-in-cottage-grove/.

[17] Tyler Mack, *Inaugural Pride Fest at Riverfront School Brings Smiles, Tacos and Shave Ice*, Looking Glass Cmty. Servs, (Jun. 9, 2025), https://www.lookingglass.us/blog/2025/6/9/inaugural-pride-fest-at-riverfront-school-brings-smiles-tacos-and-shave-ice; *see also* Oregon Department of Education, letter to Looking Glass Center Point School, dated Jun. 2, 2023, https://lesd.k12.or.us/wp-content/uploads/2024/05/Centerpoint-Site-Observation.pdf. (last reviewed Feb. 11, 2026.)

[18] *Looking Glass Community Services,* https://rehabs.org/looking-glass-community-services/. (last visited Feb. 11, 2026).

[19] Kim Martin, OREGON LGBTQ PHYSICAL AND MENTAL HEALTH RESOURCES – THE REGISTER-GUARD, LGBT BREAKING, (Jul 3, 2022), https://www.gaynewstoday.com/oregon-lgbtq-physical-and-mental-health-resources-the-register-guard/.

[20] Or. Health Auth., *Supports for Youth and Young Adults* https://www.oregon.gov/oha/hsd/bh-child-family/pages/youth.aspx (last visited Feb. 11, 2026).

refused to allow them to see Wynter, showing no respect for the familial bond.

Ashly ceased affirming Wynter as a boy and enrolled her in a charter school in which the students wore uniforms and were all referred to by their last names. However, Wynter had been coached by her trans-identifying peers to use Oregon's Department of Human Services to emancipate herself from her family and get placed with trans-identifying friends. Wynter began making claims of abuse against her mother and stepfather. In total, four separate investigations spanning from 2022 to 2024 were conducted against the parents; three were determined to be unfounded. Ashly does not know the disposition of the fourth investigation because she refused to cooperate. By that time, Wynter had run away and had not lived with the family for more than a year. Wynter also used the McKinney-Vento Homeless Assistance Act[21] to enroll herself in school, claiming that she was abandoned. Ashly's calls to the school explaining that the parents had never relinquished control over Wynter were ignored.

Wynter learned to navigate the system by claiming homelessness and alleging rejection and abandonment by her family, despite Ashly's continuous efforts to bring her home. None of the police, schools, or shelters assisted Ashly with reunification; instead, they aided Wynter's *de facto* emancipation without any evidence of abuse or abandonment by her parents. Ashly has not heard

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[21] 42 U.S.C. §§ 11431-11435.

from Wynter, now an adult, for more than a year, but has reason to believe that Wynter did not graduate high school and that she was placed on testosterone while she was still a minor without her parents' consent.

III. Washington State's Medical Community's Pro Sex-Rejecting Interventions Harm Children and Families—Interventions That Are Of Low Efficacy.

Washington State has adopted the most aggressive laws, tactics, and policies in the country to ensure that minors who claim to have gender dysphoria are medicalized.

A. Washington's Major Hospital Systems Are Captured by the Transgender Agenda

An article authored by three physicians, two from Seattle Children's Hospital, published by the American Academy of Pediatrics ("AAP") in 2023 is characteristic of Washington's attitude towards trans-identifying children. The article claims that denial by providers for children sex-rejecting interventions—puberty blockers, cross-sex hormones, and surgeries—is medical neglect and emotional abuse, and by implication, parents who refuse to consent to sex-rejecting interventions are abusive. On the other hand, Seattle Children's gender clinic appears to have overlooked another Seattle Children's physician's article that highlighted the unsurprising inability of youth to understand long-term consequences in medical care. That research paper states that "[a]dolescents appear to focus more on the immediate benefits (a socioemotional brain system function [that

develops during puberty]) than the future costs of risky behavior (a cognitive-control brain system function [that matures in the mid to late 20s]), a finding that is exacerbated in the presence of peers."[22] Even the World Professional Association of Transgender Health ("WPATH"), the most prominent organization known for aggressively promoting sex-rejecting interventions on confused children recognized the inability of minors to understand what they are consenting to. Dr. Dan Metzger of WPATH stated, "it's always a good theory that you talk about fertility preservation with a 14-year-old, but I know I'm talking to a blank wall," adding that children "don't yet understand what they are sacrificing."[23] WPATH's clinicians were also recorded admitting that they are "just winging it" when it comes to treating gender confused kids.[24]

Seattle Children's pediatric gender clinic recently stopped, then started, then stopped *again* offering sex-rejecting surgeries to children,[25] despite the assertion

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[22] Douglas S. Diekman, *Adolescent Brain Development and Medical Decision-making*, 146 Pediatrics, S18, S21 (2020).

[23] Mia Hughes, *The WPATH Files, Pseudoscientific Surgical and Hormonal Experiments on Children, Adolescents, and Vulnerable Adults*, Env't Progress 12 (Mar. 4, 2024), https://environmentalprogress.org/big-news/wpath-files.

[24] Leor Sapir, *'We're All Just Winging It': What the Gender Doctors Say in Private*, THE FREE PRESS, (Dec. 3, 2025), https://www.thefp.com/p/were-all-just-winging-it-what-the

[25] Vivian McCall, *Seattle Children's Has Again Stopped Providing Gender-Affirming Care for Trans People Under 19*, The Stranger, (Apr. 17, 2025), https://www.thestranger.com/news/2025/04/17/80016692/seattle-childrens-has-again-stopped-providing-gender-affirming-surgery-for-trans-people-under-19.

by some of its doctors that to do so is child abuse and medical neglect. It is, however, continuing to damage a child's entrance into puberty with castration drugs and providing cross-sex hormones to minors despite the complete lack of evidence that these treatments benefit children who are distressed about their sex.[26] Notably, Seattle Children's is currently under investigation by the United States Department of Health and Human Services for its sex-rejecting treatments on minors.[27]

But Seattle Children's was hardly alone in fueling the exponential rise of children adopting transgender identities in Washington. The MultiCare Health System in Tacoma, Washington ("MultiCare") is also a major promoter of pediatric gender medicalization.

MultiCare employed Tamara Pietzke, a licensed clinical social worker and therapist. In 2024, Pietzke "blew the whistle" on the harmful practices she witnessed with pediatric patients at MultiCare.[28] Pietzke was alarmed that she was told to cast aside her mental health training and affirm every child's transgender identity irrespective of the comorbidities or inanity of the identity. One such patient, a female,

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[26] HHS Review at 79, see also, Notes 5-7.

[27] Ross O'Keefe, *HHS Launches Investigation into Seattle Children's Hospital over transgender surgeries for minors*, WASH. EXAMINER, (Dec. 26,. 2025), https://www.msn.com/en-us/health/other/hhs-launches-investigation-into-seattle-children-s-hospital-over-transgender-surgeries-for-minors/ar-AA1T6bkZ.

[28] Tamara Pietzke, *I Was Told to Approve All Teen Gender Transition. I refused*, THE FREE PRESS,(Feb. 2. 2024), https://www.thefp.com/p/i-refused-to-approve-all-teen-gender-transitions.

aged 16, cycled through identities landing on xenogender, which is a gender that is "beyond the understanding of a human." Her particular identity was that of a wounded dog. The child wanted hormones to effectuate her "transgender" identity. Unbelievably, the clinic approved the hormones.[29]

Pietzke watched as the Mary Bridge Gender Health Clinic, part of MultiCare, prescribed testosterone to a minor whose mental health issues included autism, anxiety, gender dysphoria, depression, and other mental disorders. None of those severe comorbid ailments were considered impediments to that child "transitioning." Pietzke learned that, far from aiding the young girl, the hormones seemed to cause her mental health to decline to the point where she isolated in her room, barely ever leaving it. Notably, Mary Bridge has closed its pediatric gender clinic.[30]

When Pietzke raised the alarm about a very disturbed child being recommended for cross-sex hormones, MultiCare reassigned the patient to another therapist. The patient at issue had been a victim of childhood sexual assaults, severe abuse by her bipolar mother, exposure to violent pornography, and had diagnoses of depression, anxiety, post-traumatic stress disorder, and intermittent explosive disorder. The disturbed child rocked herself and

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[29] *Id.*

[30] Cheryl Murfin, et al., *Mary Bridge Children's Hospital Closes Gender-Affirming Care Clinic*, SEATTLE'S CHILD, (Jan. 29, 2026). https://www.seattleschild.com/mary-bridge-gender-affirming-care-clinic-closure/

informed Pietzke that sometimes she would "age-regress" by "watching Teletubbies and sucking on a pacifier," but none of these red flags were sufficient to convince the providers that performing sex-rejecting interventions on the vulnerable child.[31]

Given the focus of these and other institutions on medicalizing children who are suffering from sex-related distress, it is unsurprising that Washington has experienced a nearly 400 percent increase over a span of 8 years of children ages 13 to 17 identifying as transgender.[32,33] It seems clear that this growth is inorganic and a result of institutional promotion of a social contagion.[34] One Seattle school district reported

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[31] *See* Note 28.

[32] Jody L. Herman et al. *Age of Individuals Who Identity as Transgender in the United States*, UCLA Sch. of L. Williams Inst. (Jan. 2017) at 5, https://williamsinstitute.law.ucla.edu/wp-content/uploads/Age-Trans-Individuals-Jan-2017.pdf.

[33] Jody L. Herman et al. *How many adults and Youth Identify as Transgender in the United States?* UCLA Sch. of L. Williams Inst. (Jan. 2017) at 13, https://williamsinstitute.law.ucla.edu/wp content/uploads/Trans-Pop-Update-Aug-2025.pdf.

[34] *See* HHS Review at 69-70-252; Colin Wright, *Contagion Hypothesis, The Share of Young People Claiming Another 'Gender Identity' Exploded. Now Surveys Show it Is Receding*, WALL STREET JOURNAL, Oct. 29, 2025, https://www.wsj.com/opinion/evidence-backs-the-transgender-social-contagion-hypothesis-40937876; Lisa Littman, *Parent Reports of Adolescents and Young Adults Perceived to Show Signs of a Rapid Onset of Gender Dysphoria*, 13 Pub. Lib'y Sci. e0202330, at 1 (2018), unrelated correction issued, 14 PLOSONE e0214157 (2019); *see also* Samuel Veissiére, *Why is Transgender Identity on the Rise Among Teens*?, Psych. Today (Nov. 28, 2018), https://www.psychologytoday .com/us/blog/culture-mind-and-brain/201811/why-is-transgender -identity-the-rise-among-teens (expected rate of gender

an 853 percent increase in non-binary identities from 2019 to 2022, including 30 kindergarteners through third graders. [35]

B. Jamie Reed's Whistleblowing Reveals Systemic Abuses in Pediatric Gender Medicine

Jamie Reed is a lesbian, a clinical research professional, and also a former employee of a pediatric gender center affiliated with Washington University School of Medicine and St. Louis Children's Hospital. She holds a Master of Science in Clinical Research Management and was employed at the Center as a case manager and research coordinator. Her responsibilities included coordination of patient care, regulatory and research oversight, and direct involvement in the intake and management of pediatric patients. Ms. Reed became a whistleblower after observing what she believed to be systemic deviations from accepted medical, ethical, and legal standards in the treatment of minors, including failures related to informed consent, custody verification, and the handling of children involved in foster care and court proceedings. After raising concerns internally without remediation, she

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dysphoria is 0.005-.014% for males and 0.002-.003% for females); Hilary Cass, *Independent Review of Gender Identity Services for Children and Young People: Final Report* 86 (April 2024), https://cass.independent-review.uk/home/publications/final-report/ (sex-ratio flipped from predominantly males to females now making up 73% of trans-identified youth).

[35] Ari Hoffman, *EXCLUSIVE: Seattle Public Schools Sees 853 Percent Increase in 'Non-Binary' Students Over 3 Years*, Post Millennial (Oct. 20, 2022), https://thepostmillennial.com/exclusive-seattle-public-schools-sees-853-percent-increase-in-non-binary-students-over-3-years.

documented her observations in a sworn affidavit and subsequently provided public testimony regarding the practices she witnessed.

The clinicians at the Center routinely aligned themselves with the "affirming" parent in situations involving custody disputes, shared guardianship, or parental disagreements in which one parent did not wish to medicalize the child. As set forth in Ms. Reed's sworn affidavit and public statements, staff were discouraged from requesting or reviewing custody agreements because, as she was told, possession of such documents would require compliance with their legal limitations, and the clinic wanted nothing to impede medical "transition" of the child.[36] Ms. Reed has further described a culture in which non-affirming parents were characterized as obstacles to care, while affirming parents were supported in advancing medical pathways for minors even where legal authority to consent was unclear or contested. In at least one case described publicly by Ms. Reed, a physician affiliated with the Center testified in a custody proceeding and was subsequently granted medical decision-making authority over the child, effectively displacing *both* non-consenting parents. Ms. Reed stated that this outcome was inconsistent with prevailing ethical standards and legal recommendations governing the role of treating physicians in custody disputes.

Ms. Reed has also stated that the Center's involvement extended beyond clinical encounters and

[36] Affidavit of Jamie Reed to Missouri Attorney General, https://ago.mo.gov/wp-content/uploads/2-07-2023-reed-affidavit-signed.pdf.

into court-adjacent systems responsible for children in state care. According to Ms. Reed, she and a clinical nurse participated in training sessions with Court Appointed Special Advocates (CASA), deputy juvenile officers, and court staff, during which participants were instructed that "affirmation" is the only appropriate response to gender-distressed youth in foster care and custody contexts. Ms. Reed described these trainings as conveying an expectation that court-involved professionals defer to an affirming framework when evaluating the needs and expressed identities of minors, including those whose parents, guardians, or assigned caseworkers expressed reservations or opposition.

Ms. Reed has described similar training and guidance being provided to staff at residential treatment facilities housing foster youth and other court-involved minors. These trainings present an "affirmation-only" pathway as the appropriate standard for youth in residential placements, regardless of unresolved custody questions or parental disagreement. In her public accounts, Ms. Reed also stated that staff at the Center, including herself, coached some youth on how to access medicalized gender pathways to bypass parents' refusal to consent. Taken together, Ms. Reed's sworn and public statements describe a pattern in which medical personnel and affiliated staff became actively involved in shaping custody-related outcomes and access to treatment for foster and court-involved youth, extending beyond the provision of neutral medical care.

In Washington state and other states with similar child welfare laws and schemes, parents are now faced with the question: would you rather subject your child to sex rejecting interventions or lose custody?

CONCLUSION

For the aforementioned reasons, Amici Curiae respectfully ask this Court to grant the petition for certiorari.

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