Jane Doe

vs.

Joseph Ladapo

Taped Transcription

November 04, 2022

Doe Pls' Trial Ex.
25

1
2 JANE DOE,
3 Plaintiff,
4 vs.
5 JOSEPH LADAPO,
6 Defendant.
7 ______________________________
8 CASE NO. 423CV114RHMAF
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12 TRANSCRIPTION OF AUDIO RECORDING
13 JOINT MEETING
14 FLORIDA BOARD OF MEDICINE
15 FLORIDA BOARD OF OSTEOPATHIC MEDICINE
16 NOVEMBER 4, 2022 / 2:02 P.M.
17
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19 TRANSCRIBED AUDIO RECORDING BY:
20 Julie Thompson, CET
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24
25 Job No.: 322529

1 Thereupon,
2 The following proceeding was transcribed from an
3 audio recording:
4 ****
5 CHAIRMAN DIAMOND: Good afternoon. My name
6 is Dr. David Diamond. I have the privilege of being
7 the Chair of the Florida Board of Medicine. To my
8 right is Dr. Sandra Schwemmer, the Chair of the
9 Florida Board of Osteopathic Medicine.
10 At this time it's 2 o'clock on November the
11 4th. I'd like to call to order this meeting of the
12 Joint Boards of the Florida Board of Medicine and
13 the Board of Osteopathic Medicine.
14 Can we please take a roll call?
15 MS. STRICKLAND: Dr. Diamond?
16 CHAIRMAN DIAMOND: Present.
17 MS. STRICKLAND: Dr. Ackerman?
18 CHAIRMAN ACKERMAN: Present.
19 MS. STRICKLAND: Dr. Barsoum has been
20 excused.
21 Dr. Chandra has been excused.
22 Dr. Derrick has been excused.
23 Dr. Hunter.
24 DR. HUNTER: Present.
25 MS. STRICKLAND: Dr. Pages.

1 DR. PAGES: Present.
2 MS. STRICKLAND: Dr. Pimentel?
3 DR. PIMENTEL: Present.
4 MS. STRICKLAND: Dr. Vila?
5 DR. VILA: Present.
6 MS. STRICKLAND: Dr. Wasylik?
7 DR. WASYLIK: Present.
8 MS. STRICKLAND: Dr. Zachariah has been
9 excused.
10 Ms. Garcia?
11 MS. GARCIA: Present.
12 MS. STRICKLAND: Ms. Justice?
13 MS. JUSTICE: Present.
14 MS. STRICKLAND: Mr. Romanello has been
15 excused. Also present are Mr. Paul Vasquez,
16 Executive Director for Board of Medicine; Ed
17 Tellechea, board counsel; Donna McNulty, board
18 counsel; myself; Sherry Strickland, program
19 operations administrator; Surrey Williams,
20 Regulatory Specialist III; Brad Dalton, public
21 information officer.
22 Chair, you have a quorum.
23 CHAIRMAN DIAMOND: Thank you so much. At
24 this time, I'd like to ask Mr. Paul Vasquez, the
25 Executive -- oh, I'm sorry. I beg your pardon.

1 Go ahead.
2 CHAIRWOMAN SCHWEMMER: Ms. Terrell, would
3 you take roll for the Board of Osteopathic Medicine?
4 EXECUTIVE DIRECTOR TERRELL: Yes, ma'am.
5 Dr. Schwemmer?
6 CHAIRWOMAN SCHWEMMER: Present.
7 EXECUTIVE DIRECTOR TERRELL: Dr. Mendez?
8 DR. MENDEZ: Present.
9 EXECUTIVE DIRECTOR TERRELL: Dr. Gadia?
10 DR. GADIA: Present.
11 EXECUTIVE DIRECTOR TERRELL: Dr. Pietro?
12 DR. PIETRO: Present.
13 EXECUTIVE DIRECTOR TERRELL: Dr. Kirsh?
14 VICE-CHAIR KIRSH: Present.
15 EXECUTIVE DIRECTOR TERRELL: And Ms.
16 Jackson has been excused. Also present, myself,
17 Executive Director of the Board of Osteopathic
18 Medicine, Danielle Terrell; Carol Taylor, program
19 operations -- program office administrator; and
20 Derick Nieves, a Regulatory Specialist III.
21 And, Chair, you do have a quorum for the
22 Board of Osteopathic Medicine.
23 CHAIRWOMAN SCHWEMMER: Thank you.
24 CHAIRMAN DIAMOND: Thank you very much. At
25 this time, I'd like to ask Mr. Paul Vasquez, the

1 Executive Director of the Florida Board of Medicine
2 to make some remarks.
3 EXECUTIVE DIRECTOR VASQUEZ: Thank you,
4 Chair. Good afternoon. It's Friday, November 4,
5 2022, at 2:02 p.m. My name is Paul Vasquez. I'm
6 the Executive Director of the Florida Board of
7 Medicine. This is a duly noticed meeting of the
8 Boards. This is a public meeting and is being
9 recorded. The audio will be available on the
10 Board's websites next week.
11 I'll now go over some instructions, so this
12 meeting will be successful, and the board members
13 will be able to take care of the matters that are
14 before them today.
15 There's a court reporter in the meeting.
16 If you speak to the boards, it's important that you
17 state your name for the record. When appropriate,
18 the chair will ask for public comments. Therefore,
19 please refrain from speaking during the meeting
20 until the appointed time. Please remember, this is
21 a public meeting, and it's being recorded. Any side
22 conversations and activities may be recorded and
23 become part of the public record.
24 At this time, please silence all electronic
25 devices, and one housekeeping issue for the Boards,

1 just remember when you're speaking to have your
2 microphones on for the court reporter.
3 The Boards of Medicine and Osteopathic
4 Medicine are apolitical bodies that have the primary
5 mission of protecting the people of the state of
6 Florida. As with any issue before them, the Boards
7 intend to look at the available science and
8 appropriate standard of care while putting aside any
9 personal feelings on the issues before them today.
10 In terms of how the meeting will be
11 conducted, the expectation is that we will have a
12 civil discourse while discussing the issues on
13 today's agenda. We require that everyone refrain
14 from making any disruptive comments or taking any
15 disruptive actions during the duration of the
16 meeting. The Boards reserve the right to remove any
17 individual who chooses to disrupt the progress of
18 the meeting. Please conduct yourselves accordingly.
19 Public comment at this meeting will be
20 limited and will come at the end of the meeting.
21 The public comment process will be as equitable as
22 possible. However, it is evident that not everyone
23 who wishes to speak will be able to speak at this
24 meeting.
25 The Florida Board of Medicine and Board of

1 Osteopathic Medicine invite and encourage interested
2 parties to provide comment on matters before the
3 Boards.
4 The following guidelines will apply to
5 public comments. Interested parties will be given
6 an opportunity to provide comment on matters before
7 the Boards after an agenda item is introduced.
8 Interested parties may provide comments on the
9 record during the meeting, or they can waive
10 speaking and indicate their position on the issue,
11 which will also become part of the record.
12 Appearance forms have been provided to facilitate
13 this process.
14 In terms of how the appearance forms will
15 be handled. They're being collected. They're being
16 separated by position, and they're being randomized
17 and will be drawn randomly based on the positions.
18 Interested parties will be limited to three
19 minutes to provide comment, which may only be
20 extended by the Chair, if time permits, based on the
21 number of proposed speakers. If an interested party
22 is part of a larger group of persons, you're
23 requested to identify one individual who will speak
24 on behalf of the group, if possible. Interested
25 parties may use pseudonyms if they do not wish to

1 identify themselves on the record.
2 The progress of the meeting will include a
3 discussion of draft rule language related to the
4 practice standards for the treatment of gender
5 dysphoria, discussion and vote by the Boards, and
6 public comment.
7 In terms of progress after this meeting, if
8 language is developed and proposed, it will be
9 published in the Florida Administrative Register,
10 which will include any instructions for further
11 activities related to rulemaking process pursuant to
12 Chapter 120. Thank you, Chair.
13 CHAIRMAN DIAMOND: Thank you very much. At
14 this time, I'd like to ask Mr. Ed Tellechea, board
15 counsel, to make a few remarks to discuss the
16 process on how things proceed should a rule be
17 adopted.
18 ATTORNEY TELLECHEA: Thank you -- excuse
19 me. Thank you, Mr. Chair. If there is -- today,
20 there will be language that will be -- that is being
21 presented to both of the Boards. If the Boards at
22 any point in time decide to adopt -- approve this
23 language, we have a vote either approving the
24 language as is or amended. We will -- then we will
25 take the language back, and we will publish it in

1 the Florida Administrative Register.
2 It will appear -- and then once it
3 publishes in the Florida Administrative Register,
4 and correct me if I'm wrong, Donna, I think you have
5 21 days -- excuse me -- you have 21 days in order to
6 request a rule hearing. If somebody requests a rule
7 hearing, then the rulemaking process is put on hold
8 until the rule hearing takes place.
9 A rule hearing will be much like some of
10 the meetings that we've already had, where the
11 individuals who requested the rule hearing and
12 others who are present can make public comment
13 regarding the proposed rule language itself.
14 If the rule hearing occurs, the Board can
15 change the rule language based on the public
16 comments or they can go ahead and affirm the
17 existing rule language and move forward with the
18 rulemaking process. And once the rule goes into
19 effect, of course, the rules can be challenged.
20 In total when you're looking at rulemaking,
21 realistically, based upon the time frames once rule
22 language is published, we're talking about anywhere
23 between 60 to 90 days before it becomes effective,
24 depending on the circumstances.
25 CHAIRMAN DIAMOND: Thank you very much.

1 Ladies and gentlemen, as we commence
2 today's meeting, I wish to use my position as Chair
3 to make some remarks.
4 In early June, we received notification
5 that the State intended to present the medical
6 Boards with a formal petition to initiate rulemaking
7 on the subject of gender dysphoria, and that this
8 petition would be presented during our August 5th
9 board meeting in Tampa.
10 From the onset, I directed the Board staff
11 that, given the deep sensitivities and the
12 complexities of this issue, we approached this
13 matter in a manner that not only was fair but was
14 perceived as being fair.
15 As such, during that August 5th meeting, as
16 we hosted our Surgeon General and others
17 representing the position of the State, I insisted
18 that equal time and position be granted to experts
19 from the University of Florida, Dr. Holler, and Dr.
20 Dayton, who held an opposing position. I asked, as
21 would Aristotle, that we approach this subject with
22 reason free of passion. I believe that all members
23 present found the ensuing discussion productive with
24 three take-home messages.
25 First, from oral testimony, we learned that

1 at the major centers in Florida, so-called bottom
2 surgery is not offered for minors, and that so-
3 called top surgery is infrequently offered to
4 minors. Although, there have been instances in
5 Florida where females as young as 15 years old have
6 undergone mastectomy.
7 Second, from written testimony, we learned
8 that there are substantive differences between the
9 large medical societies and our European colleagues
10 in the treatment of minors with gender dysphoria.
11 To say that there is a singular unquestioned
12 standard of care is simply not accurate.
13 And lastly, the chief point of agreement
14 amongst all the experts, and I must emphasize this,
15 is that there is a pressing need for additional
16 high-quality clinical research.
17 Subsequently, we took public comment. The
18 selection of comments was randomized in an
19 alternating yea, nay fashion, with the exception
20 that I use my discretion to ensure that State
21 Representative, Anna Eskamani, whom I knew stood in
22 opposition to the petition, had a chance to speak.
23 I did this out of respect for her office. The vast
24 bulk of the meeting was dignified and productive,
25 and ultimately the Board voted to initiate

1 rulemaking.
2 The task then fell upon the Joint Rules and
3 Legislative Committee chaired by Dr. Zachariah to
4 consider and possibly develop rules language. This
5 committee meeting was initially scheduled for
6 September 30th, but due to the hurricane, it was
7 rescheduled to October 28th.
8 In preparation for that meeting, I directed
9 the staff to invite subject matter experts with
10 differing viewpoints and representing essentially
11 three cohorts. The first cohort being Florida-
12 licensed pediatricians or pediatric endocrinologists
13 who actively treat minors with gender dysphoria.
14 The second cohort being scientists, both
15 American and international, with expertise in the
16 extent clinical data.
17 And the third cohort being representatives
18 of the large American clinical societies.
19 Mr. Paul Vasquez, to my left, the Executive
20 Director of the Board, worked assiduously on this
21 directive. We were pleased that ultimately
22 representatives from the University of Florida, the
23 University of Oxford, Yale University, University of
24 Turku in Finland, and the Children's Hospital in
25 Chicago, as well as a private practice

1 endocrinologist from California, joined us at that
2 committee meeting.
3 A formal invitation was also extended to a
4 large medical society known to be opposed to the
5 state's position, namely the Endocrine Society.
6 That society declined our invitation. Formal
7 invitations were also sent but declined by
8 physicians actively practicing its transgender care
9 clinics at Nicklaus Children's Hospital, Miami, at
10 Johns Hopkins All Children's Hospital in St.
11 Petersburg, and at the Joe DiMaggio Children's
12 Hospital in Hollywood.
13 We also received contact from several
14 accomplished pediatric endocrinologists practicing
15 here in Florida, who stated their discomfort with
16 the guidelines espoused by the Endocrine Society,
17 WPATH and the American Academy of Pediatrics. These
18 physicians, of course, were invited to speak on
19 October 28th, but each declined. They cited a
20 concern that their positions in various medical
21 societies and indeed their actual employment would
22 be jeopardized should they speak.
23 I found this culture of intimidation, be it
24 real or perceived, to be antithetical to the spirit
25 of medicine and more poignantly, profoundly sad.

1 During the October 28th rules committee
2 meeting, Dr. Zachariah took additional public
3 comment. Many of the comments representing both the
4 affirmative and negative positions were emotionally
5 powerful. To all of those who came and expressed
6 their opinions with dignity and courage, we members
7 of the Board salute you.
8 Further to our subject matter experts who
9 cited data at adduced their sources, the Board also
10 extends our thanks. This is how science should
11 work, vigorous free -- I'm sorry -- vigorous debate,
12 free of intimidation.
13 A motion by Mr. Romanello and then amended
14 by Dr. Hunter to include a research exemption was
15 ultimately passed. Today, the task falls upon this
16 joint meeting of the Boards of Medicine and
17 Osteopathic Medicine to consider the rules committee
18 proposal.
19 The proposal has the following elements.
20 First, the rule is limited exclusively to the
21 treatment of minors with gender dysphoria.
22 Second, the rule is prospective.
23 Third, once the rule is effective, sex
24 reassignment surgery or any other procedure that
25 alters primary or secondary sexual characteristics

1 for the treatment of gender dysphoria in minors
2 would be prohibited.
3 Fourth, once the rule is effective, those
4 minors who have already commenced puberty-blocking
5 hormone or hormone antagonist therapy for the
6 treatment of gender dysphoria may be continued on
7 hormonal therapy.
8 Fifth, once the rule is effective, puberty-
9 blocking hormone and hormone antagonist therapy for
10 the treatment of gender dysphoria in minors who have
11 not yet commenced such therapies would be
12 prohibited.
13 Sixth, and very importantly, the proposal
14 included an exception for clinical research.
15 Specifically, non-surgical treatment for the
16 treatment of gender dysphoria may be conducted under
17 the auspices of an institutional review board-
18 approved investigator-initiated clinical trial at a
19 Florida Medical School. The clinical trial must
20 include provisions for long-term longitudinal
21 assessment of the patient's physiologic and
22 psychologic outcomes.
23 Today, I stand in support of the rules
24 committee resolution, as I feel that it is a
25 thoughtful navigation between Scylla and Charybdis,

1 as was faced by Odysseus. First, the resolution is
2 limited only to minors.
3 As such, the Rules Committee recognizes
4 that our legal and medical tradition speaks to a
5 difference in the mental capacity between minors and
6 adults with respect to making medical decisions,
7 some of which in this context may produce
8 irreversible physiologic and psychologic changes.
9 Second, the Rules Committee recognizes that
10 surgery to alter one's sexual characteristics,
11 including mastectomies, penectomies, and neo
12 vaginectomies carries the highest risk of immediate
13 irreversible physiologic effects and ought to be
14 approached differently than drug intervention.
15 Third, the Rules Committee recognized that
16 the discontinuation of hormonal intervention for
17 patients who have already commenced such treatment
18 would pose important complexities and, therefore, is
19 not restricted.
20 So let me be clear. Any person who opines
21 that this resolution, if passed in its current form,
22 would terminate ongoing care is incorrect.
23 Fourth, and perhaps most importantly, the
24 Rules Committee recognized -- and this was made
25 clear during testimony -- that the best treatment of

1 minors with gender dysphoria is not known.
2 The resolution represents an effort to
3 generally emulate what is being done by Britain's
4 National Health Service and by others elsewhere,
5 which is to make available non-surgical treatment,
6 but to do so solely under the auspices of high-
7 quality investigator-initiated clinical trials.
8 So again, let me be clear, any person who
9 opines that this resolution if passed in its current
10 form would ban access to care is incorrect.
11 Although, it may be the intent of the Boards to
12 ensure that dissemination of high-quality data on
13 the epidemiology and the outcomes of these
14 investigations, board counsel has indicated that is
15 not presently within our purview to mandate a data
16 reporting requirement.
17 Therefore, should the draft rule be
18 adopted, I then would propose a resolution to be
19 presented to the Speaker of the Florida House and
20 the President of the Florida Senate. This
21 resolution would request that the legislature pass a
22 reporting mandate, whereby each clinical trial
23 principal investigator must transmit to the Boards
24 of Medicine and Osteopathic Medicine an anonymized
25 summary of the clinical data at six-month intervals.

1 Without a reporting requirement, investigators could
2 elect not to share published data, and this would,
3 of course, be contrary to our intent.
4 We understand that the legislature would in
5 no way be bound to act on such a resolution, but it
6 is my sense that a reporting requirement is
7 absolutely essential to a good faith research
8 exemption.
9 At this point, I'm going to open up the
10 discussion to members of the two Boards. Once a
11 motion -- a call -- the question is called, we will
12 go and have a vote from the Board of Medicine
13 immediately followed by the Board of Osteopathic
14 Medicine, and then we will proceed with public
15 comment.
16 If there are any publicly elected officials
17 with us today, please make yourself known to me, as
18 I will extend the courtesy to ensure that you have
19 an opportunity to speak. And as far as public
20 comment is concerned, it will be randomized, meaning
21 selected out of the hat, AB, AB, until the public
22 comment is completed.
23 At this point, I open the floor for
24 discussion. Thank you very much.
25 DR. ACKERMAN: Dr. Diamond.

1 CHAIRMAN DIAMOND: Please, you're recognize
2 Mr. -- Dr. Ackerman.
3 DR. ACKERMAN: I want to thank you for your
4 very thorough explanation of the -- of what's
5 transpired over the past six months. I think it was
6 extremely accurate and I think you made it very
7 clear as what the intent of Rules Making is and what
8 the outcome of the rules are. And I want to voice
9 my support completely of the resolution put forth by
10 the Rules Making Committee.
11 CHAIRMAN DIAMOND: Dr. Hunter, I believe
12 you had some comments.
13 DR. HUNTER: I'm going to pass right now.
14 CHAIRMAN DIAMOND: Dr. Vila, you're
15 recognized.
16 DR. VILA: Thank you. I want to echo those
17 comments. I appreciate what the Board has gone
18 through hearing testimony -- extensive testimony,
19 and then all of the letters that have been submitted
20 that we've looked through. I was not at the Rules
21 Committee meeting, but I watched the entire video of
22 it. And that even further added to the body of
23 knowledge and discernment that I've gone through.
24 And after hearing extensive testimony from
25 physician experts on the irreversible harm due to

1 puberty blocker medications as well as the hormone
2 therapy, and after testimony that other countries
3 have restricted access to medications, after written
4 testimony from the author of a study that found a
5 significant percentage of patients who transition
6 later choose to detransition and, thus, have a
7 significant percentage that have suffered
8 irreversible harm.
9 Given the lack of testimony from expert
10 proponents of hormone therapy that there are
11 adequate selection criteria that have sufficient
12 specificity to avoid harm. And after testimony from
13 expert proponents of these treatments that, in fact,
14 they are relatively rare in minors and in -- thus,
15 our rules would not substantially deviate from the
16 care that they are providing.
17 And finally, and most significantly, the
18 in-person testimony of multiple patients who were
19 irreversibly harmed by hormonal treatments. In my
20 25 years of hearing testimony before this Board, I
21 don't think I've ever seen that many patients talk
22 about that much harm being done to them.
23 And so given these facts, I am not
24 supportive of this -- of item two in the proposed
25 rule that allows for these treatments to be

1 administered under even IRB approved protocol. I
2 don't think that they're safe, and that they cause
3 irreversible harm to a significant number of
4 patients.
5 Now, if you want to do any research, I
6 suggest that you move it to those minors that are
7 already undergoing treatment, if we want to ask the
8 legislature to provide the data. But I want you to
9 know that I'm not supporting, and I would move to
10 strike item two in the resolution.
11 CHAIRMAN DIAMOND: Thank you, Dr. Vila.
12 Anyone else like to speak, please?
13 DR. ACKERMAN: Is that a motion that needs
14 a second?
15 CHAIRMAN DIAMOND: Well, I think we're
16 going to go and continue --
17 DR. ACKERMAN: Okay. I just heard him say,
18 "I moved."
19 CHAIRMAN DIAMOND: Would you like to
20 propose that as a formal motion, Dr. Vila?
21 DR. VILA: Mr. Chair, it depends how you
22 want to conduct the meeting. If you'd like to hear,
23 I will intend to make that motion. If you'd like me
24 to make it now, I will.
25 CHAIRMAN DIAMOND: Would anyone like to

1 make any comments before that motion is made?
2 Dr. Vila, please.
3 DR. VILA: Okay. I may -- I move to strike
4 item two in the proposed standard of practice for
5 the treatment of gender dysphoria in minors.
6 CHAIRMAN DIAMOND: Do I hear a second on
7 the motion?
8 DR. HUNTER: Seconded.
9 CHAIRMAN DIAMOND: There's a second. It's
10 now open to -- for discussion on that motion.
11 DR. HUNTER: Dr. Diamond?
12 CHAIRMAN DIAMOND: Yes, sir.
13 DR. HUNTER: I want to read this into the
14 record. Dutch researchers pioneered youth
15 transition for gender dysphoria. They published
16 several papers culminating in a 2014 paper that
17 described the outcome for 55 youths they
18 transitioned.
19 The Dutch protocol is now what we call
20 affirmative care, puberty blockers, cross-sex
21 hormones, and breast and genital surgeries. The
22 Dutch protocol was deemed a success because the
23 youth continued to function well after surgery.
24 This affirmative model of care has spread wildly in
25 the last eight years.

1 The Dutch protocol is the foundation youth
2 transition was built on. It is flawed. It is based
3 on weak evidence. These are some of the problems
4 with the Dutch study.
5 Many concerns have been raised about its
6 methodology. It was a case series, a small cohort
7 of 55 teenagers. There was no control group. The
8 follow-up period was only 18 months. This short
9 period should be of concern, and most importantly,
10 there has been no long-term data reported on these
11 55.
12 The Dutch have been asked for their long-
13 term data. In a June, New York Times article,
14 Dr. DeVries, the lead author, said the Dutch has
15 lost contact with 50 percent of their early cohort.
16 Dr. DeVries was interviewed on an American podcast
17 in January. She made it clear that their patients'
18 lives are much more complicated than the original
19 studies outcomes suggests.
20 The Dutch, to their credit, were concerned
21 about false transitions. Transitions that would
22 later be regretted. False transitions would be the
23 worst possible outcome. Today, we call that regret
24 and detransition.
25 The Dutch had inclusion and exclusion

1 criteria hoping to limit false transitions. I want
2 to emphasize two of these criteria.
3 Early onset gender dysphoria was a
4 requirement for transition. Early onset was
5 described by the Dutch in one paper as gender
6 dysphoria "from toddlerhood." And there had to be
7 no active mental health issues. Mental health
8 problems excluded a teenager from transition.
9 The very patients the Dutch excluded, late
10 onset, post pubertal, gender dysphoric youth with
11 comorbid mental health issues are now the majority
12 of youth being transitioned. We are transitioning
13 the very population the Dutch excluded because they
14 feared harm.
15 Affirmative care with transition is now
16 touted as the cure for mental health problems. Just
17 eight years ago, mental health problems excluded
18 someone from transition. Our profession has
19 abandoned the Dutch criteria, and these criteria
20 were never based on hard evidence, only good
21 intentions.
22 Now we have objective, unbiased, systematic
23 reviews, the most prominent being from Swedish and
24 British experts. These systematic reviews tell us
25 the evidence for youth transition is poor quality

1 and with very low certainty for benefit. However,
2 we are told that more and more evidence supports
3 hormonal and surgical transition. The quality of
4 this research is extremely questionable. I want to
5 cite one recent example.
6 In September, just two months ago, in JAMA
7 Pediatrics, there was a study reported from
8 Northwestern University in Chicago, 70 patients were
9 compared; 36 had a double mastectomy and 34 did not.
10 The patients ranged in age from 13 to 24 years.
11 The authors concluded that mastectomy was
12 beneficial and should not be delayed in youth. What
13 led them to that conclusion? The finding that three
14 months after surgery, a mere 90 days, the 36
15 patients as young as 13, 14, and 15 years were happy
16 with their flat chests. And it was not just 36 that
17 had surgery; it was 42. They lost 9 percent of
18 their surgical cases to follow-up, 9 percent in
19 three months. It is absurd, meaningless, to draw
20 any conclusions after three months.
21 This paper is indicative of the quality of
22 research we have in this field, published in our
23 most prestigious journals. We have a serious
24 problem. The testimony last week from those who
25 have detransition is evidence of that.

1 Finland, Sweden, and England have changed
2 course. They recognize harms are occurring; that
3 the evidence is poor; that the Dutch protocol should
4 not have been adopted and scaled to the extent that
5 it has.
6 At our last meeting, I suggested we carve
7 out an exception for research. After much thought,
8 I can no longer support that idea. I do not believe
9 the Board is authorized to regulate medical
10 research. That authority lies with other federal
11 and state agencies. The Board's duty is to regulate
12 the general practice of medicine. And we can do
13 that; we should do that, and allow others to address
14 research in this field. But I want to say something
15 about human medical research.
16 Ethical principles of human medical
17 research were first articulated in the Nuremberg
18 Code. Then in the World Health Organization's
19 Declaration of Helsinki and further described in the
20 United States Belmont Report, which followed the
21 terrible revelations discovered with the Tuskegee
22 syphilis experiments.
23 For those that conduct future research in
24 this area of medicine, the following questions must
25 be answered. Can minors consent to transition? Can

1 minors with active mental health problems consent?
2 Can this research with hormones and surgery
3 be done safely and ethically when we know these
4 treatments have negative effects on normal
5 physiology, when these treatments probably have
6 negative effects on an adolescent's psychosocial
7 development and their neurodevelopment to include
8 their executive decision-making?
9 Can research with hormones and surgery be
10 done safely and ethically when we know these
11 treatments will be -- will lead to loss of sexual
12 function, when we know these treatments will lead to
13 infertility? These ethical questions are very
14 important, but it's also critical that researchers
15 ask why so many young people are suffering from
16 gender dysphoria. Depending on the survey, between
17 2 and 10 percent of youth now describe themselves as
18 gender diverse. Many are suffering and need help.
19 Researchers need to ask why this is
20 happening. Why has the incidence of gender
21 dysphoria skyrocketed? We would ask this question
22 for any other condition. These questions need to be
23 answered, not just by the medical profession, but by
24 society at large.
25 Children and youth with gender dysphoria

1 are suffering. They need care, the best possible
2 care, excellent care. We need to return to the
3 community standard of care for treating distress.
4 And that is psychotherapy. Ethical, compassionate
5 psychotherapy that respects the child's experience.
6 Let me say that again. Ethical, compassionate
7 psychotherapy that respects the child's experience.
8 This is what Europe is doing. Our
9 colleagues in Great Britain, Sweden, Finland, and
10 elsewhere agree change is needed. Less harm needs
11 to be done; safety and ethics need to prevail. I'm
12 confident the Board of Medicine will do the right
13 thing.
14 CHAIRMAN DIAMOND: Thank you very much. So
15 we have a motion from my friend and colleague,
16 Dr. Vila striking paragraph two. It was seconded by
17 my friend and colleague, Dr. Hunter.
18 I personally feel that a research exemption
19 is necessary and I share, Dr. Hunter, many of your
20 concerns. And, Dr. Vila, I share many of your
21 concerns in good faith.
22 My perspective is this. I'm an oncologist,
23 and every day we are presented with new
24 investigational medicines or other interventions.
25 And I as a clinical investigator must approach this

1 in agnostic fashion. I do not know if a new
2 medicine is equivalent to the standard, better or
3 worse. To say that I know the truth is incorrect.
4 So, therefore, if we are in agreement that
5 there's substantive dispute, what is the best
6 treatment for minors with gender dysphoria? I say,
7 let us study it. Let us study it well. Let us use
8 the advantages that we have of having distributed
9 high-quality medical schools throughout the state,
10 and let us be the light to the world to determine
11 what is the best care for these folks. Otherwise,
12 we will never know.
13 So that is my general position, recognizing
14 that I share many of your concerns, Dr. Vila and
15 Dr. Hunter. I open it for the additional
16 discussion.
17 Hearing none, would -- someone would like
18 to call the question to vote on Dr. Vila's motion?
19 DR. WASYLIK: I'll call the question. Mike
20 Wasylik.
21 CHAIRMAN DIAMOND: Very good. Do I have a
22 second on the motion?
23 Do I have a second on Dr. -- on --
24 ATTORNEY TELLECHEA: You already had a
25 motion. You had a second. Please call the

1 question.

2 CHAIRMAN DIAMOND: Calling the question.

3 All in favor of Dr. Vila's motion, please raise your

4 hand. And again, this is to vote -- I would be very

5 clear. This is -- the motion at hand is to strike a

6 research exemption. So if you're in favor of

7 striking a research exemption, please raise your

8 hand.

9 All in -- all against the motion, raise

10 your hand. Let's do a count.

11 ATTORNEY TELLECHEA: No. That's

12 (indiscernible).

13 CHAIRMAN DIAMOND: Okay. Everybody is

14 going to vote.

15 CHAIRWOMAN SCHWEMMER: This -- with this is

16 just for the Board of Medicine voting.

17 CHAIRMAN DIAMOND: Okay. We're going to

18 start with the Board of Medicine, and then we'll do

19 Osteopathic Medicine.

20 So all the members of the Board of Medicine

21 who are in support of Dr. Vila's resolution to

22 strike the research exemption, please raise your

23 hand. All those against the resolution on the Board

24 of Medicine, raise your hand.

25 Dr. Vila's motion carries.

1 Dr. Schwemmer?
2 CHAIRWOMAN SCHWEMMER: Thank you,
3 Dr. Diamond. So we have the same motion before the
4 Board of Osteopathic Medicine. All in favor of
5 removing item two from the rule, raise your hand,
6 removing the research component of the rule.
7 Opposed?
8 Dr. Diamond, it appears --
9 CHAIRMAN DIAMOND: You have to vote also.
10 CHAIRWOMAN SCHWEMMER: I'm voting, opposed.
11 CHAIRMAN DIAMOND: Okay. Mr. Tellechea,
12 how do we proceed?
13 ATTORNEY TELLECHEA: Well, I really have
14 not encountered this situation before where you have
15 one board who's going to be having a rule that would
16 be inconsistent with the second board on such a
17 matter.
18 So your choices are you can move forward --
19 you can move forward with approving the rule
20 language as amended by the Board of Medicine, and
21 the Board of Osteopathic Medicine can move forward
22 with approving their rule language. You will have
23 two inconsistent rules. DOs will be regulated
24 differently than MDs on this matter, or you can go
25 back to the drawing board and see if you can reach a

1 compromise that everybody would agree with.
2 CHAIRMAN DIAMOND: So it seems to me that
3 perhaps we should go and bifurcate and do individual
4 votes on the amended motion for the Board of
5 Medicine and for the unamended motion for the Board
6 of Osteopathic Medicine. And then we move forward,
7 and we will try and determine how to work through
8 this.
9 CHAIRWOMAN SCHWEMMER: I agree.
10 ATTORNEY TELLECHEA: Well, if you want to
11 go back to the drawing board and how to work -- and
12 work through this, you can either not approve either
13 one of the rule languages and go back and try to
14 work through it, or as you suggested, you can
15 approve both of them, you know, Board of Medicine as
16 amended, Board of Osteopathic Medicine as is, and
17 then somewhere down the line try to reach some
18 consistency.
19 DR. ACKERMAN: I have a question for
20 Mr. Tellechea. Are there other examples of
21 different rules from the two different boards? You
22 said nothing of this magnitude, so give us some
23 examples of what sort of things.
24 ATTORNEY TELLECHEA: No. I don't know.
25 When it comes down to standard of care issues --

1 DR. ACKERMAN: Uh-huh (affirmative).
2 ATTORNEY TELLECHEA: -- the Board of
3 Medicine and the Board of Osteopathic Medicine have
4 always been consistent with their rules.
5 CHAIRWOMAN SCHWEMMER: So examples of that
6 would be your standard of care, like in your office
7 surgery rules. You know, these physicians work side
8 by side often in different facilities. So that's --
9 those are examples where they work side by side.
10 But that said, I mean, the Boards do not have to
11 have the same rule.
12 DR. ACKERMAN: We do recognize that --
13 CHAIRWOMAN SCHWEMMER: Normally you do when
14 it comes to standard of care.
15 DR. ACKERMAN: We do recognize that
16 osteopathic physicians and allopathic physicians
17 approach some diseases a little bit differently.
18 And that's not necessarily that one is wrong and one
19 is right. It's just different ways of approaching
20 something.
21 DR. VILA: Yeah. Mr. Chair --
22 CHAIRMAN DIAMOND: Dr. Vila, you're
23 recognized.
24 DR. VILA: -- I think the Board of Medicine
25 ought to vote to do what they think is right and

1 leave it to the Board of Osteopathic Medicine to
2 then consider that question before them, right.
3 So we vote, we put that question before
4 them, and they can go back and decide. Or it may be
5 that in this situation it wouldn't be horrible to
6 have two different rules. I mean, this is a very
7 kind of a narrow area, and they may be after some
8 more thought, we'll change; or maybe we will after
9 some more thought change.
10 CHAIRMAN DIAMOND: So would you --
11 Ms. Garcia?
12 MS. GARCIA: Yes. Hi. I think we need to
13 come to a compromise, something that we could all
14 agree on because it's going to cause chaos if we
15 have different rules. I'm looking at it, obviously,
16 from a, you know, legal perspective and my
17 experience, but I think we need to come up with
18 something that works.
19 CHAIRMAN DIAMOND: So in that spirit, I
20 would ask the following question: are there any
21 circumstances, Dr. Vila, that you could craft that
22 would allow some type of research exemption that
23 would make you feel more comfortable?
24 DR. VILA: Why don't we consider it for
25 area three -- for item number three? Why don't we

1 recraft that, so that minors being treated with
2 puberty -- currently being treated puberty blocking
3 agents may continue so far -- and move that wording
4 into item three?
5 CHAIRMAN DIAMOND: Dr. Schwemmer?
6 CHAIRWOMAN SCHWEMMER: If I could comment,
7 I think our Board, you know, I don't think we looked
8 at that. There may be studies in the future. I
9 think the motion before the Board was to remove the
10 part two, the non-surgical.
11 CHAIRMAN DIAMOND: Yes. It is -- and I'm
12 asking Dr. Vila, does he -- can he go and craft any
13 ideas.
14 Again, what I would like to ask the members
15 of the Boards to consider: can we come up with any
16 additional language that may be able to thread this
17 needle, so that we can go and get some answers to
18 these pressing clinical questions.
19 Dr. Hunter, did you have a comment?
20 DR. HUNTER: Would it -- is this too simple
21 of interpretation? If there were two different
22 rules, would it just be that all research in Florida
23 would have to be done by DOs?
24 CHAIRMAN DIAMOND: I don't think that's
25 workable.

1 DR. HUNTER: Well, that's what would be the
2 effect of it.
3 CHAIRWOMAN SCHWEMMER: Right.
4 CHAIRMAN DIAMOND: That's not -- that's not
5 workable.
6 ATTORNEY TELLECHEA: Yeah.
7 CHAIRMAN DIAMOND: Please.
8 DR. VILA: What's wrong with that?
9 UNIDENTIFIED SPEAKER: It's in rules.
10 CHAIRWOMAN SCHWEMMER: Dr. --
11 CHAIRMAN DIAMOND: Dr. Di Pietro?
12 DR. PIETRO: To Dr. Vila's point, when he
13 was saying if we could basically make number two
14 fall under number three, I just don't think it's
15 going to enough time. Whoever's currently
16 transitioning, that's not going to be enough time to
17 research those individuals.
18 Is that what you were talking Dr. Vila?
19 DR. VILA: I'm sorry. Yeah. That's what I
20 would say. And, you know, there can be a mechanism
21 where, you know, you transition them into -- to coin
22 a phrase.
23 DR. PIETRO: That's it.
24 DR. VILA: You transition them into
25 research protocols, and in those research protocols,

1 they can continue to obtain the medications they
2 were previously obtaining. So anyone who's
3 currently on a medication would continue to get it,
4 and then over the course of six months would be
5 enrolled into a research protocol.
6 CHAIRWOMAN SCHWEMMER: And the issue with
7 the review studies, they may not be able -- they may
8 not exist to allow those individuals. If we put
9 that section into three, they may not be able to
10 find those clinical studies to enroll in.
11 DR. PIETRO: Right.
12 CHAIRWOMAN SCHWEMMER: So that's the other
13 matter.
14 DR. PIETRO: I mean, I appreciate trying to
15 make it work, but I just, you know, we all know how
16 long clinical research takes. I mean, it takes
17 years. I just -- I don't think that's -- it's a
18 viable option.
19 CHAIRWOMAN SCHWEMMER: So --
20 CHAIRMAN DIAMOND: Hold on. All right.
21 I'm thinking this through a little bit. I think
22 what we need to do is this. We're not going to
23 resolve this now. I would like to go and have each
24 of the Boards vote on the motions.
25 So in front of the Board of Medicine, we

1 would be voting upon the motion as amended by
2 Dr. Vila, which means as written with paragraph two
3 struck.
4 And then we will ask our colleagues on the
5 Board of Osteopathic Medicine to vote on the
6 entirety of the rule as it currently stands.
7 DR. VILA: Okay. I move to call the vote
8 as amended.
9 CHAIRMAN DIAMOND: Thank you.
10 DR. ACKERMAN: I second that.
11 ATTORNEY TELLECHEA: Okay. There is no --
12 you need to make a motion. If your intent is for
13 the motion to be approved, the proposed rule
14 language with number -- Subsection 2 stricken and
15 renumbered appropriately, that should be your
16 motion. That --
17 DR. VILA: Thank you. Mr. Tellechea,
18 that's my motion.
19 CHAIRMAN DIAMOND: I have a motion. I have
20 a second.
21 All in favor from the Board of Medicine on
22 Dr. Vila's motion, please raise your hand. All in
23 -- all against the motion?
24 The motion carries.
25 Dr. Schwemmer?

1 CHAIRWOMAN SCHWEMMER: Similarly, at this
2 point we're voting on the rule as presented, 64B(8)
3 --
4 ATTORNEY MCNULTY: 64B15-14.014. Excuse
5 me. That's page 5 of your material. And that
6 includes the Subsection 2; is that correct?
7 CHAIRWOMAN SCHWEMMER: That's correct.
8 ATTORNEY MCNULTY: So is --
9 UNIDENTIFIED SPEAKER: I'll second that.
10 ATTORNEY MCNULTY: Seconded.
11 CHAIRWOMAN SCHWEMMER: I need the motion
12 first.
13 DR. PIETRO: I'll make a motion, motion to
14 approve the proposed draft rule language 64B15-
15 14.014, which includes Subsection 2 in regards to
16 the non-surgical treatments for treatment of gender
17 dysphoria in minors may continue to be performed
18 under the auspices of an IRB approved investigator
19 initiated clinical trial conducted at any of the
20 Florida medical schools.
21 CHAIRWOMAN SCHWEMMER: Is there a second?
22 UNIDENTIFIED SPEAKER: Second.
23 CHAIRWOMAN SCHWEMMER: All in favor
24 signified by yea?
25 MEMBERS: Yea.

1 CHAIRWOMAN SCHWEMMER: Yea. Anyone
2 opposed?
3 No opposition heard. The motion carries.
4 CHAIRMAN DIAMOND: Okay. So going forward,
5 we're going to be revisiting this, of course, and
6 ideally we'll be able to develop some resolution
7 between these two competing rules.
8 ATTORNEY TELLECHEA: Just to clarify
9 instructions from --
10 CHAIRMAN DIAMOND: Please.
11 ATTORNEY TELLECHEA: -- from the Boards.
12 Do you want us to go ahead and publish the language
13 that just passed?
14 CHAIRMAN DIAMOND: Well, I think it's
15 incumbent upon us to do that so that we can
16 disseminate this to the public and receive
17 appropriate comment.
18 ATTORNEY TELLECHEA: Okay. I just clarify
19 because we're going to publish one version, and
20 Osteopathic Medicine is going to publish another
21 version.
22 CHAIRMAN DIAMOND: I don't think we have a
23 choice. Donna?
24 ATTORNEY MCNULTY: And before you do that,
25 you need to ask the questions and the --

1 CHAIRWOMAN SCHWEMMER: Yes, sir?
2 ATTORNEY MCNULTY: -- the cert questions.
3 CHAIRMAN DIAMOND: Right.
4 CHAIRWOMAN SCHWEMMER: You want to go --
5 ATTORNEY TELLECHEA: We'll get there, but
6 --
7 ATTORNEY MCNULTY: Well.
8 ATTORNEY TELLECHEA: -- we're moving
9 forward with publishing the language?
10 CHAIRMAN DIAMOND: Yes.
11 ATTORNEY TELLECHEA: Okay. All right.
12 UNIDENTIFIED SPEAKER: Mr. Tellechea, my
13 question would be: in the environment in which we're
14 having a joint board meeting, so that the purpose to
15 discuss this as a house of medicine as opposed
16 strictly boards, why would it not be appropriate to
17 take the vote in block? Why would it be not
18 appropriate for the votes to be together?
19 Is it because there would be two separate
20 rules regardless, right? Because there's going to
21 be two separate chapters, two separate rules.
22 ATTORNEY TELLECHEA: Two votes have to be
23 taken because you're two separate rules --
24 UNIDENTIFIED SPEAKER: Two separate rules
25 and two separate boards.

1 ATTORNEY TELLECHEA: -- and two separate
2 boards.
3 UNIDENTIFIED SPEAKER: Okay.
4 ATTORNEY TELLECHEA: Yes.
5 UNIDENTIFIED SPEAKER: Just clarifying
6 that.
7 CHAIRMAN DIAMOND: Very good. At this
8 point --
9 DR. HUNTER: Dr. Diamond?
10 CHAIRMAN DIAMOND: Dr. Hunter?
11 DR. HUNTER: Is a question for
12 Mr. Tellechea. Do the boards have the authority to
13 regulate research in the state of Florida? And do
14 we have the authority to be certain that -- or take
15 action if it's deemed unsafe or it's --
16 ATTORNEY TELLECHEA: No. You have the
17 authority to regulate the physicians who are -- if
18 there are physicians, MDs or DIs that are performing
19 the research, you have the authority to regulate
20 them in their individual capacity as members of the
21 profession.
22 This rule doesn't do that. It just says
23 that you cannot, you know, treat for gender
24 dysphoria unless it's under -- the physicians cannot
25 do that unless they are doing it under appropriate

1 research program.
2 That's all it does. Now, it doesn't tell
3 you how to conduct a research program. It's not
4 telling University of Florida or University of Miami
5 or Nova Southeastern how to do it, they're just tell
6 -- they're just saying the doctors if you're going
7 to do this type of procedure, if you're going to do
8 -- if you're going to have this kind of practice,
9 you have to do it under one of these types of
10 research programs.
11 CHAIRMAN DIAMOND: Very good.
12 CHAIRWOMAN SCHWEMMER: Okay.
13 CHAIRMAN DIAMOND: At this point I'd like
14 to move it forward and go on to public comment.
15 We're going to begin --
16 ATTORNEY TELLECHEA: Well, hold on. Before
17 we go forward, we need to do the --
18 CHAIRMAN DIAMOND: Oh, the --
19 ATTORNEY TELLECHEA: Yeah.
20 CHAIRMAN DIAMOND: We need to do the --
21 Thank you.
22 ATTORNEY TELLECHEA: Okay. So for the
23 board -- do we want to do Board of Medicine first?
24 CHAIRMAN DIAMOND: Sure.
25 ATTORNEY TELLECHEA: Okay. Will the

1 proposed rule amendment have an adverse impact on
2 small business, or will the proposed rule amendment
3 be likely to directly or indirectly increase
4 regulatory cost to any entity in excess of $200,000
5 in the state of Florida within one year after the
6 implementation of the rule?
7 DR. VILA: Move no.
8 CHAIRMAN DIAMOND: Do I have a second?
9 DR. ACKERMAN: Second.
10 CHAIRMAN DIAMOND: All in favor, please say
11 yea.
12 MEMBERS: Yea.
13 CHAIRMAN DIAMOND: Any opposed?
14 Carries. Please continue.
15 ATTORNEY TELLECHEA: Should any part of
16 this rule be designated as a minor violation?
17 DR. VILA: Move no.
18 CHAIRMAN DIAMOND: Do I have a second?
19 DR. ACKERMAN: Second.
20 CHAIRMAN DIAMOND: All in favor, please say
21 yea.
22 MEMBERS: Yea.
23 CHAIRMAN DIAMOND: Motion carries. Next?
24 ATTORNEY TELLECHEA: Does the board want to
25 add a sunset provision to this rule?

1 CHAIRMAN DIAMOND: And your recommendation
2 is?
3 DR. VILA: Move no.
4 ATTORNEY TELLECHEA: The Board has --
5 CHAIRMAN DIAMOND: Okay.
6 ATTORNEY TELLECHEA: -- the governor's
7 office has requested that on rules that are not
8 mandatory, rules that are discretionary, that the
9 Board of Medicine provide a sunset provision to the
10 rule. On those cases that are -- on those rules
11 that are mandated by statute, he -- his position was
12 not -- you do not require a sunset provision. This
13 is a standard of care rule. This is not mandated by
14 statute.
15 DR. VILA: Understood. But given the
16 predicate under which the rule is being passed and
17 that is that there's demonstrated substantial harm
18 being caused to minors, I don't see that a sunset
19 was appropriate on this rule. And I move no.
20 DR. ACKERMAN: I second that.
21 CHAIRMAN DIAMOND: All in favor?
22 DR. ACKERMAN: Yea.
23 DR. VILA: Yea.
24 CHAIRMAN DIAMOND: Any opposed to the
25 motion? Motion carries.

1 ATTORNEY TELLECHEA: Okay.
2 CHAIRWOMAN SCHWEMMER: My turn.
3 CHAIRMAN DIAMOND: Go ahead, Dr. Schwemmer.
4 CHAIRWOMAN SCHWEMMER: Thank you,
5 Dr. Diamond. So for members of the Board of
6 Osteopathic Medicine, we'll read the statement of
7 estimated regulatory costs. I'll begin. I move
8 that the proposed rule will not have an adverse
9 effect on small business and will not likely to
10 directly or indirectly increase regulatory cost to
11 any entity in excess of $200,000 in the aggregate in
12 Florida within one year after the implementation of
13 the rule. Is there a second?
14 UNIDENTIFIED SPEAKER: Second.
15 CHAIRWOMAN SCHWEMMER: Any discussion? All
16 in favor signified by yea?
17 MEMBERS: Yea.
18 CHAIRWOMAN SCHWEMMER: Opposed?
19 No opposition heard. The motion carries.
20 And secondly, I move that a violation of
21 this rule or any part of this rule be considered a
22 minor violation. No, will not.
23 Any discussion?
24 All in favor signify by yea?
25 MEMBERS: Yea.

1 CHAIRWOMAN SCHWEMMER: Opposed?
2 No opposition heard. This motion carries
3 unanimously.
4 And finally, I move that a sunset provision
5 is unnecessary for this rule because this rule is in
6 the best interest of the health, safety, and welfare
7 of the citizens of the state of Florida.
8 UNIDENTIFIED SPEAKER: I would like to
9 second.
10 CHAIRWOMAN SCHWEMMER: Second?
11 UNIDENTIFIED SPEAKER: Second.
12 CHAIRWOMAN SCHWEMMER: Any discussion?
13 UNIDENTIFIED SPEAKER: I think that because
14 the rule is controversial, that it should be brought
15 up for reevaluation.
16 CHAIRWOMAN SCHWEMMER: So --
17 UNIDENTIFIED SPEAKER: Given a certain
18 amount of time --
19 CHAIRWOMAN SCHWEMMER: You can vote no.
20 UNIDENTIFIED SPEAKER: I do --
21 CHAIRWOMAN SCHWEMMER: So all in favor of
22 no sunset signify by yea? Yea.
23 ATTORNEY TELLECHEA: So --
24 CHAIRWOMAN SCHWEMMER: (Indiscernible)
25 DR. DUCATEL: No.

1 CHAIRWOMAN SCHWEMMER: No. No sunset.
2 ATTORNEY TELLECHEA: Okay. Clarify the
3 motion.
4 CHAIRMAN DIAMOND: Clarify the motion.
5 ATTORNEY MCNULTY: I'd like to clarify the
6 motion. So the question is --
7 CHAIRWOMAN SCHWEMMER: Okay. Go ahead.
8 ATTORNEY MCNULTY: I will make it's
9 simpler. Do you want to have a sunset provision of
10 this rule? Does somebody make any motion?
11 UNIDENTIFIED SPEAKER: I believe that there
12 should be a sunset -- I make the motion that there
13 should be a sunset and given a 36-month period of
14 time for that to take place.
15 CHAIRWOMAN SCHWEMMER: Is there a second?
16 The motion fails.
17 We'll try it again. Donna?
18 ATTORNEY MCNULTY: So for second time, do
19 you want to add a sunset provision to this rule?
20 UNIDENTIFIED SPEAKER: Yes. You're
21 following the question?
22 They just voted on that.
23 ATTORNEY MCNULTY: They just voted, but now
24 we're doing it in reverse.
25 ATTORNEY TELLECHEA: You did and it was the

1 same motion.
2 UNIDENTIFIED SPEAKER: Yeah, same motion.
3 CHAIRMAN DIAMOND: You just asked people to
4 raise their hands.
5 ATTORNEY TELLECHEA: You just asked the
6 same question.
7 CHAIRWOMAN SCHWEMMER: So do we need
8 another vote? I don't believe.
9 ATTORNEY TELLECHEA: Yes.
10 CHAIRWOMAN SCHWEMMER: Okay.
11 ATTORNEY MCNULTY: Okay.
12 CHAIRWOMAN SCHWEMMER: So let's --
13 ATTORNEY MCNULTY: So the vote is, are you
14 adding a sunset -- I mean, do you move that there's
15 a sunset provision be added to this rule?
16 ATTORNEY TELLECHEA: Just say, all those
17 who are opposed to a sunset provision, raise your
18 hand.
19 CHAIRMAN DIAMOND: Motion carries.
20 ATTORNEY MCNULTY: Motion carries.
21 And then the basis of that, Dr. Schwemmer,
22 you stated is based -- it's not based on -- it's
23 based on the health, safety, welfare of the citizens
24 of the state of Florida?
25 CHAIRWOMAN SCHWEMMER: Yes.

1 ATTORNEY MCNULTY: All right.
2 CHAIRMAN DIAMOND: Very good. At this
3 point we're going to transition to comment. What
4 we're going to do is the following. First, I
5 understand we have two representatives of the people
6 here. Mr. Nathan Bruemmer, who is an assistant to
7 the Commissioner of Agriculture, Nikki Fried. And
8 we're going to invite Mr. Bruemmer to speak for
9 three minutes. And then I understand that we have
10 State Representative, Anna Eskamani and we're going
11 to invite her to speak for three minutes.
12 No, no, no, no. And then what we're going
13 to do --
14 UNIDENTIFIED SPEAKER: (Indiscernible)
15 CHAIRMAN DIAMOND: What's she saying?
16 UNIDENTIFIED SPEAKER: She's saying if
17 there's any other representative --
18 CHAIRMAN DIAMOND: Are there any -- I'm
19 sorry -- are there any other representatives that I
20 should be aware of?
21 UNIDENTIFIED SPEAKER: Yeah.
22 UNIDENTIFIED SPEAKER: State Elect
23 Representative, Rita Harris, is also here.
24 CHAIRMAN DIAMOND: Rita Harris?
25 UNIDENTIFIED SPEAKER: No. She's a

1 candidate.
2 CHAIRMAN DIAMOND: Are you a candidate or
3 have you been elected?
4 UNIDENTIFIED SPEAKER: She won.
5 UNIDENTIFIED SPEAKER: She won.
6 UNIDENTIFIED SPEAKER: All right. Okay.
7 UNIDENTIFIED SPEAKER: All right. You know
8 --
9 (Indiscernible)
10 CHAIRMAN DIAMOND: Have you taken office
11 yet, ma'am?
12 RITA HARRIS: No.
13 CHAIRMAN DIAMOND: You have not taken
14 office yet. Okay. All right.
15 So, Mr. Bruemmer, we're going to call you
16 first.
17 And then, Representative Eskamani, we're
18 going to have you go second.
19 And then afterwards what we're going to do
20 is we will be taking a public comment, randomized,
21 pro and con the opposition, and that will be handed
22 to me by Dr. Schwemmer. We'll do AB, AB, eight on
23 each side, and then the meeting will adjourn.
24 So, Mr. Bruemmer, you are called first.
25 DR. VILA: Mr. Chair?

1 CHAIRWOMAN SCHWEMMER: And just --
2 DR. VILA: Mr. Chair, before --
3 CHAIRMAN DIAMOND: Yes.
4 DR. VILA: -- you begin the testimony
5 portion, do you have a plan for a certain amount of
6 time or is this going to be -- is there going to be
7 timed at all?
8 CHAIRMAN DIAMOND: Each person that's
9 called will have three minutes. We ask that you
10 respect your time, and we will be going AB, AB in
11 randomized fashion.
12 So Mr. Bruemmer, please come to the
13 microphone and you're recognized for three minutes.
14 Please go ahead, sir.
15 NATHAN BRUEMMER: Chairs, members, my name
16 is Nathan Bruemmer. I serve in Commissioner Nikki
17 Fried's administration as our state's only statewide
18 appointed LGBTQ official. As an advocate for our
19 agency, a big part of what we do is inform and draw
20 folks in to engage within the dozens of divisions
21 and programs.
22 This position was put in place because of
23 an awareness of the unique needs in serving LGBTQ
24 Floridians. And I'd like to draw both Boards back
25 to the role of government within what we legislate

1 and what we do when we execute rules through that
2 power. That there is procedure and process and a
3 necessity for transparency and trust in that
4 process. That is our charge and our duty, whether
5 elected or appointed, paid or volunteer, those
6 purposes and goals must be honored. And that will
7 affect service delivery when this process is done
8 and executed, whatever decision you make.
9 So how this process has progressed to date
10 and where it goes forward is something I want to
11 reflect back to you all as an agency that is here to
12 protect consumers as you are as well.
13 I also want to address this notion that
14 I've heard consistently through commentary about
15 protecting children. I've heard protect children
16 and protect families, but really who has gotten on
17 the mic and been allowed to speak is really coming
18 in predominantly from one perspective. Please allow
19 (indiscernible). There are many Floridians and many
20 families who have felt silenced. Please allow them
21 that opportunity.
22 And there's another rhetoric I've heard
23 about protecting ourselves from ourselves, in
24 essence limiting our liberties and our freedoms to
25 make our healthcare decisions with our experts, with

1 our medical providers, with our teams. And I'm very
2 concerned by the decision today, the shift in course
3 in this IRB research. Those that proposed it did so
4 because the arguments have been that we don't have
5 enough research.
6 This change in reasoning now says we do,
7 it's definitive, and what I'm hearing is more
8 exclusion, removal of healthcare without even an
9 option to propose we encourage research. That
10 silencing of the information to inform our medical
11 decisions is equally concerning.
12 And I'd also encourage you all in moving
13 forward if you choose to reflect on the IRB research
14 that you do so with a very proactive support of
15 mental healthcare services for our LGBT Floridians
16 because the outcome of this process will harm
17 Floridians. Please put information and resources
18 back with the people.
19 CHAIRMAN DIAMOND: Thank you so much.
20 NATHAN BRUEMMER: Thank you very much.
21 CHAIRMAN DIAMOND: Thank you very much,
22 Mr. Bruemmer. We appreciate your public service.
23 Next, we have State Representative, Anna
24 Eskamani. It's nice to see you again.
25 ANNA ESKAMANI: Thank you. Thank you

1 Chairs.
2 CHAIRMAN DIAMOND: You have three minutes,
3 please proceed.
4 ANNA ESKAMANI: Thank you so much. I
5 appreciate the opportunity.
6 So first you said there wasn't enough
7 research and now you're saying you don't want to do
8 any research, which again, further demonstrates why
9 people are so mad in this space. And it pains me to
10 say this, but this rule is not being drafted in the
11 best interest of trans people or the trans people's
12 lives in mind. We have trans people in this room,
13 parents of trans kids in this room, and they will
14 not be erased.
15 And the fact that you can't even decide on
16 a sunset rule, once more demonstrates that you're
17 not be willing to look at the impact of such a rule
18 to potentially analyze its impact to say it is
19 causing harm. That's what a sunset exists for.
20 This entire core process of even these meetings has
21 been based upon the unfortunate culture wars that
22 surrounds our society today, Twitter accounts and
23 bots. And the evidence that Florida has assembled
24 in the experts on this through the past meetings
25 have been discredited biased compromised or have

1 made questionable statements, and that's me being
2 nice about it.
3 If you're going to do this four days before
4 a major election, also be aware that the Republican
5 party, Florida, is spamming the entire state with
6 antiqueer mailers and advertising. We're not
7 standing here today on the Friday before November
8 8th by chance.
9 This is 2022, not the 1970s. I expect the
10 legislature to be a political being, not the Board
11 of Medicine. It is our job collectively as public
12 servants to do no harm. And that is why people are
13 here in opposition to your bill. And we've -- rule
14 and we've been here in opposition for every meeting
15 since. Providers already have standards in place.
16 So let me be clear. If the -- if your goal is to
17 adopt rules that reflect the needs of those
18 impacted, then I would recommend the standards of
19 the World Professional Association of Transgender
20 Health, which have established standards of care,
21 which are based on the best available science and
22 expert professional consensus, not a bunch of online
23 trolls.
24 And finally, I just want to add that laws
25 that deny lifesaving healthcare to trans people are

1 absolutely rooted in misinformation and contrary to
2 extra medical standards that guide gender
3 information. You mentioned earlier that you want
4 people who experience gender dysphoria to have care.
5 This role does not do that.
6 So, please, join us in opposing this rule,
7 opposing the politicization of healthcare. We
8 really, really don't need this right now. Thank
9 you.
10 CHAIRMAN DIAMOND: Thank you very much.
11 Does anyone -- very good.
12 Did anyone have any questions for our first
13 two speakers?
14 CHAIRWOMAN SCHWEMMER: No.
15 CHAIRMAN DIAMOND: Very good. Next, I've
16 been handed two names, and we'll go AB, AB. The
17 first name that was handed to me by Dr. Schwemmer is
18 Dr. Diane Gowski. And that will be followed by Amy
19 -- is that a Rachel?
20 CHAIRWOMAN SCHWEMMER: Rachel.
21 CHAIRMAN DIAMOND: Amy Rachel. So Diane
22 Gowski, we ask for you to come forward, speak for
23 three minutes.
24 And if Amy Rachel, you could be ready to
25 speak too, please. Please go ahead.

1 CHAIRWOMAN SCHWEMMER: If you start in
2 queue, we'd like to be able to process as many -- we
3 want to listen to everybody, so we're just trying to
4 do this --
5 CHAIRMAN DIAMOND: We're not listening to
6 everybody we're listening -- please go ahead.
7 DR. GOWSKI: Thank you very much. All
8 right. Thank you very -- can you hear me?
9 CHAIRMAN DIAMOND: Go ahead.
10 DR. GOWSKI: Not sure it's on. Thank you
11 very much. There are only two sexes - male and
12 female. We can reason this -- there are reason,
13 medical fact, common sense, and biblical truth.
14 CHAIRMAN DIAMOND: Listen -- excuse me.
15 We're going to toll your time. Again, we're trying
16 to conduct this the best we can. If you cannot
17 conduct yourself appropriately --
18 CHAIRWOMAN SCHWEMMER: Yes.
19 CHAIRMAN DIAMOND: -- you'll be requested
20 and required to leave.
21 Ma'am, it's your time.
22 DR. GOWSKI: Thank you.
23 CHAIRMAN DIAMOND: Please go ahead.
24 DR. GOWSKI: You allow me to quote Genesis
25 Chapter 1. "God created man in the image of

1 himself. In the image of God, he created him, male
2 and female, he created them." We are made by God.
3 He is our only creator. Unfortunately, what
4 transgender ideology, in my opinion, has created is
5 a lie.
6 The truth is that no matter how much a
7 confused minor, a confused youth with gender
8 dysphoria identifies with the opposite sex, a person
9 cannot change into the opposite sex. Illusions can
10 be -- sorry -- illusions can be crafted, appearances
11 can deceive, but Florida -- in Florida, doctors need
12 to practice reality-based medicine. So called --
13 CHAIRMAN DIAMOND: Hold on. Excuse me.
14 Security, please escort that person out.
15 UNIDENTIFIED SPEAKER: That brown
16 transgender woman.
17 CHAIRMAN DIAMOND: This is not how we
18 conduct business in a civilized society. Please go
19 ahead.
20 DR. GOWSKI: So-called gender-affirming
21 care, social transitioning puberty blockers, cross-
22 sex hormones, and mutilating surgeries are not
23 authentic healthcare. They cause harm, some of
24 which is irreversible to our minors and thus need to
25 be prohibited from the practice of medicine in

1 Florida. Do no harm, our Hippocratic Oath, serves
2 us well as we continue to follow it.
3 The children of Florida need and deserve
4 your protection against all forms of child abuse,
5 including those under the guise of medical practice.
6 So-called gender-affirming care is medicalized child
7 abuse. Whether it is intentional or unintentional,
8 whether it's realized or not. So-called sex
9 reassigned, the surgeries are unjustifiable
10 unnecessary. The natural course of gender
11 expression for 85 percent more of children will be
12 to align with their biological sex. They need to go
13 through puberty, not have their puberty blocked.
14 They need to be able to develop normally. So I
15 thank you for supporting this rule, for standing for
16 the truth and protecting the vulnerable children in
17 Florida.
18 CHAIRMAN DIAMOND: Thank you very much.
19 Amy Rachel, you are next. You have three minutes.
20 And before you continue, please have -- we
21 please ask Erin Brewer, you'll be next.
22 Go ahead. You're recognized.
23 AMY RACHEL: Thank you. Good afternoon,
24 and thank you to the Board of Medicine for this
25 opportunity and for your time and attention. My

1 name is Amy Rachel and my pronouns are she and her.
2 I was born and raised in the great state of Florida.
3 I'm a woman, a lifelong Christian, and I'm proud to
4 be transgender.
5 I'm speaking to ask you to abide the whole
6 WPATH standards of care. I'm not creating a
7 separate set of standards just for the state of
8 Florida. This is my third attempt to try to offer
9 my public comment in one of your meetings. And I
10 was horrified at the meeting one week ago to witness
11 the skewed public comments where preference was
12 given to non-residents who had been flown in to
13 offer their stories of these transition and comment
14 was cut off shortly, thereafter, with hardly any
15 trans people or parents and trans youth given an
16 opportunity.
17 That said, I was struck by how many
18 speakers evoked do not harm as the previous speaker
19 had. And I want to speak to that. Harm is a
20 relative thing. A bilateral mastectomy might be
21 harmful to a woman, but it might be beneficial to a
22 man with gynecomastia.
23 Similarly, testosterone-driven puberty
24 might be harmful for a cisgender girl while healthy
25 for a transgender boy. You cannot apply a

1 unilateral motion of harm to this kind of medicine.
2 From one modern version of the Hippocratic
3 Oath, I will apply for the benefit of the sick all
4 measures that are required, avoiding those twin
5 traps of overtreatment and therapeutic nihilism.
6 Denying trans youth even the possibility of access
7 to medical care is therapeutic nihilism. There are
8 already protections against overtreatment in the
9 existing WPATH standards of care. Are there risks
10 and bad outcomes? Yeah, of course.
11 All medicine has risks. Lack of medical
12 treatment also has risks. The best numbers we have
13 estimate those that began medical transition, of
14 those that began medical transition between one and
15 three percent detransitioned. The numbers also tell
16 us that the large majority of those who detransition
17 do so due to external factors, lack of money,
18 resources, and support, the pressures of social
19 stigma upon transgender people and the like.
20 The highest estimates of those who
21 detransition because they determined they were
22 mistaken, is about one-third of those who
23 detransition. And here's the important part, which
24 often goes unsaid.
25 Most of those people did not express regret

1 for their transition. Despite what the testimony at
2 last week's rules committee led -- would lead one to
3 believe, regretful detransition is exceedingly rare.
4 Something most of the people in this audience last
5 week knew, which is why there was so much outrage at
6 the disproportionate time granted to those stories.
7 The reality is that the majority of -- the
8 vast majority of those who have access to medical
9 transition have good, short, medium, and long-term
10 outcomes. But based on last week, you'd never know
11 that. For the record, I share that outreach.
12 I was a trans adolescent, and I had no
13 information except that what I was feeling was wrong
14 or impossible. So I felt isolated. I felt
15 defective and broken. This led me to develop
16 depression, anxiety, and PTSD. I went through a
17 puberty counter to my gender, which has led to my
18 experiencing debilitating gender dysphoria. The
19 testosterone my body produced led to a disconnect
20 with my body as the testosterone irreversibly shaped
21 my body in horrifying ways. I was harmed by lack of
22 access to affirming medical care.
23 CHAIRMAN DIAMOND: Thank you very much. We
24 -- I let you go a little bit long. Thank you so
25 much for coming.

1 AMY RACHEL: I'm available for questions if
2 you have them.
3 CHAIRMAN DIAMOND: Thank you so much. Next
4 is Erin Brewer. You're recognized for three
5 minutes. Please go ahead.
6 ERIN BREWER: Dear board members, thank you
7 for your time.
8 CHAIRMAN DIAMOND: Oh, excuse me. Before
9 you continue -- and that you'll be followed by --
10 I can't read this.
11 CHAIRWOMAN SCHWEMMER: Cecil Stone.
12 CHAIRMAN DIAMOND: Cecil Stone, please come
13 up. I'm sorry. Go ahead, ma'am.
14 ERIN BREWER: My name is Erin Brewer. I'm
15 a former trans kid. As a child, I was insistent,
16 consistent, and persistent that I was a boy
17 following a sexual assault. I'm not alone. I've
18 talked to dozens of girls who like me, developed a
19 transgender identity in order to run away from the
20 difficult feelings they had after a sexual assault
21 or other trauma.
22 I have no doubt if the option to take
23 puberty blockers and cross-sex hormones, I would
24 have done everything I could have to obtain them,
25 including threatening suicide. It would have been

1 so much easier for me to kill myself as a girl and
2 become a boy rather than work through the underlying
3 issues that triggered my gender dysphoria.
4 In the short term, I likely would have felt
5 better. Testosterone is a controlled substance and
6 almost anyone who takes it initially feels a sense
7 of euphoria. It would have boosted my confidence
8 and increased my energy. It would have allowed me
9 to completely disassociate for myself as a girl and
10 create a new persona who could pretend that the
11 horrible trauma that triggered my gender dysphoria
12 had happened to somebody else.
13 But in the long term, it would have
14 reinforced all the mistakes and beliefs that caused
15 me to develop gender dysphoria. That being a girl
16 was bad; that it was my fault; that those men hurt
17 me; that my body was a mistake, or that it was too
18 dangerous to be a girl, or that I was inherently
19 flawed and the only way to survive was to become a
20 different person. I never would have realized that
21 my transgender identity was a coping mechanism.
22 I am grateful to my school counselors and
23 therapists who helped me understand my transgender
24 identity was a result of the sexual assault. Not
25 because I was born in the wrong body. I shudder to

1 think of what my life would have been like if I had
2 been encouraged to medically transition. Puberty
3 blockers would have retarded my growth and
4 development. Cross-sex hormones would have caused
5 my healthy body to be dysfunctional.
6 The combination of both puberty blockers
7 and cross-sex hormones would have left me sterile.
8 In the short term, these interventions allow
9 children to avoid the difficulties they're facing.
10 Whether they are grappling with homophobia,
11 struggling with autism, or trying to recover from
12 significant trauma.
13 It is natural for children to try to do
14 what they can to shut down difficult feelings, which
15 is why it is our job to stop children from using
16 drugs and alcohol to numb their pain. It is our job
17 as adults to give children the message that no
18 matter how intense their feelings are, they can work
19 through them without dissociating from their bodies
20 and becoming a different person. Because of the
21 loving and caring, supportive therapists and
22 teachers, I got the care I desperately needed when I
23 was processing what happened to me. They gave me
24 the gift of healing.
25 I'm so incredibly grateful. All children

1 with gender dysphoria who are struggling deserve the
2 same gift. And I thank you so much for granting
3 that gift here today to the children of Florida.
4 CHAIRMAN DIAMOND: Thank you very much.
5 Next we have Cecil Stone. You're
6 recognized. You have three minutes. And following
7 Cecil Stone will be Becky Nutt. You're recognized.
8 CECIL STONE: Thank you, Chair. Thank you
9 for the time. I'm a male assigned at birth. In
10 other words, I identify as cisgender. I'm
11 heterosexual monogamous, white, and of the boomer
12 generation; aka I'm an old white guy.
13 I'm the leader of private club with 13,989
14 peer board physicians. Our club has well over
15 17,000 members with membership in every state in the
16 union in several countries. Because we run an
17 inclusive space, we have a very heavy percentage of
18 transgender and gender non-conforming folks. And as
19 the leader of the club, I speak with almost every
20 human that walks in the place. I say all of that to
21 say I have probably spoken to more gender non-
22 conforming folks than most of you all.
23 When someone realizes that their gender
24 assigned at birth does not align with their true
25 gender, it's not a relief. It's normally very

1 shocking. We need to support these people. We need
2 to not make care more difficult to find or even
3 illegal for them to find. As medical professionals,
4 you're required to do no harm. We all know this.
5 Restricting care for trans people,
6 including kids, will assuredly increase the suicide
7 among this population. As is widely reported in
8 every -- nearly every targeted population survey
9 that's ever been published.
10 Out of the thousands of transgender folks
11 and gender non-conforming folk that I've spoke with,
12 I've only had one person that even considered
13 detransitioning. To give you a little bit more
14 knowledge, I literally travel the country talking
15 about alternative sexualities and alternative
16 lifestyles. So I've spoke with a lot of people.
17 I noticed earlier that one of the speakers
18 only spoke about a very select subset of transgender
19 folk because you guys speak with the folk that come
20 see you. You don't necessarily speak with the wide
21 cross-section.
22 I speak with a very broad section of
23 transgender and gender-conforming folk. Therefore,
24 my experience is highly different than yours. The
25 sample that shows up at political meetings,

1 obviously, is a very narrow, small sample.
2 I strongly urge you to not add this new
3 language to your rules. As I truthfully believe and
4 the data shows that this will increase child suicide
5 and will do much more harm to Floridians than you
6 can possibly imagine. I strongly suggest that you
7 not only reject this rule, but that you add language
8 that will help people who have realized that they
9 are trans and also provide care for their parents to
10 learn how to support their child through transition.
11 Thank you very much for your time.
12 CHAIRMAN DIAMOND: Thank you.
13 Next is Becky -- next is Becky Nutt,
14 please. Next is Becky Nutt. That'll be followed by
15 Megan Holleran. And this represents our third pair
16 of speakers. You're recognized.
17 BECKY NUTT: Yes. I'm Becky Nutt, and I am
18 a mother, a grandmother, a very concerned citizen.
19 And I just want to thank you for your work, your
20 courage because it takes a lot of courage now.
21 I'm very concerned for our children and
22 what they have to grow up in now. And a child -- I
23 mean, a child has to be 18 years old to go out and
24 just -- and to vote. But a child can make a
25 decision whether they need to be transformed to a

1 male or a female? I don't think so.
2 I watched my children grow up. I know that
3 they would not have been mature enough to make a
4 decision like that at 18 or 16 or younger. I want
5 to see our children be able to have the help they
6 need. But I want it done with science and research,
7 wisdom and discernment.
8 They are not emotionally, spiritually, or
9 physically ready for decisions like that. And I
10 think it takes a multitude of people to help them
11 through decisions like that. And I encourage you to
12 continue coming -- going forward with this. Thank
13 you.
14 CHAIRMAN DIAMOND: Thank you. Next is
15 Megan Holleran, and Megan Holleran will be followed
16 by Julie Framingham -- Julie Framingham. So Julie
17 Framingham could be prepared to speak. We'd
18 appreciate that.
19 Megan Holleran, you are recognized for
20 three minutes.
21 MEGAN HOLLERAN: Hi, good afternoon. My
22 name is Megan Holleran, and I'm a licensed mental
23 health counselor in Florida, in Vermont with a
24 decade of clinical experience working with teens.
25 And I've had the privilege of working with trans and

1 non-binary youth and their guardians. My clinical
2 experience tells me that when a teen is affirmed in
3 their identity, they become happier. Their
4 depression and anxiety caused by a life where
5 they're not seen as who they are and at many times
6 told they are sick, their suicidal ideation
7 diminishes and disappears and they begin to thrive.
8 I can also tell you from my personal
9 experience, I've witnessed people I love transition
10 in their teens, and they're happy now. Where there
11 was once a suicidal isolated unresponsive teen after
12 validation and professional support blooms a teen
13 who is engaged, wants to live and participate in
14 life. It is more than hope; it is actualization.
15 I guess I came here to say, I don't
16 understand. Why wouldn't you adhere to U.S. and
17 international standards of care? Why would you
18 focus on a small percentage of detransitioners or
19 professionals who do not have appropriate
20 credentials? I think we're all begging you to do
21 the right thing.
22 Do no harm. Let parents of trans kids have
23 the right to choose what is best for their child.
24 If you don't, some of these teens will kill
25 themselves. Because they could not access the care

1 they need. I don't want to be a therapist, a family
2 member, or frankly a human who's watching these
3 deaths that could have been prevented right here and
4 now. Thank you.
5 CHAIRMAN DIAMOND: Thank you very much.
6 Next, we have Julie Framingham. That will
7 be followed by Sarah Parker, and this will be
8 representing our fourth pair of speakers.
9 JULIE FRAMINGHAM: Good afternoon. My name
10 is Julie Framingham, and I've been personally
11 impacted by the harms of gender transition
12 treatments through watching their effects on my son.
13 My 28-year-old son has been identifying as
14 transgender for the past 6 years. He suffered from
15 depression as a kid and has been diagnosed with
16 borderline personality disorder. He began taking
17 cross-sex hormones, and his mental health has only
18 worsened. His depression and anxiety has grown to
19 the point that he dropped out of university, and he
20 is now anorexic and severely underweight.
21 He has refused to get therapy, even though
22 he acknowledges that therapy he received in the past
23 was helpful because he believes medical transition
24 is the only answer causing his mental illness to go
25 untreated and harm to his physical health.

1 I have also been authorized to tell the
2 story of a mother named Jackie Crowley, whose
3 daughter has experienced irreversible bone density
4 loss due to puberty blockers. My husband and I were
5 repeatedly told that the puberty blockers, our
6 preteen daughter was clamoring for, where the answer
7 for her anxiety and distress about her changing
8 body.
9 Gender-affirming mental health and medical
10 professionals assured us that exceeding to our
11 daughter's demand for puberty blockers was necessary
12 for her mental health. The issue of suicide was
13 raised several times in a coercive manner. We were
14 repeatedly assured that the puberty blockers were
15 completely reversible.
16 Based on these assurances, we consented to
17 our daughter receiving a puberty-blocking implant.
18 She had previously been diagnosed with depression,
19 autism spectrum disorder with sensory issues,
20 dyslexia, and dysgraphia.
21 She also had experienced social trauma.
22 However, none of these issues was addressed by
23 healthcare professionals once they determined that
24 she had gender dysphoria, nor did they offer any
25 other treatment options.

1 I learned through my own research that
2 puberty blockers were shown to cause loss of bone
3 density and diminished cognitive development. When
4 we raised the issue, the doctors responded that they
5 had been prescribing the blockers for many years to
6 treat precocious puberty, and the reported bone loss
7 was nothing to worry about.
8 I had a bone density scan done for my
9 daughter. It revealed that she had an 11 percent
10 loss of bone density in (indiscernible), 14 percent
11 loss in the other, and a 7 percent loss in the
12 lumbar region. She has developed osteopenia at a
13 time in her life when her bone density should be
14 increasing and her bodybuilding a reservoir, a
15 strong developing bones as an important protection
16 against osteoporosis and adulthood.
17 The physician, nevertheless, requested that
18 she continue on to cross-sex hormones. That is
19 testosterone. We were not informed this would
20 likely sterilize our child. She continues to have
21 loss of bone density that will significantly affect
22 her physical and -- physical health and growth, and
23 have lasting effects possibly for the rest of her
24 life. I urge the board to adopt a rule that will
25 protect young people like our daughter.

1 CHAIRMAN DIAMOND: Thank you very much.
2 Next is Sarah Parker, and that will be followed by
3 Prisha Mosley. So Sarah Parker, you are recognized,
4 and we would ask that Prisha Mosley be prepared to
5 speak. Thank you.
6 SARAH PARKER: Hi, my name is Sarah Parker.
7 Well, that's really loud. My name is Sarah Parker,
8 and I'm the president of Women's Voices of Southwest
9 Florida. I was the one that interrupted your
10 meeting. I interrupted it because there were people
11 that we know. Because I went on their Twitter. I
12 went on their Facebook page that were flown out of
13 state -- flown into state. They were on many tours.
14 They called themselves the Queen Grifter. They were
15 flown out. When I know that I and my friends and my
16 family and my people that I'm standing with drove
17 over three hours to be here. I'm a voter. I'm a
18 damn constituent, okay.
19 With that being said, you're not going to
20 listen to logic. I'm not a doctor. Like who am I,
21 right? I'm just going -- I'm a student. I'm
22 nothing. I'm a mother though. I'm a mother that
23 had a child that was in the NICU for 52 days, and I
24 sat with my child for every last one of those 52
25 days. And, you know, when the doctors would come to

1 me, I would have several different doctors come to
2 me and tell me, "We need to do this. We need to do
3 that." I got to make that decision, wow, about my
4 own child, and I want my child to be able to do -- I
5 want to be able to do that with my child again if
6 they decided they are trans.
7 You guys are talking about children and all
8 that and you all know about the abortion ban. So a
9 15-year-old can't decide that they want to be trans,
10 but they can be forced to have a child. They're --
11 that responsible. So, again, like I know you guys
12 aren't going to listen to anything opposite, which
13 is why we didn't email you. We didn't waste our
14 time, but I do have 1 minute and 37 seconds to read
15 out all your contributions.
16 Diamond, the board chairperson and
17 radiation oncologist Winter Park, Florida,
18 contribute 2000 to DeSantis first campaign for
19 governor 2018.
20 Scot Ackerman, you wrote a check of 3000 to
21 DeSantis campaign 2018, roughly a year before you --
22 he appointed you to board. It's kind of weird,
23 right? He totally earned that.
24 Ravi Chandra, you are the biggest
25 (indiscernible). I don't know which one you are,

1 but I wish I was. That was $25,000 you gave to
2 friends of Ron DeSantis. Then you also gave another
3 3000 to the Governor's reelection campaign.
4 DeSantis appointed you to the Board last year,
5 that's also adorable.
6 Eleonor Pimentel -- sorry, again, if I mess
7 up your name, you only donated 50 bucks, then you
8 wrote another 100. You might not be doing that good
9 in your business. I understand.
10 Medical practice on the Hector Vila, Jr.,
11 20,000, again, to run the same test and then
12 reappointed Vila to the board in 2019.
13 What you're telling me is, first of all, I
14 probably need to get into the civil law. That's
15 what you're telling me first off. Now I don't need
16 to go to family anymore. What you're telling me is
17 that these seats are bought. You guys are bought.
18 You were bought. You sold out Florida. You have
19 stepped on your Hippocratic Oath, and you know it.
20 We know it and that's fine. Skeletor (phonetic),
21 you can keep smiling at me. That's completely fine.
22 Everyone in this room, and I promise you,
23 your names, your emails, your phones, your emails,
24 your phones, everything will be published, and you
25 will not live the moment down. Every person that

1 kills themselves because of this that I know, I will
2 make sure their family contacts you. The blood is
3 on your hands.
4 CHAIRMAN DIAMOND: Next is Prisha Mosley.
5 This will be followed by Kimberly Park -- I'm sorry
6 -- Kimberly Cox.
7 Kimberly Cox, if you could be ready and
8 this will represent our fifth pair of speakers.
9 You're recognized. Please go ahead.
10 PRISHA MOSLEY: Hi, my name is Prisha
11 Mosley. I was 15 years old when I learned what
12 trans was from other kids online. I found this
13 community through the pro-anorexia community and was
14 quickly loved, bombed, and indoctrinated. I had a
15 turbulent home life and no friends. I was suffering
16 from anorexia and borderline personality disorder as
17 well as a recent rape.
18 I was also told -- I was told -- when I was
19 told that all of my problems, like my self-hatred
20 and suicide, the whole ideation were the result of
21 being in the wrong body, I wholeheartedly believed
22 it. I was in treatment for my personality disorder
23 and eating disorder at this time, but my doctors did
24 not communicate. I was in the hospital frequently
25 to get stitches due to cutting and hospitalized even

1 longer for my inability to eat.
2 At first, I was affirmed by the fact that
3 testosterone was increasing my appetite. I thought
4 I was recovering. However, my suicidal thoughts and
5 behaviors persisted. I dealt with severe anger
6 issues and increased pulsivity. My voice became
7 changing within two months, and there were changes
8 to my genitals even sooner.
9 I began to lose my hair. I now suffer from
10 being disproportionate and clumsy because T took
11 away my hips and gave me large shoulders. My neck
12 and shoulders burn all of the time. I can no longer
13 sing. I lost my beautiful singing voice and the
14 ability to sing professionally and in the community.
15 I cannot even cry or raise my voice. I was
16 silenced.
17 Also as a result of the testosterone, I had
18 a ovarian cyst for years, which caused pain and
19 irregular bleeding. I have vaginal atrophy. I do
20 not know if I can ever have kids. What is worse is
21 I was put on these treatments when I myself was a
22 kid. Eventually, my mental and emotional symptoms
23 worsened. None of the medical treatments being
24 dangled in front of me were helping, and I began to
25 feel even more hopeless.

1 I made the decision to detransition at 22.
2 I was not medically supported in my decision. I
3 quit testosterone cold turkey, which made me
4 extremely sick. I moved over a thousand miles away
5 from everyone I know and love to do this by myself.
6 Now, I deal with constant pain and shame.
7 I struggle to be social and have relationships.
8 Dating is impossible, and my heart is broken. I'm
9 fighting for the life I could have had. My
10 birthright was taken away from me. I fully support
11 you creating a rule that prohibits doctors from
12 prescribing these treatments to young people under
13 18.
14 CHAIRMAN DIAMOND: Thank you.
15 Next, we have Kimberly Cox. And Kimberly
16 Cox, you'll be followed by Zoe Hawes. So if Zoe
17 Hawes could be prepared.
18 Kimberly Cox, you're recognized for three
19 minutes, please proceed.
20 KIMBERLY COX: My name is Kimberly, and I'm
21 with the Women's Voices of Southwest Florida. I'm
22 gathering my strength to speak here today by looking
23 at a picture of my child because I'm the parent of a
24 non-binary teen. The teen who has a family issue of
25 clinical depression. But my child has a loving and

1 caring, accepting environment and to thrive in their
2 home. But I know that it takes more than just
3 parents to give children the ability to fully
4 thrive.
5 I, like all other parents, have to take
6 certain things into consideration when choosing
7 schools and doctors and therapists for my children.
8 But I must ensure that my child has extra
9 precautions. A safe doctor, a safe school, a safe
10 therapist.
11 And by "safe" I mean that their caregivers
12 are in support of evidence-based practices for the
13 non-binary and trans communities. It's just
14 cisgender people get gender-affirming care all the
15 time, and no one bats an eyelash.
16 When I was 17, I wanted a boob job because
17 I haven't fully developed. Everybody said, "Oh,
18 that's great." That's good. You should do that.
19 Do what you should do to make you feel more
20 confident in your body. Nobody batted an eyelash
21 because I'm a cisgendered woman.
22 The care and the choices that this care
23 entails should be made between the parent -- the
24 patient and their families and their doctors.
25 UNIDENTIFIED SPEAKER: Yes.

1 KIMBERLY COX: It is bias and bigotry that
2 prevents the trans community from getting the same
3 care and respect that their cis counterparts
4 receive. Thanks to my -- the president of my
5 organization, Sarah, I now know that although my
6 child to me is priceless, you all can put a value on
7 their head.
8 More importantly to everybody out there,
9 that's watching and all of the people in this room,
10 if you're a teen or an individual who is thinking
11 about suicide because of this decision today, please
12 know from this mother, you are loved; you are
13 valued, and you are more than worthy. And the men
14 and women that sit here and (indiscernible) like
15 Governor DeSantis and the Nazi regime that he has --
16 CHAIRMAN DIAMOND: No. She's gone. Next?
17 No, you're excused. Security?
18 KIMBERLY COX: Call 988 and talk to
19 somebody.
20 CHAIRMAN DIAMOND: You're done.
21 KIMBERLY COX: If you --
22 CHAIRMAN DIAMOND: We're not calling people
23 Nazis today. We're not calling people Nazis.
24 UNIDENTIFIED SPEAKER: Shame on all of you.
25 CHAIRMAN DIAMOND: Next is Zoe Hawes.

1 We're not going to have people calling one another
2 Nazis in this room today. Zoe Hawes is present.
3 And Zoe Hawes, you're going to be followed by
4 Kaitlynn -- can you read this?
5 CHAIRWOMAN SCHWEMMER: Danehy-Samitz
6 CHAIRMAN DIAMOND: Kaitlynn Danehy-Samitz.
7 Zoe Hawes, you're recognized. Please
8 proceed.
9 ZOE HAWES: My name is Zoe Hawes. I'm a
10 28-year-old wife and expectant mother now, who at
11 the age of 16 truly believe that every fiber of my
12 being that I was a boy and that transitioning was
13 the solution. Growing up, I experienced a lot of
14 trauma. I was diagnosed with depression and anxiety
15 in middle school, and puberty was awful. I could
16 not accept my body. I wanted to escape.
17 By the age of 16, I was very unstable and
18 suicidal. I ran away from my dad's side of the
19 family, who I knew would not accept me being trans,
20 and I came out to my mom. She was scared I was
21 going to kill myself if she didn't affirm me,
22 because that is the narrative.
23 I was immediately taken to a gender
24 therapist, who within three months heard my story,
25 heard the trauma, and still diagnosed me with gender

1 dysphoria. Still wrote that letter, recommending I
2 needed to start testosterone injections. So only
3 seven months after coming out at the age of 16, I
4 started T. I believed transitioning was going to
5 fix everything.
6 My period stopped. Facial hair grew.
7 Pretty soon I was passing completely, and I was
8 truly euphoric at first. But my mental health did
9 not improve. I became more suicidal, more unstable,
10 and the anxiety became debilitating. I could not
11 leave my house aside from going to the gas station
12 for months because I was so scared of passing. What
13 if people thought I was a girl.
14 I was in and out of mental hospitals six
15 times while being affirmed as male by my immediate
16 family, while being encouraged in my decision to
17 transition by all of my doctors, multiple
18 psychiatrists. I was later diagnosed with complex
19 PTSD related to not being accepted by my dad's side
20 of the family as a man. I was also diagnosed with
21 OCD at the same time.
22 I desperately wanted surgery and a
23 hysterectomy. That was the thing that was going to
24 fix everything. The thing that would keep me alive,
25 is what I believed, but I could not afford them.

1 After a suicide attempt in February of
2 2018, I came to realize that just changing my body
3 was not fixing anything. I started working really
4 hard in psychotherapy, but it wasn't enough. I
5 still believed I was male, and I started to get a
6 little better; and then it just wasn't enough.
7 A year later in 2019, Jesus came to me in
8 my bedroom, not in a church. I began to find
9 healing.
10 CHAIRMAN DIAMOND: Please finish your
11 thoughts.
12 ZOE HAWES: I have not been suicidal since
13 stopping testosterone.
14 CHAIRMAN DIAMOND: Thank you very much.
15 ZOE HAWES: Thank you.
16 CHAIRMAN DIAMOND: Next, we have Kaitlynn
17 Danehy-Samitz. This will be followed by Helena
18 Kirschner. If Helena Kirschner could be prepared to
19 speak.
20 Kaitlynn Danehy-Samitz, I apologize. It's
21 hard for me to read your name.
22 KAITLYNN DANEHY-SAMITZ: That's fine.
23 CHAIRMAN DIAMOND: You're recognized.
24 Please go ahead.
25 KAITLYNN DANEHY-SAMITZ: All right. So my

1 name is Kaitlynn Danehy-Samitz, Katie or Kate to any
2 of my friends. I'm not a doctor. I'm an activist,
3 and I'm here today as the vice president and founder
4 of Women's Voices of Southwest Florida. As a proud
5 queer woman and as an ally to my trans and non-
6 binary siblings here in the state of Florida and
7 across the country.
8 This potential ruling is nothing more than
9 a targeted attack on transgender and non-binary
10 youth. This is the rape of doctor-patient
11 privilege. It is dangerous, regressive,
12 purposefully hateful, and another strong step
13 towards fascism for the state of Florida.
14 Article 1, Section 23 of our Florida
15 Constitution clearly and simply states, so everybody
16 can understand it, that every natural person has the
17 right to be let alone and free from government
18 intrusion into their personal life.
19 So regardless of you all personal feelings
20 or the people who have flown from out of state to
21 read the same thing they read last week when they
22 took time away from actual Floridians fighting for
23 the rights of their friends, family, and selves, I
24 just feel like I need to remind you along with
25 everybody else, that you took a Hippocratic Oath,

1 not a hypocritical oath.
2 You say that your concern is the welfare of
3 children. I heard a lot last week about genital
4 mutilation, and I'm really surprised that I'm here
5 speaking on gender-affirming care and having to
6 defend gender-affirming care, genital mutilation.
7 Why is circumcision never been brought up
8 into this? I doubt any infant has ever said, "Hey,
9 take my foreskin. I'm not going to want that
10 later." Aside from that, I have a minute and a
11 half. I have a great time. Okay, cool.
12 Transgender and non-binary youth are two
13 and a half times more likely to attempt suicide over
14 other queer youth who themselves are four times more
15 likely when compared to their cisgender and
16 heterosexual counterparts.
17 You all need to realize and accept that if
18 you pass this rule, the death of those children will
19 be on your hands. I'll say it again. You all need
20 to realize that if you pass this rule, that death of
21 those children will be on your hands.
22 And to the trans and non-binary youth that
23 are watching here today, although Kimberly was cut
24 off, if you are having suicidal thoughts, you can
25 dial 988 and speak to somebody. You are not alone.

1 Okay.
2 And to the children that have been watching
3 and listening to their parents, come up here and
4 misgender them, shame. And you are loved. You are
5 seen. You are respected. We are not done.
6 We will continue to fight and to show up,
7 speak up, stand up for your right to be who you are
8 because, in the freest country in the world, that's
9 exactly what you should be able to do. Keep your
10 laws, keep your God -- keep your God out of my
11 gender, out of my uterus, out of everything. Your
12 God is not my God.
13 CHAIRMAN DIAMOND: Thank you very much.
14 Next is Helena Kirschner. Helena Kirschner will be
15 followed by Shannon -- what's it, Keever?
16 CHAIRWOMAN SCHWEMMER: Keever.
17 CHAIRMAN DIAMOND: Next will be followed by
18 Shannon Keever. This represents our seventh pair of
19 speakers, and we'll be doing eight pairs today.
20 Helena Kirschner, you're recognized. Please
21 proceed.
22 HELENA KIRSCHNER: Thank you. My name is
23 Helena Kirschner, and I'm 24 years old. I'm here
24 today as a detransitioner with grave concerns about
25 the so-called gender-affirming model of responding

1 to minors and young adults who believe they're
2 transgender.
3 As a young girl, I had no discomfort with
4 being female. What I had was a history of family
5 issues, difficulties fitting in with other girls,
6 eating disorders, self-harm, and depression. When I
7 was 14, I began spending a lot of time online and
8 communities where countless other troubled
9 adolescent girls were encouraging each other to
10 interpret their social, emotional, and body image
11 difficulties as signs of gender dysphoria with the
12 belief that body modification would be a
13 transformative solution.
14 When I took steps in the direction of being
15 trans, I received more positivity and encouragement
16 than I had ever experienced. By age 17, I
17 identified as a trans boy and was fully convinced
18 that my only chance at a happy life would be to take
19 hormones and undergo surgeries to change my body.
20 My school counselor and school therapist,
21 both affirmed my beliefs, and the psychologist told
22 my mother that she was risking my suicide if she
23 would not agree to testosterone treatments. But she
24 thankfully was not intimidated. I went to a Planned
25 Parenthood a few weeks after my 18th birthday. None

1 of the clinicians were interested in what was behind
2 my desperation to change my body. They told me that
3 because I seemed so sure, they would prescribe the
4 hormones that day.
5 I told the clinicians that I wanted a high
6 dose so I would see more changes in my body. They
7 agreed and prescribed me 100 milligrams of
8 testosterone per week.
9 The mental health effects of testosterone
10 were profound. I began experiencing uncontrollable
11 episodes of rage and paranoia where I was a danger
12 to myself and others. I also became much more
13 suicidal and self-harming. Due to this, I was
14 hospitalized twice.
15 None of the clinicians in the hospital or
16 outpatient centers ever mentioned testosterone as a
17 possible source for my mysterious symptoms. Instead,
18 I was prescribed a litany of psychiatric drugs.
19 This time was so dark that it caused me to question
20 the original promises of a joyful trans life. And
21 after five years of identifying as transgender, I
22 stopped taking testosterone and began the journey of
23 detransitioning. My mysterious new mental illness
24 went away soon after and has never returned. I'm
25 now forever grateful that clinicians were not able

1 to affirm me any further.
2 I'm very fortunate to have not experienced
3 any obvious physical detriments, but the negative
4 impact of so-called gender affirmative care on my
5 life cannot be understated. Not only was I in
6 serious danger under the influence of testosterone,
7 but the mental process of returning to reality,
8 coping with everything that happened, and facing the
9 mental health issues that were compounded by these
10 experiences has been so difficult. I ask the board
11 to see these dangers of so-called gender affirmation
12 and create a rule, prioritizing, exploring --
13 exploratory therapy, and long-term health over
14 dangerous treatments for these vulnerable young
15 people.
16 CHAIRMAN DIAMOND: Thank you very much.
17 Next, we have Shannon Keever, and that will be
18 followed by Amy Atterberry. So if Amy Atterberry
19 could be prepared to speak, we would appreciate it.
20 Thank you.
21 SHANNON KEEVER: Good afternoon. My name
22 is Shannon Keever, and I'm a registered nurse in
23 Florida; and I'm with Women's Voices of Southwest
24 Florida. I'm in opposition to the rule.
25 Correct me if I'm wrong, but from my

1 understanding, there's not one trans person on the
2 Board casting a vote on the future of thousands of
3 trans youth in Florida. I mean, I don't want to
4 assume, but from what I've read about you guys, I
5 haven't gleaned that.
6 However, many of you, as my dear friend
7 Sarah pointed out, have contributed to the political
8 campaigns of known trans antagonist Ron DeSantis.
9 It's hard not to draw some conclusions from that, I
10 think.
11 I'm here to speak up for the rights of the
12 trans community, to own their path, to heal the
13 crippling pain of gender dysmorphia. I don't want
14 anyone to transition and regret it. I think that
15 the -- listening to the stories of people who have
16 detransitioned only is evidence that we need to
17 further research, and we need to improve. It's a
18 way to listen and then work toward improvement.
19 That's what we do in medicine, right? Isn't that
20 what we do for our patients? We improve care. We
21 don't just take it away. We don't revoke it. But
22 to vote to detransition people who are already
23 receiving gender-affirming treatment is terrible.
24 We already know that it's not a secret.
25 The Trevor Project has shown us that people who

1 suffer from gender dysmorphia, if they are not in a
2 supportive environment, they're not in an affirming
3 environment, they are likely -- much more likely to
4 commit suicide than children who are. So revoking
5 their care is criminal. And you -- it's redundant.
6 You'll have blood on your hands, and I hope you care
7 about that. Why did you get into medicine?
8 One thing -- one question I heard earlier
9 was: can minors with active mental health problems
10 consent to transition? If you say no to that, when
11 we already know that gender dysmorphia in itself
12 because of their environment causes depression and
13 anxiety, you're going to shut out so many people,
14 almost everybody who has it.
15 I long for the day when we can live in a
16 world where societal hangups aren't merged with
17 personal medical decisions. And since we're going
18 to quote the Bible, since that's apparently allowed
19 by a physician when a discussion about science,
20 let's talk about the Bible. If a man is caught in
21 the act of raping a young woman who is not engaged,
22 he must pay 50 pieces of silver to her father. Then
23 he must marry the young woman because he violated
24 her, and he will never be allowed to divorce her.
25 I think that shows that we really should be

1 making decisions based on science and evidence. You
2 need to listen to the trans people here who are
3 telling you that this worked for them. You do need
4 to listen to the people who --
5 CHAIRMAN DIAMOND: Thank you very much.
6 SHANNON KEEVER: -- it didn't work for
7 them.
8 CHAIRMAN DIAMOND: Thank you very much.
9 SHANNON KEEVER: Thank you. Have a good
10 afternoon.
11 CHAIRMAN DIAMOND: Next, we have Amy
12 Atterberry. Amy Atterberry will be followed by
13 Seneca Bristol --
14 CHAIRWOMAN SCHWEMMER: Dickieson
15 (phonetic).
16 CHAIRMAN DIAMOND: -- Dickieson. This will
17 represent our eighth and final pair of speakers.
18 You are recognized, Amy Atterberry for three
19 minutes.
20 AMY ATTERBERRY: My name is Amy Atterberry.
21 I'm a mother and a resident of the state of Florida.
22 I feel like I have told my daughter's story a
23 thousand times, but I will tell her story again
24 today to help validate the need for compassionate
25 care for children who are confused about their

1 biological sex. My daughter was 14 when she first
2 identified as being male. This happened after she
3 was indoctrinated into gender identity at school
4 unbeknownst to me.
5 I later discovered that she was visiting
6 websites like YouTube and Tumblr, which only
7 furthered her false belief that she could transition
8 into a male.
9 At age 16, a pediatric endocrinologist
10 taught my daughter to inject herself with
11 testosterone without my consent.
12 At age 17, doctors performed a double
13 mastectomy and a radical hysterectomy on my daughter
14 without my consent.
15 She was able to change her name and gender
16 and court at age 17, even though she was not
17 emancipated. Her mental health diagnoses were
18 documented in her medical records, yet doctors chose
19 to poison, sterilize, and mutilate my daughter
20 before she turned 18. More surgeries followed and
21 more surgeries are planned.
22 My daughter was a happy, healthy child with
23 a seemingly bright future. Her health and happiness
24 were stolen by medical and mental health
25 professionals who should have known better. The

1 trajectory of her life has been permanently altered
2 and not for the better. She is not happy. She is
3 not well. She is not thriving, and she is not
4 living her best life.
5 I think it is important not to place blame
6 on parents of transgender-identifying children
7 regardless of whether parents affirm their
8 children's transgender identity or fight against it.
9 To be clear, I did everything in my power
10 to stop doctors from harming my daughter. However,
11 I understand why terrified parents may choose to
12 trust that affirmative care is the only viable
13 option when they're asked questions like: would you
14 rather have a dead daughter or a son or vice versa?
15 A more honest question would be this.
16 Would you like for us to provide compassionate care
17 for your child, or would you prefer that we poison,
18 sterilize, and mutilate your child?
19 Affirmative care is a very opposite of
20 compassionate care. I would like to sincerely thank
21 the members of this Board for your compassion,
22 intelligence, wisdom, and most of all for your
23 courage in fighting for the health and safety of
24 children.
25 CHAIRMAN DIAMOND: Thank you very much.

1 Seneca Bristol Dickieson, you're now
2 recognized, and you're going to be our last speaker
3 of the day.
4 SENECA BRISTOL DICKIESON: Hello. My name
5 is Seneca Bristol. I'm the vice president of the
6 youth chapter for Women's Voices of Southwest
7 Florida. I have friends who are transgender and
8 non-binary, and it kills me to see that the state
9 that we were born and raised in is taking their
10 rights away.
11 Congratulations. Because of you, my fellow
12 Floridians and friends will be unable to get the
13 care they need to feel comfortable in their own
14 skin. You have the power to protect them, not only
15 as a doctor, but as an adult, and you choose not to.
16 According to multiple studies, it has been
17 shown that teenage depression and suicide rates went
18 down after given access to gender-affirming care.
19 I'm cisgender, and I can see that the rate of
20 depression in teens will go up if you do this. I
21 see the blood that will be spilled because of you.
22 I see the pain and fear people will be struck with.
23 I see --
24 I just don't get why you refuse to see it
25 too. Maybe it's because you don't care, but we all

1 care. And we won't stop until Floridians have the
2 right to be who they are.
3 And now I'm going to read something from my
4 friend, she -- that they wrote, who is non-binary.
5 "I know there is no way to convince the Board of my
6 side, what is going through my head right now. My
7 experience as a transgender ally is invalid in your
8 eyes. You don't know what it's like to be in fear
9 of coming out. To see the death tolls rise and rise
10 for transgender youth, to see depression and anxiety
11 take over the minds of those not accepted by anyone
12 but their peers. There is one thing I can be
13 certain of though, we will never be silenced. The
14 only words that can conclude this with is the words
15 of Leia Alcorn (phonetic)." I'm sorry if I'm
16 mispronouncing that.
17 "A 17-year-old transgender girl who
18 committed suicide in 2014. The only way I will rest
19 in peace is if one day transgender people aren't
20 treated the way I was. They are treated like humans
21 with valid feelings and human rights. Gender needs
22 to be taught about in school, the earlier, the
23 better. Sorry. They are treated like humans with
24 valid feelings and human rights. Gender needs to be
25 taught about in schools, the earlier the better.

1 My death needs to mean something. My death
2 needs to be counted in the number of transgender
3 people who commit suicide this year. I want someone
4 to look at the number and say that's effed up and
5 fix it. Fix society please."
6 CHAIRMAN DIAMOND: Thank you very much.
7 This concludes our business at today's
8 meeting.
9 Do I have a motion to adjourn?
10 CHAIRWOMAN SCHWEMMER: So moved.
11 CHAIRMAN DIAMOND: Second?
12 UNIDENTIFIED MALE: Second.
13 CHAIRMAN DIAMOND: All in favor?
14 MEMBERS: Yea.
15 CHAIRMAN DIAMOND: Any opposed?
16 Motion carries.
17 Thank you very much for coming today.
18 (END OF AUDIO RECORDING)
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1 CERTIFICATE OF TRANSCRIPTIONIST
2 I certify that the foregoing is a true and
3 accurate transcript of the digital recording
4 provided to me in this matter.
5 I do further certify that I am neither a
6 relative, nor employee, nor attorney of any of the
7 parties to this action, and that I am not
8 financially interested in the action.
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12 *Julie Thompson*
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14 Julie Thompson, CET-1036
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