

No. 26-180

In the Supreme Court of the United States

EDWARD ALLYN HUDACKO, PETITIONER,

V.

REGENTS OF THE UNIVERSITY OF CALIFORNIA, ET AL.,
RESPONDENTS.

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

**BRIEF FOR *AMICI CURIAE*
GENSPECT-USA, JONNI SKINNER AND
CYNTHIA STEIN IN SUPPORT OF
PETITIONER**

ELSPETH B. CYPHER
Counsel of Record
C. ERIN FRIDAY
1930 18th Street, NW,
Suite B2 #2036
Washington DC 20009
(508) 472-4143
elspeth.cypher@gmail.com

Counsel for Amici Curiae

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**INTRODUCTION AND
INTEREST OF *AMICI CURIAE*¹**

Genspect USA is a non-partisan nonprofit organization and part of Genspect, an international, interdisciplinary organization committed to promoting a healthy, evidence-based approach to sex and gender. Genspect recognizes transgender identification as a mental health issue requiring psychosocial support and advocates for ethical, non-medicalized responses to gender distress. It collaborates with a diverse range of world-wide professionals, detransitioners (individuals who have at one point identified as transgender and undergone sex-rejecting interventions but who no longer identify that way), and parent groups. Genspect has seen many parents pressured by medical providers who promote hormonal or surgical interventions for individuals instead of the much-needed mental health treatment to help them accept and embrace their sexed bodies.

Jonni Skinner is a young man who at thirteen years old started taking sex-rejecting hormones because clinicians convinced him and his mother that he was really a girl. Although he now accepts himself as a feminine gay man, he continues to suffer the consequences of the previous medical interventions. Jonni is one of a growing number of young adults who have

¹ All parties were timely notified of the filing of this brief. 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.

detransitioned and one of the few willing to speak publicly about his experience despite the vicious backlash that he is subjected to each time.

Cynthia Stein is a Colorado mother whose daughter was influenced by a teacher to adopt a trans-identity without her mother’s knowledge or consent. She knows first-hand how third parties covertly overrule the wishes of parents who lovingly seek for their children to accept their sex and avoid catastrophic irreversible medical harm.

Amici are united in their commitment to protecting the fundamental right of parents to direct the upbringing and medical care of their children free from State coercion, and are equally committed to ending the medicalization of what is, at its core, a mental health condition.

SUMMARY OF ARGUMENT

Few subjects in recent history have been more fiercely contested than any issue touching on “transgenderism.” In a remarkably short time, the claim that a male becomes a female by identifying as one has moved from the margins to the mainstream, reshaping access to prisons,² locker rooms, and women’s sports in dangerous ways.³ Some people

² *Chandler v. Macomber*, No. 1:21-cv-01657-JLT-HBK (E.D. Cal. Mar. 23, 2026), appeal docketed, No. 26-3283 (9th Cir. May 21, 2026).

³ See *West Virginia v. B.P.J.*, 146 S. Ct. 2356 (2026).

claim that male and female is just a construct and that doctors merely assign a sex to a newborn replacing biological truth with a feeling. Medical providers are recommending (based upon a paucity of evidence while ignoring the social contagion causing historic numbers of children to reject their sex)⁴ that perfectly functioning endocrine systems be disrupted using chemical castration drugs. Medical societies are claiming that removal of young girls' breasts and putting boys on estrogen is life-saving and medically necessary.⁵ States are forbidding mental health providers from providing counseling to align a person's mind to his or her body.⁶ States are permitting children to run away so long as they are seeking sex-rejecting interventions.⁷ Fit parents are losing custody of their children for raising their child

⁴ See U.S. Dep't of Health & Hum. Servs., *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices* 13, 69-71, 90-92, 95 (Nov. 19, 2025) ("HHS Review").

⁵ Letter from James L. Madara, CEO & Exec. Vice President, Am. Med. Ass'n, to Bill McBride, Exec. Dir., Nat'l Governors Ass'n (Apr. 26, 2021), <https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2021-4-26-Bill-McBride-opposing-anti-trans-bills-Final.pdf>.

⁶ See e.g., Colo. Rev. Stat. § 13-20-1302 (2026) (rewriting Colorado's therapy statute weeks after *Chiles v. Salazar*, 607 U.S. 625 (2026), and exposing counselors to lawsuits without any statute of limitations for the same counseling this Court held the State could not prohibit).

⁷ See e.g., *Int'l Partners for Ethical Care, Inc. v. Ferguson*, 146 F.4th 841, 846-47 (9th Cir. 2025), *reh'g en banc denied*, No. 24-3661 (9th Cir. Dec. 5, 2025), *cert. granted*, No. 25-840 (U.S. June 29, 2026).

as his or her sex.⁸ Potential foster care parents are being refused because they won't promise to subject a gender dysphoric child to sex-rejecting interventions.⁹ Government schools are refusing to honor parents' requests not to teach their children that anyone can choose his or her sex, and are secretly socially transitioning students.¹⁰ And, sophisticated and ideologically-captured state actors are ignoring parents' directives not to perform potentially sterilizing interventions on their children, as happened here.

Transgenderism is not the new civil rights movement, but a movement that has depathologized a serious mental illness that has metastasized, causing a disruption of our entire society and a rejection of actual truths.

⁸ Joseph Figliolia, *One Step to Remove Gender Ideology from the Child Welfare System*, City J. (Oct. 13, 2026), <https://www.city-journal.org/article/yaeli-martinez-child-protection-act-child-welfare-gender>.

⁹ See, e.g., *Bates v. Pakseresht*, 146 F.4th 772, 777 (9th Cir. 2025).

¹⁰ See e.g., *Mahmoud v. Taylor*, 606 U.S. 522 (2025); *Mirabelli v. Bonta*, 607 U.S. 492 (2026).

ARGUMENT

I. A Political Campaign to Depsycho-pathologize Transgender Identification Created the “Transgender Child.”

Transgender identification and the desire for the medical alteration of sex characteristics is a mental disorder. The Diagnostic and Statistical Manual of Mental Disorders SM defines a mental disorder as “a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior,” which is “usually associated with significant distress or disability in social, occupational, or other important activities.”¹¹ Believing oneself to be the sex that one is not and desiring drastic medical interventions on healthy bodily systems in the name of this belief falls into the category of mental disorder.

This particular mental disorder has a wide range of etiologies. In adult males, the most common is autogynephilia, an erotic fixation on the idea of the self as female.¹² In homosexual adults, transgender identification is typically associated with extreme childhood gender nonconformity and early-onset

¹¹ Am. Psychiatric Ass’n, *Diagnostic and Statistical Manual of Mental Disorders* 20 (5th ed. 2013).

¹² Ray Blanchard, *The Concept of Autogynephilia and the Typology of Male Gender Dysphoria*, 177 J. Nervous & Mental Disease 616 (1989).

dysphoria.¹³ In the newly emerged youth cohort of the 21st century, transgender identification and the desire for medical body modification is often associated with same-sex attraction, neurodevelopmental conditions, trauma, and social contagion.¹⁴ In Genspect's view, none of these pathways is a normal, healthy variation of human development; all involve distress and suffering, and all require careful psychotherapeutic support and exploration.

Trans activism's political campaign of depsychopathologization condenses this wide array of etiologies into the oversimplification of an innate "gender identity" that does not align with one's sexed body, an identity that requires immediate affirmation and medicalization if the individual so desires.¹⁵ This political oversimplification puts vulnerable patients at risk of inappropriate, irreversible medical interventions.

The political campaign to depsychopathologize transgender identification began in the 1980s. In

¹³ Ray Blanchard, *Nonhomosexual Gender Dysphoria*, 24 J. Sex Rsch. 188 (1988), <https://doi.org/10.1080/00224498809551410> (classifying male gender dysphoria into homosexual and nonhomosexual types).

¹⁴ Lisa Littman, *Parent Reports of Adolescents and Young Adults Perceived to Show Signs of a Rapid Onset of Gender Dysphoria*, 13 PLoS ONE e0202330 (2018), *corrected*, 14 PLoS ONE e0214157 (2019).

¹⁵ World Prof'l Ass'n for Transgender Health, *WPATH De-Psychopathologisation Statement* (May 26, 2010), <https://wpath.org/wp-content/uploads/2024/11/de-psychopathologisation-5-26-10-on-letterhead.pdf>.

1979, after reviewing the outcomes of the sex-reassignment experiment, Dr. Paul McHugh closed the gender clinic at Johns Hopkins.¹⁶ Most other university clinics closed their doors in the decade that followed, and for a brief period, the “sex change” experiment appeared to be over. In truth, it was only just beginning. In the 1980s, the modern transgender rights movement began to form, and at its core was the mission to restore access to hormonal and surgical body modification. The early architects of this movement were individuals who held a fixed conviction that their transgender identities were not psychiatric in origin and that their desire for the medical alteration of their sex characteristics was rational and justified. They built their movement upon this conviction, with depsychopathologization as its central goal.

The groundwork of modern trans activism was laid in Texas in the early 1990s, where trans-identified individuals gathered each year for the International Conference on Transgender Law and Employment Policy. At these meetings, depsychopathologization was formalized in a series of documents. Martine Rothblatt’s 1993 *Health Law Standards of Care for Transsexualism* stated, without evidence in support, that “[t]ranssexualism is an ancient and persistent part of human experience and

¹⁶ See Jon K. Meyer & Donna J. Reter, *Sex Reassignment: Follow-up*, 36 Archives Gen. Psychiatry 1010 (1979); see Paul R. McHugh, *The Mind Has Mountains: Reflections on Society and Psychiatry* 114 (2006).

is not in itself a medical illness or mental disorder.”¹⁷ Rothblatt further stated that “[p]ersons have the right to express their gender identity through changes to their physical appearance, including the use of hormones and reconstructive surgery.”¹⁸ Rothblatt also espouses the concept of “transhumanism,” a belief that humans should be free of their bodies through technology.¹⁹

The 1995 *International Bill of Gender Rights* stated that “individuals shall not be subject to psychiatric diagnosis or treatment as mentally disordered or diseased solely on the basis of a self-defined gender identity or the expression thereof,” and that “[a]ll human beings have the right to control their bodies, which includes the right to change their bodies cosmetically, chemically, or surgically, so as to express a self-defined gender identity.”²⁰ These non-binding proclamations were without any scientific evidence, yet they formed the scaffolding of the entire transgender rights movement.

In the late 1990s, this political campaign made its way into the world’s only professional association

¹⁷ Martine Rothblatt, *Health Law Standards of Care for Transsexualism*, in Proceedings of the Int’l Conf. on Transgender L. & Emp. Pol’y 1 (1993), <https://digital.utsa.edu/digital/collection/p15125coll9/id/17046>.

¹⁸ *Id.*

¹⁹ Martine Rothblatt, *From Transgender to Transhuman: A Manifesto on the Freedom of Form* (2011).

²⁰ *International Bill of Gender Rights* (Int’l Conf. on Transgender L. & Emp. Pol’y, adopted June 17, 1995) at 1-2, https://archive.org/details/internationalbil00inte_0/mode/2up.

dedicated to gender medicine: the Harry Benjamin International Gender Dysphoria Association (HBIGDA). Throughout the 1990s, HBIGDA faced pressure from the newly formed transgender rights movement. Rothblatt, a wealthy entrepreneur, offered his *Health Law Standards of Care* against the HBIGDA's Standards of Care that classified transgender identities as a psychiatric disorder and had a modicum of safeguarding requiring two referral letters from mental health professionals before an individual could undergo sex-rejecting interventions.²¹

HBIGDA buckled to this activist pressure. In 1997, after trans activists protested at HBIGDA's conference in Vancouver, the organization literally opened its doors to activists who sought to relabel transsexualism from a mental health pathology to a natural human variation. Two activists (both staunch advocates of depsychopathologization) were added as consultants on the fifth edition of HBIGDA's Standards of Care (SOC-5), published in 1998.²² From that point forward, the safeguards an individual had to pass before obtaining sex-rejecting interventions steadily disappeared.²³ This prompted psychiatrist

²¹ Harry Benjamin Int'l Gender Dysphoria Ass'n, *The Standards of Care for Gender Identity Disorders* (4th version 1990).

²² Jamison Green, *Unbending the Light: Changing Laws and Policies to Make Transgender Health Visible; Reflections of an Advocate*, 50 J.L. Med. & Ethics 509 (2022).

²³ Harry Benjamin Int'l Gender Dysphoria Ass'n, *The Standards of Care for Gender Identity Disorders* (5th version 1998) (Stephen B. Levine, chair) (listing, for the first time, non-clinician consultants including Jamison Green and Dallas Denny, and

Stephen Levine, who had chaired the SOC-5 committee, to leave the organization, unwilling to participate in a medical society that had turned into an advocacy group. Science was secondary to the demands of those seeking the medical alteration of their sex characteristics.²⁴

HBIGDA's handling of the controversy surrounding the 2003 publication of Professor J. Michael Bailey's book *The Man Who Would Be Queen* further demonstrates the organization's shift away from scientific priorities. Bailey's book popularized Ray Blanchard's 1989 typology of autogynephilia that framed transgender identification in heterosexual males as a paraphilic disorder rather than the expression of an innate gender identity, precisely the explanation activists were working to suppress. Bailey's book provoked a coordinated campaign by three trans-identified males to destroy Bailey professionally and personally, despite two of the three persecutors having previously acknowledged or

requiring two mental-health letters for genital surgery); Harry Benjamin Int'l Gender Dysphoria Ass'n, *The Standards of Care for Gender Identity Disorders* (6th version 2001) (reducing the letter requirement for surgery in certain cases); E. Coleman et al., *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, 23 Int'l J. Transgender Health Chapter 6 (2022), (age restrictions removed for children.) <https://doi.org/10.1080/26895269.2022.2100644>.

²⁴ *Beyond Gender, I was there – it was a mistake*, (Stella O'Malley & Mia Hughes interviewing Stephen B. Levine) (2025), <https://www.youtube.com/watch?v=DoNMzdZHQCs>; Expert Affidavit of Dr. Stephen B. Levine, M.D. ¶ 46, *Doe 1 v. Madison Metro. Sch. Dist.*, No. 2020CV000454 (Wis. Cir. Ct. Dane Cnty. Feb. 19, 2020).

described their own personal autogynephilic motivations.²⁵ HBIGDA sided with Bailey's persecutors resulting in Dr. Blanchard resigning from HBIGDA membership.²⁶

By 2007, HBIGDA had changed its name to the World Professional Association for Transgender Health (WPATH). Science was completely replaced with advocacy. In May 2010, WPATH issued its "De-Psychopathologisation Statement", urging "the de-psychopathologisation of gender variance worldwide" and asserting that "the expression of gender characteristics, including identities, that are not stereotypically associated with one's assigned sex at birth is a common and culturally-diverse human phenomenon which should not be judged as inherently pathological or negative."²⁷ This advocacy statement was aimed at reducing stigma for desiring medical body modification.

Out of the messaging of depsychopathologization, the concept of the transgender child emerged. Children suffering from

²⁵ See Alice D. Dreger, *The Controversy Surrounding The Man Who Would Be Queen: A Case History of the Politics of Science, Identity, and Sex in the Internet Age*, 37 *Archives Sexual Behav.* 366 (2008); Helen Joyce, *The Truth About Autogynephilia*, *QUILLETTE* (Sept. 7, 2021), <https://quillette.com/2021/09/07/the-truth-about-autogynephilia/>.

²⁶ Letter from Ray Blanchard to Walter Meyer and Bean Robinson, HBIGDA (Nov. 4, 2003) <https://ai.eecs.umich.edu/people/conway/TS/BaileyAssociates/BlanchardResigns.html#anchor336199>.

²⁷ See *supra* note 15.

distress related to extreme gender nonconformity had existed in the scientific literature from the 1960s onwards, and it was widely acknowledged that most grew up to be homosexual adults.²⁸ These children were not classified as transgender, nor were their cross-sex wishes affirmed through name and pronoun changes. Depsychopathologization changed that. Cross-sex identities were now considered by some to be innate, natural variations of human existence requiring immediate affirmation in both adults and children.

In 2007, the first U.S. pediatric gender clinic opened at Boston Children's Hospital offering puberty suppression and cross-sex hormones. A new industry was born, and more than 50 clinics followed quickly.²⁹ In that same year, Barbara Walters introduced the masses to the concept of the "transgender child" during a 20/20 segment featuring three children whose parents had chosen to raise them as the opposite sex, one of whom was a young Jazz Jennings.³⁰

²⁸ See, e.g., J. Michael Bailey & Kenneth J. Zucker, *Childhood Sex-Typed Behavior and Sexual Orientation: A Conceptual Analysis and Quantitative Review*, 31 *Developmental Psych.* 43 (1995); Richard Green, *The "Sissy Boy Syndrome" and the Development of Homosexuality* (1987).

²⁹ Freida Klotz, *The Fractious Evolution of Pediatric Transgender Medicine*, UNDARK (Apr. 6, 2022), <https://undark.org/2022/04/06/the-evolution-of-pediatric-transgender-medicine/>.

³⁰ *20/20: My Secret Self: A Story of Transgender Children* (ABC television broadcast Apr. 27, 2007); see also, TLC Australia, *Gender Surgery Gone Wrong*, "I Might Never Experience an

In 2012, prominent WPATH member Diane Ehrensaft supplied the pseudoscientific theory that a child’s “true gender self” can be discerned in early childhood. By 2016, she was telling audiences that children “probably know their gender as early as the beginning of the second year of life,” communicating it by unsnapping their onesies or pulling barrettes from their hair. Her theory turned well-established developmental literature on childhood development on its head.³¹

In the mid-2010s, the transgender rights movement turned depsychopathologization into a culturally amplified, unquestionable truth.³² This coincided with a dramatic surge in gender clinic referrals across the world. For example, the UK saw an uptick of referrals to its pediatric gender clinic rise

Orgasm,” YouTube, at (2018), <https://www.youtube.com/watch?v=bCVA9q3RBc> (excerpting *I Am Jazz* and depicting Jennings, then a minor, undergoing surgery to fix his botched vaginoplasty).

³¹ See *Gender-Affirmative Therapist: Baby Who Hates Barrettes* = *Trans Boy*, 4thWaveNow (Sept. 29, 2016), <https://4thwavenow.com/2016/09/29/gender-affirmative-therapist-baby-who-hates-barrettes-trans-boy-questioning-sterilization-of-11-year-olds-same-as-denying-cancer-treatment/>.

³² See e.g., Katy Steinmetz, *The Transgender Tipping Point*, TIME, June 9, 2014, (cover story featuring Laverne Cox and declaring transgender rights “America’s next civil rights frontier”); Buzz Bissinger, *Caitlyn Jenner: The Full Story*, VANITY FAIR, July 2015.

from approximately 50 in 2009 to more than 5,000 in 2021–22, an increase of roughly 10,000%.³³

A cultural zeitgeist overtook science, bleeding into every part of society crowning transgenderism as the new civil rights movement. But no body of research has established that believing oneself to be of another sex and desiring extreme body modification in the name of that belief constitutes a normal, healthy variation of human development. Depsychopathologization was a political campaign leading to horrific unthinkable harms: the sterilization of children, the surgical removal of healthy body parts and destroying sexual function in young adults like Jonni Skinner.

II. Jonni Skinner’s Mother Was Coerced by the Medical Community to Assent to Sex-Rejecting Interventions for Her Gay Son.

Jonni was never a girl trapped in a boy’s body. He was an effeminate boy who would grow up to be gay.³⁴ But that is not what his medical providers wanted for him, nor what they told his mother. Gay individuals do not provide money-making opportunities to the medical industry. (The revenue

³³ Dr. Hilary Cass, *Independent Review of Gender Identity Services for Children and Young People: Interim Report* 34, ¶ 3.10 (Feb. 2022), <https://cass.independent-review.uk/publications/interim-report/>

³⁴ See Jonni Skinner, *I Detransitioned. My Body Will Never Be the Same*, THE FREE PRESS, (May 5, 2026), <https://www.thefp.com/p/i-de-transitioned-my-body-will-never-be-the-same>.

for the U.S. gender-related medical industry is estimated to exceed \$7 billion by 2030).³⁵ Jonni, if supported as a gender-nonconforming male, would not need a series of medical interventions or a life-time of hormones, nor would he serve the ideology that sometimes an individual can be “born in the wrong body.”

Jonni grew up in rural Michigan. He had been diagnosed with autism. He loved Disney princesses and pink. By the time puberty approached, he had learned that his attraction to boys was among the gravest of sins, and he prayed compulsively for God to change that. As a result, he came to loathe his male body.

Online, he found transgender YouTubers who described feelings similar to his so he asked his mother about “transitioning.” His mother, wanting to help, sought care for him at what she believed was the most prestigious medical institution in the state, the University of Michigan Medical Center. Jonni’s mom met with the medical director and founder of its Child

³⁵ See Grand View Research, U.S. Sex Reassignment Surgery Market Size, Share & Trends Analysis Report, 2023–2030 (Aug. 2023), <https://www.grandviewresearch.com/industry-analysis/us-sex-reassignment-surgery-market>; Grand View Research, U.S. Sex Reassignment Hormone Therapy Market Size, Share & Trends Analysis Report, 2023–2030 (2023), <https://www.grandviewresearch.com/industry-analysis/us-sex-reassignment-hormone-therapy-market-report>.

and Adolescent Gender Clinic³⁶ (in positions similar to those of respondents Drs. Ehrensaft and Rosenthal). Jonni’s mother could hardly have made a graver mistake.

The gender therapist Jonni saw never addressed his religious shame or his body dysmorphia. Instead, she told him that the gay community was hypersexual and that if he wanted to be loved, he should become a woman. His endocrinologist Dr. Daniel Shumer reinforced this message, telling Jonni that as a man he would be unlovable, and that as a woman his “dating pool” would be bigger because he would be able to date straight men.

Dr. Shumer used four horrific tactics to help convince Jonni’s skeptical mother to consent to medical interventions for Jonni. First, Dr. Shumer falsely asserted that a prenatal hormonal “interference” had given Jonni a female brain in a male body. This, despite the reality that females and males do not have distinctly different brains³⁷ and studies fail to show that trans-identified individuals’ brains resemble the opposite sex.³⁸

³⁶ Expert Affidavit of Daniel Shumer, M.D. ¶ 90, *Loe v. State*, No. No. D-1-GN-23-003616, 2023 WL 5519799 (Travis Cnty. Dist. Ct. July 10, 2023), <https://lambdalegal.org/wp-content/uploads/2023/07/Exh.-15-Expert-Affidavit-of-Daniel-Shumer-MD.pdf>. (“Shumer Affidavit”).

³⁷ See Daphna Joel et al., *Sex Beyond the Genitalia: The Human Brain Mosaic*, 112 Proc. Nat’l Acad. Sci. 15468 (2015).

³⁸ See Sven C. Mueller et al., *The Neuroanatomy of Transgender Identity: Mega-Analytic Findings from the ENIGMA Transgender Persons Working Group*, 18 J. Sexual Med. 1122 (2021) (finding that trans-identifying individuals do not present brains “merely shifted towards either end of the male-female

Second, Dr. Shumer gave Jonni’s mother a choice, “transition” or face a 60% chance of Jonni committing suicide. In fact, there is no reliable evidence that sex-rejecting interventions prevent suicide.³⁹

Third, Dr. Shumer deceptively diagnosed Jonni with an endocrine disorder related to puberty to get insurance coverage for the drugs.⁴⁰ Jonni’s endocrine

spectrum”); *see also* Colin M. Wright, et al., *Flawed Methods and Overstated Conclusions Regarding ‘Brain Sex’: A Peer Review of Kurth et al. (2022)*, 55 *Theory & Soc’y* 84 (2026) (critiquing a frequently cited “brain sex” study for conflating brain differences associated with transgender identity with those associated with sexual orientation), <https://doi.org/10.1007/s11186-026-09747-2>.

³⁹ *See* Hilary Cass, *Independent Review of Gender Identity Services for Children and Young People: Final Report*, 186-187 (Apr. 2024), <https://cass.independent-review.uk/home/publications/final-report/>; HHS Review at 74–77; Sami-Matti Ruuska et al., *All-Cause and Suicide Mortalities Among Adolescents and Young Adults Who Contacted Specialised Gender Identity Services in Finland in 1996–2019: A Register Study*, 27 *BMJ MENTAL HEALTH* e300940 (2024) (finding that elevated suicide mortality among gender-referred youth was no longer statistically significant after accounting for prior psychiatric treatment); *see also* Sami-Matti Ruuska et al., *Psychiatric Morbidity Among Adolescents and Young Adults Who Contacted Specialised Gender Identity Services in Finland in 1996–2019: A Register Study*, *Acta Paediatrica* (Apr. 4, 2026), <https://doi.org/10.1111/apa.70533> (finding that gender-referred youth had substantially higher psychiatric morbidity than matched controls both before and after referral); Michael Biggs, *Suicide by Clinic-Referred Transgender Adolescents in the United Kingdom*, 51 *Archives Sexual Behav.* 685 (2022). (finding suicide among clinic-referred adolescents rare).

⁴⁰ *See* U.S. Dep’t of Health & Human Servs., *Wolves in White Coats: How Doctors and Hospitals Pushed and Profited from the*

system was functioning perfectly for a *male* adolescent.

Lastly, Dr. Shumer threatened to place Jonni with another family if his mother did not consent. This was not a hollow threat. Because Jonni's father had been abusive, Jonni was already under the jurisdiction of the Michigan courts, living with his mother under the supervision of the State's child welfare agency, a fact the endocrinologist knew. Moreover, Dr. Shumer had publicly advocated for usurping a parent's decision not to medicalize a child. In a 2015 paper, Drs. Shumer and Amy Tishelman discussed a composite adolescent patient, who had a childhood history of being abandoned as an 18-month old, experiencing the death of his adopted mother, having significant cognitive impairments, and demonstrating severe behavior dysregulation.⁴¹ Shumer recommended that this fictional child be placed on puberty blockers despite his acknowledgement that the child would lack the capability to fully understand and consent to such treatments. Shumer recommended resorting to simple drawings to obtain buy-in by a child, a strategy that he had employed with Jonni.

Fraud of "Gender Medicine," 10 (Aug. 13, 2026) (revealing that pediatric gender programs used "misleading or potentially fraudulent diagnostic and procedural codes" to secure insurance coverage).

⁴¹ Daniel E. Shumer & Amy C. Tishelman, *The Role of Assent in the Treatment of Transgender Adolescents*, 16 Int'l J. Transgenderism 97 (2015).

Most telling is how the 2015 paper treats parents. The authors called for “a fresh look” at consent, invoking a 1995 American Academy of Pediatrics statement for the principle that a physician’s duty to provide care based on a youth’s need is *independent* of the parents’ views. As the authors put it, “[t]his obligation can transcend and exist separately from a guardian’s wishes and opinions.”⁴²

Dr. Shumer has since gone further. In a 2023 sworn declaration filed in a Texas litigation, he asserted that “[t]he data to support these interventions are so strong that withholding such interventions would be negligent and unethical.”⁴³ Yet in the same declaration, he swore that for adolescents, the parent or guardian provides “ultimate consent for treatment.”⁴⁴ Jonni’s mother, however, was given no such deference; his threats caused Jonni’s mother to believe that she had no choice but to follow the doctor’s recommended plan.

At thirteen, after his *first* appointment with Dr. Shumer, Jonni was started on estrogen and spironolactone (a testosterone suppressing drug). Jonni was later surgically implanted with Supprelin LA, the same puberty blocker Petitioner Hudacko’s son was given.

⁴² *Id.* at 5.

⁴³ Affidavit of Shumer at ¶ 12, *supra*. 36.

⁴⁴ *Id.* ¶ 43.

Jonni’s physical pain from the “life-saving treatments” was so severe that he could not attend school. He suffered hot flashes, muscle spasms so severe he collapsed in school hallways, and severe lethargy.

Jonni spent nearly a decade on sex-rejecting interventions before finally stopping them. He is now twenty-three, and he has never experienced an orgasm and has reason to believe he may never experience one. This outcome was anticipated by the former WPATH president Dr. Marci Bowers, a trans-identifying male, who emphatically stated that children whose puberty is blocked at Tanner Stage 2⁴⁵ and who then proceed to cross-sex hormones may never be able to experience orgasm.⁴⁶ Jonni continues to suffer other physical ailments, including chronic pain, resulting from a decade of so-called “gender affirming care.” The medical providers’ conversion

⁴⁵ Mickey Emmanuel & Brooke R. Bokor, *Tanner Stages*, in StatPearls (StatPearls Publ’g 2026), <https://www.ncbi.nlm.nih.gov/books/NBK470280/> (explaining that Tanner Stage 2 marks the first physical sign of puberty: for girls typically between ages 8 and 13, and for boys, between ages 9 and 14).

⁴⁶ See Hannah Grossman, *Influential Trans Care Doctor Once Warned Puberty Blockers Could Cause Permanent Sexual Dysfunction*, FOX NEWS DIGITAL (May 3, 2023), <https://www.foxnews.com/media/influential-trans-care-doctor-once-warned-puberty-blockers-could-cause-permanent-sexual-dysfunction>.

practice of attempting to change a potentially gay child into a straight “transwoman” failed.

Jonni’s story shows what can happen when clinicians push a child toward medical transition and answer a parent’s caution with the threat of state intervention. His mother’s consent was coerced, not freely given, and Jonni continues to suffer the physical consequences as a result.

III. Colorado Cleared Cynthia Stein of Abuse, Then Ordered Her to Affirm Her Daughter’s Rejection of Her Own Sex.

Cynthia Stein lives in Colorado. Her daughter, J., who has been diagnosed with autism, ADHD, an eating disorder, depression, and anxiety, adopted a male identity. Cynthia did not know at the time J. had also been a victim of a sexual assault as a child. Rather than getting the help she needed for these serious issues that could understandably make J. uncomfortable in her body, J. found an adult who told her the answer was to “become a boy.” Her high school math teacher, a public advocate for transgender causes who at the time was married to a trans-identified male, intentionally pushed J. into a male identity behind Cynthia’s back. J. was seventeen. The teacher purposely drove a wedge between mother and daughter, transforming a loving child into a teenager who resented the parent who had raised her.

Following a verbal disagreement between Cynthia and J., J. ran away, and the Department of Human Services open an abuse investigation against

Cynthia. The abuse claim was determined to be unfounded, but the Department insisted that Cynthia had to affirm her daughter's male identity. It stated:

“The Department recommends:

Cynthia and the family will be affirming of [minor's] chosen gender identity.

...

Cynthia and [minor] will attend family therapy together to create a better understanding between each other and support as they navigate [Minor's] transition.

Cynthia will visit the Rainbow Youth Center to educate [Minor] about gender transition and find resources to support [Minor] as they navigate [Minor's] transition.”⁴⁷

A mother who had been cleared of any wrongdoing was told by the State that she must affirm that her daughter is a boy, support her daughter's “transition,” and actively seek out an advocacy center to educate her daughter about how to accomplish it. The message was unmistakable: a fit parent is one who agrees that her child's healthy female body is the problem and joins the effort to change it. A mother who instead believes her autistic, depressed, eating-

⁴⁷ La Plata County Dep't of Hum. Servs., letter from case worker Julia Garcia to Cynthia Stein (January 2, 2025) (on file with amici).

disordered daughter needs care for those conditions, not alterations to her body, is, in the State's eyes, an obstacle to be managed.

J. returned home, then ran away again, this time to the home of the very teacher who had cultivated her new identity, and that teacher's "trans" husband. When Cynthia asked the police to help bring her minor child home, they refused. J. was "almost 18," they said, and "safe" in the home of unrelated adults, despite the fact that these adults had no legal connection to the child. Colorado law does not consider a seventeen-year-old to be an adult who may move in with whomever she chooses. Rather in Colorado it is a crime to knowingly shelter a minor without a parent's consent and then refuse to release her when law enforcement asks. Colo. Rev. Stat. § 18-6-601(1)(a)(I),(2). The police had only to make that request, but they declined, leaving a minor in the home of the adults who had no familial relationship with the girl.

Since then, Cynthia has not seen nor heard from J. with the exception of a text telling her that J. no longer considers Cynthia her mother. It's been 15 months.

Each institution that should have protected and supported Cynthia's parental authority, the school, the child welfare agency, and the police, instead treated her as the problem and the adults who encouraged "transition" as the solution. When the State conditions a parent's care, custody, and control of her child on her agreement with a child's rejection

of her own sex, and declines to act when a minor is kept from her mother, parents are left with no protection at all.

Cynthia's story is not an aberration. It reflects a growing conviction among state actors that a parent's authority over her child's care extends only as far as her agreement with the child's chosen identity. This Court rejected that premise in *Parham v. J.R.*, 442 U.S. 584 (1979). There, the Court held that parents retain "a substantial, if not the dominant, role" in decisions about their children's psychiatric care, "absent a finding of neglect or abuse," even over the child's objection. *Id.* at 604. The law presumes that "natural bonds of affection lead parents to act in the best interests of their children," *id.* at 602, and "[s]imply because the decision of a parent is not agreeable to a child or because it involves risks does not automatically transfer the power to make that decision from the parents to some agency or officer of the state," *id.* at 603. As the Court explained, "[m]ost children, even in adolescence, simply are not able to make sound judgments concerning many decisions, including their need for medical care or treatment. Parents can and must make those judgments." *Id.* And it condemned as "repugnant to American tradition" the "statist notion that governmental power should supersede parental authority in all cases because some parents abuse and neglect children." *Id.*

Colorado, like the state actors in this case, did exactly what *Parham* forbids. It substituted its own treatment protocol for that of the fit parent. The Department treated the wishes of a seventeen-year-

old, shaped by an adult outside the family, as controlling, and directed a fit mother to affirm them. Unless this Court makes clear that *Parham* means what it says, and that officials who override a fit parent's decisions about her child's medical and mental health care violate clearly established law, state actors will continue to substitute their judgment for that of parents like Cynthia and Petitioner.

IV. Respondent Asaf Orr Champions Rights for Parents Who Choose Sex-Rejecting Interventions and Disregards Them For Parents Who Do Not.

The doctrine of qualified immunity shields government officials from liability provided their actions do not violate clearly established rights of which a reasonable person would have known. See *Harlow v. Fitzgerald*, 457 U.S. 800, 818 (1982). The two prongs to the qualified immunity inquiry are: (1) whether the government official's conduct violated a plaintiff's constitutional right and (2) whether that right was clearly established at the time of the alleged violation. See *Pearson v. Callahan*, 555 U.S. 223, 231-232 (2009).

Respondent Asaf Orr knows that the Constitution protects a fit parent's right to make medical decisions for his or her child free from state interference. In 2018, representing a Michigan mother whose affirmation of her seven-year-old son's gender non-conformity as being "trans" had caused the State to intervene on the child's behalf, Orr told the Michigan Supreme Court that "state intervention

must be based on something more than mere disagreement with a parent’s medical decision-making, . . .” Appellant’s Supplemental Brief at 1, *In re Churchill/Belinski Minors*, No. 157991 (Mich. Dec. 28, 2018). He invoked *Parham*’s presumption “that natural bonds of affection lead parents to act in the best interests of their children,” *id.* at 16, and *Troxel*’s⁴⁸ command that a State may not override a parent’s childrearing decisions “simply because the state believes a ‘better’ decision could be made,” *id.* at 17. He warned that state intervention “is often an inherently traumatic experience for children.” *Id.*

Every one of those principles applies to Petitioner. Yet when the parent’s medical judgment was to decline sex-rejecting interventions rather than pursue them, Orr’s commitment to parental rights disappeared. Petitioner alleges that Orr, as legal director of UCSF’s Child and Adolescent Gender Center, facilitated sex-rejecting interventions for Petitioner’s son without Petitioner’s consent and in violation of a custody order.⁴⁹ Nor was this an isolated lapse. This strategy is Orr’s modus operandi. He even co-presented a California training for minor’s counsel, the lawyers appointed to represent children in custody disputes, that reportedly urged custody attorneys to

⁴⁸ *Troxel v. Granville*, 530 U.S. 57 (2000).

⁴⁹ See Petitioner’s Appendix at 152a.

advocate for puberty blockers and other sex-rejecting interventions for children.⁵⁰

The contrast is obvious. When a Michigan mother chose to affirm her son’s alleged “trans-identity”, Orr insisted that the State could not override her medical judgment merely because it disagreed. When Petitioner made the opposite choice for his own son, Orr treated the same constitutional right as an obstacle to be overcome. This disparate treatment does not demonstrate ignorance and is not an oversight, it is blatant hypocrisy. Orr’s contrary behavior refutes Orr’s claim that he was merely mistaken when he counseled UCSF that Petitioner’s consent was not required despite the unambiguous court order that states: Hudacko’s son “will not be permitted to undergo any gender identity related surgery until [he] is 18” without Hudacko’s consent. Orr and the other Respondents simply wanted their preferred castrating treatment protocol performed on Hudacko’s son.⁵¹ The Respondents’ ideological goal came first, and Petitioner’s constitutional rights were an afterthought. Orr’s selective invocation of parental rights confirms that Respondents were not neutral actors confronting a novel question in good faith. They knew the rule, and they honored it only when it served

⁵⁰ See Figliolia, *supra* note 8; see also Brief of Our Duty-USA as Amicus Curiae Supporting Petitioner, *Hudacko v. Regents of Univ. of Cal.*, No. 26-180, filed Sept. 9, 2026 (“Our Duty Brief”).

⁵¹ See *supra* note 25.

their preferred outcome.⁵² Therefore, qualified immunity is not an available defense.

CONCLUSION

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

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Respectfully submitted,

ELSPETH B. CYPHER

Counsel of Record

C. ERIN FRIDAY

Suite B2 #2036

Washington DC 20009

(508) 472-4143

elspeth.cypher@gmail.com

Counsel for Amici Curiae

⁵² The focus on Orr should not be read to suggest that the remaining Respondents bear any less responsibility for the violation of Petitioner's rights. Those arguments were briefed by Our Duty-USA. *See supra* note 49.