

**UNITED STATES COURT OF APPEALS
FOR THE EIGHTH CIRCUIT**

DYLAN BRANDT, by and through his mother JOANNA BRANDT, *et al.*,
Plaintiffs-Appellees,

v.

TIM GRIFFIN, in his official capacity as the Arkansas Attorney General, *et al.*,
Defendants-Appellants.

On Appeal from the United States District Court
for the Eastern District of Arkansas, No. 4:21-cv-00450
Before the Honorable James M. Moody

**BRIEF OF FOREIGN NON-PROFIT ORGANIZATIONS ADVOCATING
FOR THE RIGHTS OF TRANSGENDER PEOPLE AS AMICI CURIAE
IN SUPPORT OF PLAINTIFFS-APPELLEES AND AFFIRMANCE**

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CORPORATE DISCLOSURE STATEMENT

Pursuant to Federal Rule of Appellate Procedure 26.1, the undersigned Amici Organizations state that (1) they are non-profit organizations with no parent corporation and (2) no publicly traded corporation owns more than 10% of their stock.

- 1) Stonewall Equality Limited
- 2) The Swedish Federation for Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Rights (“RFSL”)
- 3) RFSL Ungdom – Queer Youth Sweden
- 4) Transammans
- 5) The Norwegian Organization for Sexual and Gender Diversity
- 6) The Australian Professional Association for Trans Health
- 7) The Professional Association for Transgender Health Aotearoa New Zealand
- 8) LGBT+ Denmark
- 9) Bundesverband Trans* e.V.
- 10) The Fundación Colectivo Hombres XX, AC
- 11) The Federación Estatal de Lesbianas, Gais, Trans, Bisexuales, Intersexuales y más

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INTEREST OF AMICI CURIAE¹

Amici curiae (1) Stonewall Equality Limited; (2) the Swedish Federation for Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Rights (“RFSL”); (3) RFSL Ungdom – Queer Youth Sweden; (4) Transammans; (5) the Norwegian Organization for Sexual and Gender Diversity; (6) the Australian Professional Association for Trans Health; (7) the Professional Association for Transgender Health Aotearoa New Zealand; (8) LGBT+ Denmark; (9) Bundesverband Trans* e.V.; (10) the Fundación Colectivo Hombres XX, AC; and (11) the Federación Estatal de Lesbianas, Gais, Trans, Bisexuales, Intersexuales y más (collectively, the “Amici Organizations”) are non-profit organizations dedicated in whole or in part to securing and protecting the rights of transgender people. The Amici Organizations respectfully submit this brief to assist the Court in understanding the availability of gender-affirming healthcare for adolescents in each of the Amici Organizations’ respective home countries.

A more detailed statement of interest for each of the Amici Organizations is included in Appendix A.

¹ All parties have consented to the filing of this amicus brief. No counsel for a party authored any part of this brief, and no person other than amici curiae, their members, and their counsel made a monetary contribution to the preparation or submission of the brief.

SUMMARY OF ARGUMENT

In 2021, Arkansas enacted a statute, Act 626, that prohibits gender-affirming healthcare for adolescents (the “State Healthcare Ban”). *See* Ark. Code Ann. §§ 20-9-1501 to 20-9-1504, 23-79-164. After an eight-day trial, the District Court found the State Healthcare Ban unconstitutional and entered a permanent injunction barring enforcement of the statute. *See* Add.79-80, App.310-311, R. Doc. 283 at 79-80; Appellees’ Br. 23. This Court should affirm, recognizing (as the District Court did) that this damaging and intrusive act of legislative overreach is unconstitutional and poses an acute risk of “immediate and irreparable harm” to Plaintiffs-Appellees if permitted to take effect. Add.79, App.310, R. Doc. 283 at 79.

On appeal, defending the constitutionality of its State Healthcare Ban, Arkansas argues that its statute finds support in recent actions taken in certain European countries and other developed nations regarding the treatment of transgender adolescents. *See* Appellants’ Br. 7, 43-44. For instance, Arkansas asserts that its legislature followed the supposed example of “multiple European countries” when it concluded “that the current state of the evidence regarding gender-transition procedures does not justify the risks to children.” Appellants’ Br. 43-44. Arkansas’s Amici States make similar claims. *See* Brief of Alabama,

Missouri, Tennessee, and 18 Other States as Amici Curiae Supporting Appellants and Reversal (“Amici States Br.”) 4, 18-19, 21-22.²

These assertions about the approach that other developed countries are taking to the provision of gender-affirming healthcare to transgender adolescents are not correct—or, at a minimum, are exaggerated and misleading, and presented without vitally important context. In truth, the State Healthcare Ban is an outlier when viewed against a global backdrop. At trial, Arkansas’s own expert testified “that no other country in the world has taken Arkansas’s broad stance” and that none of the foreign countries identified by Arkansas “have imposed a ban on all gender-affirming care.” Add.76, App.307, R. Doc. 283 at 76; *see also Brandt by & through Brandt v. Rutledge*, 47 F.4th 661, 671 (8th Cir. 2022) (observing that “international bodies,” unlike Arkansas, have not banned care outright).

Instead, in each of the countries that Arkansas and its amici have referenced, care continues to be provided to adolescents who need it. The District Court correctly found that medical guidelines issued in Sweden, Finland, and the United Kingdom have not “prohibited gender-affirming medical care for minors” and that, in those countries, “gender-affirming medical care is provided to adolescents with

² The “Amici States” are Alabama, Missouri, Tennessee, Florida, Georgia, Idaho, Indiana, Iowa, Louisiana, Kansas, Kentucky, Mississippi, Montana, Nebraska, Oklahoma, South Carolina, South Dakota, Texas, Utah, Virginia, and West Virginia. Amici States Br. 1.

gender dysphoria when indicated under their guidelines.” Add.62, App.293, R. Doc. 283 at 62. The State Healthcare Ban, like the many similar laws recently enacted elsewhere in the United States, is thus inconsistent with international practices.

The Amici Organizations submit this brief to ensure that the Court has the benefit of accurate information about the gender-affirming healthcare that is available to adolescents in certain foreign countries that Arkansas and its amici have referenced: the United Kingdom, Sweden, Norway, Australia, and New Zealand. This brief also provides information about the availability of gender-affirming healthcare to transgender adolescents in several other developed countries: Denmark, Germany, Mexico, and Spain.

In all the countries surveyed below, adolescent patients—together with their physicians and their parents or legal guardians—make decisions about whether gender-affirming healthcare is appropriate. And in all those countries, when medically appropriate, adolescent patients have access to treatment that is prohibited by the State Healthcare Ban. These foreign sovereigns leave these important decisions principally to patients, their families, and the medical community—not to lawmakers enacting blanket prohibitions on entire categories of medical treatments.

The Court should affirm the District Court’s judgment.

ARGUMENT

I. TRANSGENDER ADOLESCENTS HAVE ACCESS TO APPROPRIATE GENDER-AFFIRMING HEALTHCARE IN THE UNITED KINGDOM, SWEDEN, NORWAY, AUSTRALIA, AND NEW ZEALAND

Arkansas and the Amici States cite materials referencing the United Kingdom, Finland,³ Sweden, Norway, Australia, New Zealand, and France⁴ in support of Arkansas's ban on gender-affirming healthcare for minors. *See* Appellants' Br. 7; Amici States Br. 18-20. Although some changes to how gender-affirming care is delivered to transgender adolescents have been recommended and made, the governments in those countries—unlike Arkansas's legislature—have

³ Seta ry / Seta rf / Seta Lgbtiq Rights in Finland, a Finland-based non-profit organization dedicated in part to advocating for and protecting the rights of transgender people, was unable to join in this submission by the filing deadline. However, the organization joined in an amicus brief filed with the Supreme Court of the United States in November 2023 that described the availability of gender-affirming healthcare to transgender adolescents in Finland. *See* Brief of Foreign Non-Profit Organizations Advocating for the Rights of Transgender People as Amici Curiae in Support of Petitioners 10-12, *L.W., et al. v. Skrmetti, et al.*, No. 23-466 (U.S. Nov. 17, 2023), https://www.supremecourt.gov/DocketPDF/23/23-466/289968/20231117144226665_Nos.%2023-466%20-477%20-492%20Foreign%20Non-Profit%20Organizations%20cert.%20amicus.pdf.

⁴ Absent a French amicus organization, this brief does not address the situation in France, but the Amici Organizations comprehensively understand that medical authorities in France have not taken any steps to ban care. On the contrary, France's National Academy of Medicine contemplates that clinicians may provide such treatment, provided that they exercise "great medical caution" and explore alternative therapies as well. Académie Nationale de Médecine, *Medicine and gender transidentity in children and adolescents* (Feb. 25, 2022), <https://www.academie-medecine.fr/wp-content/uploads/2022/03/22.2.25-Communique-PCRA-19-Gender-identity-ENG.pdf>.

not prohibited clinicians from treating their patients. In all of the countries referenced by Arkansas and its amici, and in other developed nations around the world, transgender adolescents have access, when needed, to appropriate, gender-affirming healthcare, including care that the State Healthcare Ban would prohibit.

A. United Kingdom

Appellants and the Amici States present an incorrect and incomplete picture of adolescents' access to gender-affirming healthcare in the United Kingdom, portraying the State Healthcare Ban as the result of the Arkansas legislature "reach[ing] the same conclusion as multiple European countries," including the United Kingdom. Appellants' Br. 43-44; *see also id.* at 7; Amici States Br. 19.⁵

First, the Amici States gloss over the fact that the policies they reference apply only to the United Kingdom's publicly funded National Health Service (the "NHS").⁶ There is no ban on gender-affirming healthcare for adolescents in the United Kingdom; in fact, the very policies cited by Appellants contemplate

⁵ To support the proposition that "many European countries now restrict these procedures," Appellants' Br. 7, Arkansas remarkably cites the page of the District Court's findings of fact on which the Court directly found that none of the supposed "restrictions" amounted to bans on gender-affirming medical care for minors and noted that most of the State's expert witnesses "were unqualified to offer relevant expert testimony and offered unreliable testimony" that was "grounded in ideology rather than science." Add.62, App.293, R. Doc. 283 at 62.

⁶ NHS England, *Interim Service Specification* (June 9, 2023), <https://www.england.nhs.uk/wp-content/uploads/2023/06/Interim-service-specification-for-Specialist-Gender-Incongruence-Services-for-Children-and-Young-People.pdf>.

adolescents coming into the NHS’s care after having already received puberty blockers and/or hormone therapy from a private physician.⁷ The NHS’s webpage of information on Treatment of Gender Dysphoria includes information on hormone therapy for adolescents.⁸

Second, Appellants and the Amici States repeatedly portray gender-affirming care as “experimental,” *e.g.*, Appellants’ Br. 44-45; Amici States Br. 19, going so far as accuse European nations as treating their “children as guinea pigs,” Amici States Br. 21. But the fact that adolescents will be enrolled in research protocols to access free hormone therapy from the NHS does not indicate that the treatment is “experimental” and does not render the treatment’s benefits any less meritorious. It shows merely that the United Kingdom is doing precisely what the Appellants and their amici purport to believe should occur: developing additional data to drive evidence-based policies.⁹

⁷ *Id.* at 16-18.

⁸ NHS England, *Gender Dysphoria – Treatment*, <https://www.nhs.uk/conditions/gender-dysphoria/treatment> (last visited Dec. 14, 2023).

⁹ *See generally* NHS Standard Contract for Gender Identity Service for Children and Adolescents (Dec. 30, 2019), <https://www.england.nhs.uk/wp-content/uploads/2017/04/gender-development-service-children-adolescents.pdf>, *as amended*, Amendments to Service Specification for Gender Identity Development Service for Children and Adolescents (Oct. 6, 2021), <http://qna.files.parliament.uk/qna-attachments/1258355/original/HL11064-Amendment-to-Gender-Identity-Development-Service-Specification-for-Children-and-Adolescents.pdf>.

The Amici States also misconstrue the reviews by the U.K. National Institute for Health and Care Excellence (“NICE”), from which they quote selectively. *See* Amici States Br. 9, 19. Although NICE did conclude that the evidence of the effectiveness of treatment with puberty blockers was limited by “the lack of reliable comparative studies,”¹⁰ both reviews also recommend that gender dysphoria should be treated with “management plans [that] are tailored to the needs of the individual.”¹¹ According to NICE, such treatment plans may include “psychological support and exploration and, for some individuals, the use of gonadotrophin releasing hormone (GnRH) analogues [*i.e.*, puberty blockers] in adolescence to suppress puberty; this may be followed later with gender-affirming hormones of the desired sex.”¹²

Moreover, the NHS’s recent Interim Report makes clear that gender-affirming healthcare should be available to adolescents in the United Kingdom when appropriate. To be sure, the Interim Report urges caution, and states that

¹⁰ NICE, *Evidence Review: Gender-affirming hormones for children and adolescents with gender dysphoria 3* (Oct. 2020), <https://perma.cc/M8J5-MXVG>.

¹¹ *Id.*; NICE, *Evidence Review: Gonadotrophin Releasing Hormone Analogues for Children and Adolescents with Gender Dysphoria 3* (Mar. 11, 2021), <https://perma.cc/93NB-BGAN>.

¹² NICE, *Evidence Review: Gender-affirming hormones for children and adolescents with gender dysphoria 3* (Oct. 2020), <https://perma.cc/M8J5-MXVG>; *see also* NICE, *Evidence Review: Gonadotrophin Releasing Hormone Analogues for Children and Adolescents with Gender Dysphoria 3* (Mar. 11, 2021), <https://perma.cc/93NB-BGAN>.

“clinical services must be run as safely and effectively as possible, within the constraints of current knowledge,” and that “treatment options must be weighed carefully.”¹³ Unlike Arkansas, however, the NHS’s Interim Report acknowledges that “treatment decisions must be made in partnership between the clinicians and the children, young people and their families and carers, based on our current understanding about outcomes.”¹⁴

The Interim Report does not advocate for a ban on gender-affirming healthcare services for adolescents. To the contrary, it calls for the immediate expansion and regionalization of services, so that patients under eighteen have access to a better quality of care closer to home, and with reduced waiting time.¹⁵ As to puberty blockers in particular, the Interim Report again does not recommend a ban, but instead observes that it is especially important for an adolescent patient’s treating clinician to be able to demonstrate informed consent.¹⁶

This point about informed consent—which neither Arkansas nor the Amici States meaningfully addresses—is critical. In the United Kingdom, unlike in

¹³ The Cass Review, *The Independent Review of Gender Identity Services for Young People: Interim Report* 68, NHS (Feb. 2022), <https://cass.independent-review.uk/publications/interim-report> (select “Download the Interim report”).

¹⁴ *Id.*

¹⁵ *Id.* at 69-72.

¹⁶ *Id.* at 72.

certain U.S. jurisdictions, minors can validly consent to a medical procedure, provided that they have so-called *Gillick* competence. *See Gillick v. West Norfolk & Wisbech Health Auth.*, [1986] 1 AC 112 (HL). Under *Gillick*, a minor’s “capacity to make his or her own decision depends upon the minor having sufficient understanding and intelligence to make the decision,” without regard to any “judicially fixed age limit.” *Id.* ¶ 188B. It is not the role of the court to intercede into a clinician’s authority in determining whether to recommend treatment—or the decision of a competent minor in determining whether to undergo such treatment. *See id.*

Applying these principles, the Court of Appeal for England and Wales has established that an adolescent’s ability to consent to gender-affirming healthcare—like other healthcare—is a matter for adolescents and their clinicians and parents or legal guardians, not for the government. *Bell v. Tavistock & Portman NHS Found. Tr.*, [2021] EWCA 1363 (Civ), ¶¶ 86-87. In so holding, the Court of Appeal roundly rejected a trial court’s conclusion that adolescents under the age of sixteen were generally incapable of providing such consent and that judicial involvement in the medical decision-making process was therefore needed. *See id.* ¶¶ 91-94. The Court of Appeal acknowledged that the provision of gender-affirming healthcare is a complex topic, noting that clinicians should take “great care” before recommending gender-affirming treatment to an adolescent, *id.* ¶ 92, but concluded

that, as far as a minor’s *Gillick* competence to consent to such care is concerned, “[n]othing about the nature or implications of the treatment with puberty blockers allows for a real distinction to be made” between that and any other medical treatment, *id.* ¶ 76. In the Court of Appeal’s judgment, “the [trial] court was not in a position to generalise about the capability of persons of different ages to understand what is necessary for them to be competent to consent to the administration of puberty blockers.” *Id.* ¶ 85. Likewise, Arkansas and the Amici States are in no such position.

B. Sweden

Gender-affirming healthcare is available to adolescents on an individual basis in Sweden, and the Swedish government has not inserted itself into its citizens’ medical decision-making—as Arkansas intends to do, by means of the State Healthcare Ban’s prohibition on physicians’ ability to provide medical treatment that they consider appropriate.¹⁷ While Sweden and its national health agency have updated the agency’s non-binding medical recommendations, Sweden continues to permit individual patients to receive appropriate gender-affirming healthcare when a physician considers that course of treatment appropriate.

¹⁷ See Socialstyrelsen, *Care of Children and Adolescents with Gender Dysphoria* 4-5 (Dec. 2022), <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/kunskapsstod/2023-1-8330.pdf>.

In Sweden, access to healthcare is governed by the Health and Medical Services Act.¹⁸ Under the framework of that law, medical treatment is valid so long as it comprises treatment that can relieve or alleviate pain or illness. Gender-affirming healthcare, like all medical practice in Sweden, needs to be performed within the framework of the law, based on medical evidence and well-known practice. Sweden also adheres to the United Nations Convention on the Rights of the Child, which recognizes a child’s right to have a say in their medical treatment, and that this right increases with age.¹⁹

For over twenty years, adolescent patients in Sweden have had access to gender-affirming healthcare. The Swedish National Board of Health and Welfare promulgates national guidelines to support clinicians in making decisions concerning the healthcare needs of their patients.²⁰ Since 2015, the guidelines have addressed hormone treatment for gender dysphoria. And although those

¹⁸ Sveriges Riksdag, Health and Medical Services Act (2017), SFS No. 2017:30 (Swed.), https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/halso--och-sjukvardslag-201730_sfs-2017-30 (select “English” translation).

¹⁹ Government Offices of Sweden, Ministry of Health & Social Affairs, *Every Child in Sweden Has the Right to a Safe, Secure and Bright Future* (July 25, 2023), <https://government.se/articles/2023/07/every-child-in-sweden-has-the-right-to-a-safe-secure-and-bright-future>.

²⁰ Socialstyrelsen, *God vård av barn och ungdomar med könsdysfori (Good care of children with gender dysphoria)* (Apr. 2015), <https://etik.barnlakarforeningen.se/wp-content/uploads/sites/16/2022/03/1.-SoS-God-va%CC%8Ard-av-barn-....pdf>.

guidelines were updated in 2022, *see* Amici States Br. 19—to advise that hormone treatment should be “administered in exceptional cases” rather than at “a group level”—the guidelines still permit the use of puberty blockers and gender-affirming hormones on a case-by-case basis, and they emphasize the importance of young people with gender dysphoria continuing to receive care within the healthcare system.²¹

C. Norway

In Norway—both before and after the Ukom report cited by the Amici States, Amici States Br. 19—puberty blockers and hormone therapy are available to adolescent patients. Surgical treatment is generally not available before the age of majority. Access to gender-affirming healthcare for adolescent patients, including hormone therapy and mental health support, is defined in the National Guidelines on the Treatment of Gender Incongruence, promulgated by the Norwegian Directorate of Health.²² Puberty blockers are administered to patients based on their pubertal development stage. Any patient over the age of sixteen

²¹ Socialstyrelsen, *Care of Children and Adolescents with Gender Dysphoria*, *supra* note 17, at 3.

²² *See* Helsedirektoratet, *Gender Incongruence*, <https://www.helsedirektoratet.no/retningslinjer/kjonnsinkongruens> (select “English” translation) (last visited Dec. 14, 2023).

may access puberty blockers and hormone therapy upon prescription by a clinician; parental consent is not required.

For adolescents under sixteen, puberty blockers are available with parental consent on a case-by-case basis after an evaluation by medical experts, either through the clinician specialist team at Oslo University Hospital or via a health service organized under the Municipality of Oslo which specializes in services for gender nonconforming and LGBTQI youth.²³

D. Australia

The Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents (the “ASOCT Guidelines”), developed with available evidence and supported by AusPATH, recommend that, following a DSM-V diagnosis of gender dysphoria and comprehensive, developmentally appropriate medical and psychosocial assessment, clinicians prescribe puberty blockers, hormone treatment, and psychological support as appropriate where the patient agrees that hormone therapy or puberty blockers is in their best interest.²⁴

²³ See Oslo universitetssykehus, *Gender Incongruence*, <https://oslo-universitets-sykehus.no/behandlinger/kjonnsinkongruens-utredning-og-behandling-av-barn-og-unge-under-18-ar> (select “English” translation) (last visited Dec. 14, 2023); Oslo kommune, *Health Center for Gender and Sexuality*, <https://www.oslo.kommune.no/helse-og-omsorg/helsetjenester/helsestasjon-og-vaksine/helsestasjon-for-ungdom-hfu/helsestasjon-for-kjonn-og-seksualitet-hks/#gref> (select “English” translation) (last visited Dec. 14, 2023).

²⁴ See AusPATH, *Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents 23-24* (Nov. 2020), <https://>

The ASOCT Guidelines rely on empirical evidence and clinical consensus and were developed in consultation with professionals working with transgender and gender diverse communities across Australia and New Zealand.²⁵

In Australia, a parent generally has power to consent to medical treatment, but the parental power to consent diminishes as the patient's capacities and maturities grow. *See Secretary, Dep't of Health & Cmty. Servs. v. JWB & SMB* (“*Marion's case*”), (1992) 175 CLR 218 (Austl.). The Australian High Court has adopted the *Gillick* competence framework, *see supra* pp. 9-10, holding that a minor is capable of giving informed consent, and a parent is no longer capable of consenting on the minor's behalf, when the minor achieves *Gillick* competence—that is, a sufficient understanding and intelligence to enable them to understand fully what treatment is proposed. *See Marion's case*, 175 CLR at 237 (Mason CJ, Dawson, Toohey and Gaudron JJ) (citing *Gillick*).

www.rch.org.au/uploadedFiles/Main/Content/adolescent-medicine/230242%20RCH%20Gender%20Standards%20Booklet%201.4_Nov%202023_WEB.pdf

²⁵ *See id.* at 2. Australia is also home to clinical research affirming the medical benefit of puberty blockers for transgender youth. For example, one published Australian study found that the available evidence, although limited, points to the safety of puberty blockers and the psychological benefits of suppressing puberty before the possible future commencement of hormone therapy. *See Mahfouda et al., Puberty Suppression in Transgender Children and Adolescents*, 5 *Lancet Diabetes & Endocrinology* 816, 819-820 (2017), <https://www.sciencedirect.com/science/article/pii/S2213858717300992?via%3Dihub#!>.

Legal access to gender-affirming healthcare for patients under eighteen was addressed in *Re Imogen* (No. 6), [2020] FamCA 761 (Austl.), in which the Australian Family Court held that adolescent patients can legally receive hormone treatment if there is no dispute between parents (or those with parental responsibility), the medical practitioner, and the patient with regard to *Gillick* competence, the diagnosis of gender dysphoria, or the proposed treatment for alleviating the suffering caused by the gender dysphoria. *See id.* ¶ 35. Any such dispute requires an application to the Family Court. *Id.* ¶¶ 35, 38. But where the adolescent, their parents, and their clinician are all in agreement, care is available, and there are no governmental barriers.

E. New Zealand

In New Zealand, the Care of Children Act 2004 empowers adolescents aged sixteen and older to consent to medical care.²⁶ With respect to medical care generally, including gender-affirming care for transgender patients, adolescents under sixteen may consent to treatment if they meet the *Gillick* standard, *see supra* pp. 9-10, which the New Zealand Court of Appeal has cited with approval, *see Re J (An Infant): B & B v. Director-General of Social Welfare*, [1996] 2 NZLR 134 (N.Z.). Family support is, however, considered an important aspect of gender-

²⁶ Care of Children Act 2004, Public Act 2004 No. 90, <https://legislation.govt.nz/act/public/2004/0090/latest/DLM317233.html>.

affirming care for all adolescents in New Zealand, with families involved in care wherever possible.

New Zealand has provided gender-affirming healthcare to adolescents for over sixteen years. Clinicians in New Zealand also utilize the ASOCT Guidelines—developed, as noted above, with the help of New Zealand adolescent-health clinicians. *See supra* pp. 14-15. New Zealand’s current national guidelines for gender-affirming healthcare for gender diverse and transgender patients were published in 2018; they allow for puberty blockers to be prescribed depending on the stage of puberty, and also allow for hormone treatment.²⁷

In September 2022, New Zealand’s Ministry of Health altered certain language on its website relating to puberty blockers.²⁸ The update “recognised that overseas jurisdictions, including [the United Kingdom], Norway and Sweden, were reviewing the use of puberty blockers in their health systems particularly in younger people,” and that “any medical intervention carries a balance of benefit and risk that needs to be considered in context by the person in partnership with

²⁷ Oliphant et al., *Guidelines for Gender Affirming Healthcare for Gender Diverse and Transgender Children, Young People and Adults in Aotearoa New Zealand* 29-31, Transgender Health Research Lab, University of Waikato (Oct. 2018), <https://researchcommons.waikato.ac.nz/bitstream/handle/10289/12160/Guidelines%20for%20Gender%20Affirming%20Health%20low%20res.pdf>.

²⁸ *See* New Zealand Ministry of Health, *Response to Your Request for Official Information* (Apr. 27, 2023), https://www.health.govt.nz/system/files/documents/information-release/h2023022566_response_letter.pdf.

their health professional.”²⁹ But the Ministry of Health has since reaffirmed that “[i]t is important that health services meet the needs of all New Zealanders, with inclusiveness and dignity for all”³⁰—and that the Ministry “has not advised any change to access to services for young people” in New Zealand.³¹

II. GENDER-AFFIRMING HEALTHCARE IS AVAILABLE TO ADOLESCENTS IN OTHER DEVELOPED COUNTRIES

A review of the status of gender-affirming healthcare access in other countries reveals a common thread. With appropriate consultation and diagnoses and properly informed consent, adolescents can access various forms of gender-affirming care, including treatment that the State Healthcare Ban would prohibit.

A. Denmark

Arkansas vaguely asserts that “Denmark too has shifted its approach” since the District Court’s decision. Appellants’ Br. 7 n.1. To the extent that Arkansas means to liken this “shift” to the State Healthcare Ban, the comparison is entirely inapt. Denmark has no ban on gender-affirming care.

In Denmark, hormone therapy for adolescents continues to be available through the Danish public healthcare system, after consultation with a

²⁹ *Id.*

³⁰ *Id.*

³¹ New Zealand Ministry of Health, *Response to Your Request for Official Information* (June 1, 2023), https://www.health.govt.nz/system/files/documents/information-release/h2023024782_response_-_proactive_release.pdf.

multidisciplinary team of doctors including pediatric, psychiatric, and endocrinology specialists.³² In fact, this year the Danish Parliament considered, and rejected, a proposal that would have banned gender-affirming care for youth under age 18.³³ During the debate over this proposal, the Minister for the Interior and Health, Sophie Løhde, stated that the Danish health authorities were “in the process of revising the existing guidelines” relating to gender-affirming care, while emphasizing the need to make such care available to “children and adolescents who, after a thorough investigation, are assessed to need help in the form of medical treatment.”³⁴

B. Germany

Gender-affirming healthcare for transgender adolescents under the age of eighteen is available in various forms throughout Germany. German medical

³² See Retsinformation, *Guidance on Healthcare Help for Gender Identity Issues* § 9 (Aug. 16, 2018), <https://www.retsinformation.dk/eli/retsinfo/2019/9060> (select “English” translation).

³³ See Retsinformation, *Proposal for a Parliamentary Resolution* (submitted Mar. 14, 2023), <https://www.retsinformation.dk/eli/ft/20222BB00062> (showing proposal progress as “Forkastet,” or rejected).

³⁴ See *B 62 Proposal for a parliamentary resolution on a ban on surgical or medical gender reassignment treatment for children under the age of 18* (last visited Dec. 14, 2023), <https://www.ft.dk/samling/20222/beslutningsforslag/B62/BEH1-57/forhandling.htm> (select “English” translation).

associations are developing guidelines for gender-affirming healthcare relating to teenage transgender patients.

In February 2020, the German Ethics Council addressed healthcare for transgender teenagers.³⁵ The Council acknowledged the tension created by the potentially irreversible consequences of either administering treatment or withholding treatment, but its statement declared that it is not an option to limit access to gender-affirming healthcare for adolescents who understand the consequences of their decision to undergo treatment.³⁶ The Council noted that where “the child is sufficiently capable of insight and judgement to understand the scope and significance of the planned treatment, to form his own judgement and to decide accordingly, his will must be decisively taken into account.”³⁷

C. Mexico

Transgender healthcare in Mexico is guided by the Protocol for Access without Discrimination to Health Care Services for Lesbian, Gay, Bisexual, Transsexual, Transvestite, Transgender, and Intersex Persons and Specific Care

³⁵ Press Release, German Ethics Council Publishes Ad Hoc Recommendation on Trans Identity in Children and Adolescents (Feb. 20, 2020), <https://www.ethikrat.org/mitteilungen/mitteilungen/2020/deutscher-ethikrat-veroeffentlicht-ad-hoc-empfehlung-zu-transidentitaet-bei-kindern-und-jugendlichen> (select “English” translation).

³⁶ *Id.*

³⁷ *Id.*

Guidelines.³⁸ The Protocol is observed in healthcare facilities administered by the Mexican federal government. The Protocol acknowledges that the process of defining one's sexual orientation, gender identity and/or expression may occur at early stages.³⁹ The Protocol therefore advises that medical facilities start from a presumption of providing medical care where needed, and it recommends that clinicians consider the use of puberty blockers and hormone treatment when appropriate.⁴⁰ In addition to the Protocol, various Mexican states have reformed their civil codes to recognize the right to gender-affirming healthcare for transgender patients under eighteen.

D. Spain

In Spain, patients over the age of sixteen can validly consent to medical care, including gender-affirming healthcare.⁴¹ Access to gender-affirming healthcare is

³⁸ Government of Mexico, Secretary of Health, *Protocolo para el Acceso sin Discriminación a la Prestación de Servicios de Atención Médica de las Personas Lésbico, Gay, Bisexual, Transexual, Travesti, Transgénero e Intersexual y Guías de Atención Específicas* (2020), https://www.gob.mx/cms/uploads/attachment/file/558167/Versi_n_15_DE_JUNIO_2020_Protocolo_Comunidad_LGBTTI_DT_Versi_n_V_20.pdf.

³⁹ *Id.* at 35.

⁴⁰ *Id.* at 36.

⁴¹ See FRA European Union Agency for Fundamental Rights, *Access to Transgender Hormone Therapy*, <https://fra.europa.eu/en/publication/2017/mapping-minimum-age-requirements-concerning-rights-child-eu/access-transgender-hormone-therapy> (last visited Dec. 14, 2023).

generally available throughout the country for patients under the age of sixteen, and specific laws governing availability vary among the seventeen autonomous regions in the country. For example, in the Community of Madrid, adolescent patients have the right to treatment by pediatric physicians and to receive puberty blockers and hormone therapy upon the onset of puberty.⁴² In the Region of Murcia, patients over twelve can access gender-affirming healthcare with consent of the minor’s legal representative.⁴³ Throughout Spain, gender-reassignment surgery is prohibited before the age of majority.⁴⁴ Moreover, new national legislation also requires the government to develop trainings for healthcare providers on LGBTQ issues.⁴⁵

⁴² Spain Law 2/2016 (July 1, 2016) (Community of Madrid, Spain)

⁴³ Spain Law 8/2016 (May 27, 2016) (Region of Murcia, Spain).

⁴⁴ FRA European Union Agency for Fundamental Rights, *Access to Sex Reassignment Surgery*, <https://fra.europa.eu/en/publication/2017/mapping-minimum-age-requirements-concerning-rights-child-eu/access-sex-reassignment-surgery> (last visited Dec. 14, 2023).

⁴⁵ Spain Law 4/2023, B.O.E. No. 51, art. 16 (Mar. 1, 2023) (Protection and Promotion of the Health of LGBTI People), <https://www.boe.es/buscar/act.php?id=BOE-A-2023-5366&p=20230301&tn=1#a1-8> (select “English” translation).

CONCLUSION

The Court should affirm the District Court's judgment.

Respectfully submitted,

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December 14, 2023

CERTIFICATE OF COMPLIANCE

Pursuant to Fed. R. App. P. 29(a)(4)(G) and 32(g)(1), the undersigned hereby certifies that this brief complies with the type-volume limitation of Fed. R. App. P. 29(a)(5) and 32(a)(7)(B).

1. Exclusive of the exempted portions of the brief, as provided in Fed. R. App. P. 32(f), the brief contains 4,415 words.

2. The brief has been prepared in proportionally spaced typeface using Microsoft Word for Office 365 in 14-point Times New Roman font. As permitted by Fed. R. App. P. 32(g)(1), the undersigned has relied upon the word count feature of this word processing system in preparing this certificate.

/s/ Andrew Rhys Davies

ANDREW RHYS DAVIES

December 14, 2023

APPENDIX A

Stonewall Equality Limited (“Stonewall”) has fought since 1989 to create transformative change in the lives of LGBTQ+ people across communities in the United Kingdom and around the world. Stonewall seeks to drive positive change in public attitudes and public policy, and to ensure that LGBTQ+ people can thrive throughout their lives by building deep, sustained change programs with the institutions that have the biggest impact on them. Stonewall’s work includes supporting legal efforts to ensure that trans young people have access to gender-affirming medical treatment.

The Swedish Federation for Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Rights (“RFSL”) is a non-profit community organization that has been advocating for the rights of LGBTQIA persons in Sweden and internationally since its founding in 1950. RFSL engages support and educational services, political advocacy, lobbying initiatives, and community space in furtherance of its mission supporting LGBTQIA persons. Since 2001, RFSL has formally included transgender people within the communities it serves. RFSL’s key initiatives today include transgender rights advocacy, asylum rights, and family law.

RFSL Ungdom – Queer Youth Sweden is a children’s and youth organization affiliated with RFSL. The organization works to ensure that all young

people in Sweden, regardless of sexual orientation, gender identity, gender expression or gender characteristics, have their human rights, as described in the U.N. Declaration of Human Rights and in the European Convention on Human Rights, fulfilled.

Transammans, a Swedish non-profit organization for trans people and relatives, works across all of Sweden to influence, support and educate. Transammans is a strong voice in the public debate and an important driving force for creating better living conditions for trans people of all ages and people with thoughts about their gender identity.

The Norwegian Organization for Sexual and Gender Diversity (“FRI”) is a membership-based nongovernmental organization with local chapters throughout Norway. FRI’s vision is a society free from harassment and discrimination based on sexual orientation, gender identity, and/or gender expression. FRI’s key activities include national-level advocacy for the rights of LGBTI people, building competency of government institutions and employees within different sectors (education, health, social welfare, justice) to include LGBTI people in a non-discriminatory way, and engaging in international solidarity by partnering with LGBTI organizations in Europe, Asia and Africa. As a membership and community-based organization, FRI has firsthand experience of the impact that gender-affirming healthcare—or the lack thereof—has on

transgender people, and has deep concern that the State Healthcare Ban, by restricting access to gender-affirming care, will be detrimental to the lives of transgender people in Arkansas.

The Australian Professional Association for Trans Health

(“**AusPATH**”) is Australia’s principal body representing, supporting, and connecting those working to strengthen the health, rights, and wellbeing of all transgender people—binary and non-binary. The AusPATH membership comprises over 350 experienced professionals working across Australia. AusPATH firmly believes that all young people who desire puberty suppression should be able to access such care in a timely manner under appropriate supervision and assessment by a multidisciplinary team. AusPATH advocates for access to timely, culturally safe, and person-centered gender-affirming healthcare as critical to protect transgender children, adolescents, and adults from negative health and well-being implications.

The Professional Association for Transgender Health Aotearoa New

Zealand (“PATHA NZ”) is an incorporated society established in May 2019 to be an interdisciplinary professional organization working to promote the health, well-being, and rights of transgender people. PATHA NZ comprises over 200 members who work professionally for transgender health in clinical, academic, community, legal, and other settings. As a society committed to supporting gender-affirming

care, PATHA NZ's role includes advocacy both within New Zealand and internationally. PATHA NZ views gender-affirming care for children and adolescents as an essential part of healthcare and views the denial of access to care until the age of eighteen in any country or state as a violation of human rights.

LGBT+ Denmark is Denmark's largest and oldest political organization for LGBT+ people in Denmark. LGBT+ Denmark fights for everyone to be able to live their life in full compliance with their own identity through rights, safe communities, and social change—locally, nationally and globally.

Bundesverband Trans* e.V. (“BVT*”) is the largest transgender association in Germany. The association's common endeavor is the commitment to gender diversity and self-determination. BVT* is committed to human rights and to the respect, recognition, equality, social participation and health of transgender and non- binary people.

Fundación Colectivo Hombres XX, AC (the “Fundación”) is a non-profit community LGBTI organization with a particular focus on men in Mexico who were assigned a female gender at birth. The Fundación has operated since 2012 as a collective and since 2018 as a Civil Association and has extensive lobbying experience. The Fundación participated in the drafting of the Protocol for Access without Discrimination to Health Care Services for Lesbian, Gay, Bisexual, Transsexual, Transvestite, Transgender and Intersex Persons and Specific Care

Guidelines, which provides guidance for the administration of healthcare to transgender individuals in Mexico.

The Federación Estatal de Lesbianas, Gais, Trans, Bisexuales, Intersexuales y más (“FELGTBI+”) is the largest LGTBI+ organization in Spain and one of the largest in Europe, with fifty-seven nongovernmental organizations and associations collaborating as member entities. It is one of only eight LGBTI+ organizations in the world that has consultative status with the United Nations.

With thirty years of history, FELGTBI+ is one of the reference organizations in the promotion and defense of rights for LGBTI+ people. FELGTBI+’s mission is to defend and promote human rights and equality for lesbian, gay, transgender, bisexual, and intersex people and their families in all areas of life (social, health, work, educational, cultural, etc.). In addition, FELGTBI+ works to strengthen and unify the LGBTI associative movement in the Spanish territory from a networking approach and a secular, feminist, nonpartisan, and non-unionist perspective.

CERTIFICATE OF SERVICE

I hereby certify that on this 14th day of December, 2023, I electronically filed the foregoing with the Clerk of the Court for the United States Court of Appeals for the Eighth Circuit using the appellate CM/ECF system. Counsel for all parties to the case are registered CM/ECF users and will be served by the appellate CM/ECF system.

/s/ Andrew Rhys Davies

ANDREW RHYS DAVIES