

Jane Doe

vs.

Joseph Ladapo

Taped Transcription

February 10, 2023



Med Def_001017

1

2 JANE DOE,

3 Plaintiff,

4 vs.

5 JOSEPH LADAPO,

6 Defendant.

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TRANSCRIPTION OF AUDIO RECORDING

13

FLORIDA BOARD OF MEDICINE

14

RULES HEARING FOR THE STANDARDS

15

OF PRACTICE FOR THE TREATMENT OF

16

GENDER DYSPHORIA IN MINORS

17

FEBRUARY 10, 2023

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TRANSCRIBED AUDIO RECORDING BY:

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Julie Thompson, CET

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Job No.: 322529

February 10, 2023

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1 Thereupon,
2 The following proceeding was transcribed from an
3 audio recording:

4 *****

5 CHAIRMAN ACKERMAN: Good afternoon. It's
6 good to see you all today. Good to be here today.
7 This is the Rules Hearing for the Standards of
8 Practice for the Treatment of Gender Dysphoria in
9 Minors. Welcome. Welcome here today. My name is
10 Dr. Scot Ackerman. I'm the Chairman of the Board of
11 Medicine.

12 In front of me to my right is Dr. William
13 Kirsh. He's the Vice-Chairman of the Board of
14 Osteopathic Medicine.

15 Dr. Di Pietro will be a few minutes late.

16 So before I begin, I'd like to have a roll
17 call. So, Mr. Paul Vasquez, Executive Director of
18 the Board of Medicine, will you please do a roll
19 call for the Board of Medicine.

20 EXECUTIVE DIRECTOR VASQUEZ: Dr. Ackerman
21 is present.

22 Nicholas Romanello?

23 VICE-CHAIR ROMANELLO: Here.

24 EXECUTIVE DIRECTOR VASQUEZ: Dr. Barsoum is
25 excused.

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1 Dr. Benson?

2 DR. BENSON: Here.

3 EXECUTIVE DIRECTOR VASQUEZ: Dr. Coffman?

4 DR. COFFMAN: Present.

5 EXECUTIVE DIRECTOR VASQUEZ: Dr. Derick is
6 excused.

7 Dr. Diamond?

8 DR. DIAMOND: Present.

9 EXECUTIVE DIRECTOR VASQUEZ: Ms. Garcia is
10 excused.

11 Dr. Hunter?

12 DR. HUNTER: Present.

13 EXECUTIVE DIRECTOR VASQUEZ: Ms. Justice?

14 MS. JUSTICE: Present.

15 EXECUTIVE DIRECTOR VASQUEZ: Dr. Pages is
16 excused.

17 Dr. Pimentel?

18 DR. PIMENTEL: Present.

19 EXECUTIVE DIRECTOR VASQUEZ: Dr. Vila?

20 DR. VILA: Present.

21 EXECUTIVE DIRECTOR VASQUEZ: Dr. Wasylik?

22 DR. WASYLIK: Present.

23 EXECUTIVE DIRECTOR VASQUEZ: Dr. Zachariah
24 is excused.

25 Also President is Paul Vasquez. That's me,

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1 the Executive Director of the Florida Board of
2 Medicine, and Board Counsel, Chris Dierlam.

3 You have a quorum.

4 MR. DIERLAM: Thank you, Mr. Vasquez.

5 CHAIRMAN ACKERMAN: Thank you.

6 Mr. Vasquez.

7 Danielle Terrell, the Executive Director of
8 the Board of Osteopathic Medicine, will you please
9 call a roll for the Board of Osteopathic Medicine.

10 EXECUTIVE DIRECTOR TERRELL: Yes, sir.
11 Dr. Kirsh?

12 VICE-CHAIR KIRSH: Here.

13 EXECUTIVE DIRECTOR TERRELL: Dr. Williams?

14 DR. WILLIAMS: Here.

15 EXECUTIVE DIRECTOR TERRELL: Dr. Mortensen?

16 DR. MORTENSEN: Here.

17 EXECUTIVE DIRECTOR TERRELL: Dr. Ducatel?

18 DR. DUCATEL: Here.

19 EXECUTIVE DIRECTOR TERRELL: Mr. Creegan?

20 MR. CREEGAN: Present.

21 EXECUTIVE DIRECTOR TERRELL: Ms. Jackson is
22 excused. And as you stated, Dr. Di Pietro is
23 delayed in travel, and she will be here shortly.

24 Also, present with us, we have a legal
25 counsel, David Flynn, and myself, Executive Director

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1 of the Board of Osteopathic Medicine, Danielle
2 Terrell. We do have a quorum, sir.

3 CHAIRMAN ACKERMAN: Thank you, Ms. Terrell.
4 So before we begin, Mr. Paul Vasquez, again, he's
5 the Executive Director of the Board of Medicine.
6 Please begin by making some opening comments.

7 EXECUTIVE DIRECTOR VASQUEZ: Good
8 afternoon. It's Friday, February 10, 2023. The
9 time is 1:02 p.m. My name is Paul Vasquez. I'm the
10 Executive Director of the Florida Board of Medicine.
11 This is a duly noticed joint meeting of the Boards
12 of Medicine and Osteopathic Medicine. This is a
13 public meeting and is being recorded. The audio
14 will be available on the board's websites next week,
15 and I'll go over some instructions, so this meeting
16 will be successful and the board members will be
17 able to take care of the matters that are before
18 them today.

19 There is a court reporter in the meeting.
20 If you speak to the board, it is important that you
21 state your name for the record. When appropriate,
22 the Chair will ask for public comments. Therefore,
23 please refrain from speaking during the meeting
24 until the appointed time.

25 Please remember, this is a public meeting

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1 and is being recorded. Any side conversations may
2 be recorded and become part of the public record.
3 At this time, please silence all electronic devices.

4 In June 2022, the Boards of Medicine and
5 Osteopathic Medicine received notice from the
6 Department of Health that it intended to present a
7 petition to initiate rulemaking regarding the
8 treatment of gender dysphoria in Florida.

9 During the Board of Medicine's regular
10 meeting on August 5, 2022, the Board hosted the
11 State Surgeon General and others representing the
12 position of the department. Equal time was granted
13 to experts from the University of Florida, who held
14 an opposing position.

15 Three major points were revealed during
16 that meeting. First, so-called bottom surgery is
17 not offered for minors at major medical centers in
18 Florida, and so-called top surgery is infrequently
19 offered to minors at major medical centers in
20 Florida, though there have been instances in Florida
21 where females as young as 15 years old have
22 undergone mastectomies.

23 Second, there are significant substantive
24 differences between the large medical societies in
25 the United States and their European colleagues

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1 regarding the treatment of minors with gender
2 dysphoria.

3 Third, the chief point of agreement amongst
4 all experts is that there is a lack of high-quality
5 clinical research on the subject of gender dysphoria
6 and its treatment.

7 At the conclusion of the meeting, the Board
8 voted to initiate rulemaking.

9 During the Board of Osteopathic Medicine's
10 regular meeting on August 12, 2022, the Board hosted
11 the State Surgeon General and others representing
12 the position of the department. At the conclusion
13 of the meeting, the board voted to initiate
14 rulemaking.

15 The task then fell upon a joint rules and
16 legislative committee to hold a rule workshop to
17 consider and possibly develop rule language.

18 In preparation for a meeting on October 28,
19 2022, board staff was directed to invite subject
20 matter experts with differing viewpoints, generally,
21 representing three cohorts.

22 Florida licensed pediatricians or pediatric
23 endocrinologists who actively treat minors with
24 gender dysphoria, scientists with expertise in the
25 current clinical data, representatives from a large

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1 American clinical societies, ultimately
2 representatives from the University of Florida, the
3 University of Oxford, Yale University, the
4 University of Turku in Finland, and the Children's
5 Hospital in Chicago, and a private practice
6 endocrinologist from California participated in that
7 meeting. A formal invitation was also extended to
8 the Endocrine Society, which declined the
9 invitation.

10 Formal invitations were also sent but
11 declined by physicians actively practicing at
12 Nicklaus Children's Hospital in Miami, Johns Hopkins
13 All Children's Hospital in St. Petersburg, and Joe
14 DiMaggio Children's Hospital in Hollywood.

15 During the committee meeting on October 28,
16 2022, emotionally powerful public comment was also
17 received representing both the affirmative and
18 negative positions on the issue. Ultimately, a
19 motion was passed to approving draft language for
20 the consideration by the boards.

21 On November 4, 2022, a joint meeting of the
22 Boards of Medicine and Osteopathic Medicine was held
23 to consider the draft language. Again, public
24 comments were received representing both the
25 affirmative and negative positions on the issue.

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1 Ultimately, both boards approved proposal
2 language to establish practice standards for the
3 treatment of gender dysphoria in minors. The
4 language was published in the Florida Administrative
5 Register on November 14, 2022. Following the
6 publication of the language, a number of requests
7 for rule hearing were received by both boards
8 resulting in today's meeting.

9 The Boards of Medicine and Osteopathic
10 Medicine are apolitical bodies that have the primary
11 mission of protecting the people of the state of
12 Florida. As with any issue before the Boards, the
13 board members will look to the available science and
14 appropriate standard of care while putting aside any
15 personal feelings they may have on the issues before
16 them today.

17 In terms of how this meeting will be
18 conducted, it is the Board's expectation that we
19 will have civil discourse while discussing the
20 issues on today's agenda. We require that everyone
21 refrain from making any disruptive comments or
22 taking any disruptive actions during the duration of
23 the meeting.

24 The boards reserve the right to remove any
25 individual who chooses to disrupt the progress of

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1 the meeting, so please conduct yourselves
2 accordingly.

3 This meeting will end no later than 5:00
4 p.m. Public comment will be received during the
5 meeting to the extent possible, depending on the
6 progress of the meeting and the time allotted. The
7 public comment process will be randomized and will
8 be as equitable as possible. However, it is evident
9 that not everyone who wishes to speak will be able
10 to speak given the time constraints of this meeting.

11 If there are any publicly elected officials
12 with us today, please make yourself known to the
13 Chair during public comment to ensure that you have
14 an opportunity to speak. Thank you.

15 CHAIRMAN ACKERMAN: Thank you, Mr. Vasquez.

16 I have a few comments I'd like to make
17 before we start to kind of go over where we as a
18 board have gone from when we first heard about the
19 request for a rule to now. I may say a few things
20 that are redundant with Mr. Vasquez, but please bear
21 with me. And I think these are good things for us
22 all to remember and for you all to -- for those of
23 you who are visiting today and want to speak today
24 to understand where our heads are at as a Board and
25 what in the processes that we've gone through.

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1 So, again, in early June, we were given
2 notice by the state that the state will be
3 petitioning the Boards of Medicine and Osteopathic
4 Medicine, asking us that we develop rules on the
5 subject of gender dysphoria and gender-affirming
6 healthcare. This was presented to us at our August
7 5, 2022, board meeting that we held in Tampa. Our
8 then chair, Dr. David Diamond, who is in --
9 understood that we were -- that there were unique
10 sensitivities related to this issue.

11 So he directed our staff and our counsel to
12 ensure that the process, that we approach this
13 subject in a fair and thorough manner.

14 We heard testimony from many subject matter
15 experts. These subject matter experts were all
16 well-published and well-respected. They're
17 academics from various institutions here in Florida
18 and also academics from all over the world. They
19 shared with us their research, their expertise,
20 their experience, and their knowledge. And we found
21 that they had varied perspectives and varied
22 opinions.

23 We heard from the public as well. We heard
24 from the public on all sides of the issue. The
25 public comment, like these experts, was also very

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1 diverse.

2 At the conclusion of that meeting, we
3 decided to initiate the rulemaking process. And so
4 our Rules Committee met on October 28th, and again,
5 we heard from more subject matter experts, again,
6 with different expertise and with different
7 backgrounds.

8 We also heard from more of the public, we
9 heard more public comment. And again, the subject
10 matter experts and the public had very varied
11 opinions. We then took these varied opinions and
12 perspectives and we processed them and we proposed
13 rules on gender dysphoria and gender-affirming
14 healthcare.

15 So we created these rules, and then on
16 November 4th, these rules were presented to a joint
17 meeting of the Board of Medicine and the Board of
18 Osteopathic Medicine. And those Boards adopted
19 rules for the standard of practice for the treatment
20 of gender dysphoria in minors.

21 The Board of Medicine and the Board of
22 Osteopathic Medicine have very similar rules except
23 for ones -- except for one difference. So I like to
24 just read the rules that we had -- that we put forth
25 at our November 4th joint board meeting that were

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1 approved.

2 So the Board of Medicine and Osteopathic
3 Medicine approved the following. Number 1, the
4 following therapies and procedures performed for the
5 treatment of gender dysphoria in minors are
6 prohibited: sex reassignment surgeries or other
7 surgical procedures that alter primary or secondary
8 sexual characteristics, and puberty blocking hormone
9 and hormone antagonist therapies.

10 Also, minors being treated with puberty-
11 blocking hormone or hormone antagonist therapies
12 prior to the effective date of this rule may
13 continue such therapies.

14 The Board of Osteopathic Medicine had one
15 more rule, and their additional rule was that non-
16 surgical treatments for the treatment of gender
17 dysphoria in minors may continue to be performed
18 under the auspices of institutional review board
19 approval.

20 Investigator initiated clinical trials
21 conducted at any of the Florida medical schools set
22 forth in Florida statute, and that such clinical
23 trials must include long-term longitudinal
24 assessments of the patient's physiologic and
25 psychologic outcomes.

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1 So as you can see, the only difference
2 between the Board of Medicine's -- proposed Board of
3 Medicine's rule and the Osteopathic Board's rule is
4 the exemption for clinical trials.

5 So as per our standard rulemaking practice,
6 we invited formal requests for rule hearing today.
7 We have received six requests for rule hearing, and
8 today we are here to honor those requests and have a
9 formal rule hearing.

10 The purpose of a rulemaking hearing in
11 Florida, as per Florida statute, is twofold. Number
12 1, to allow the agency to inform itself of matters
13 bearing on the proposed rules or modifications
14 thereof.

15 And number 2, to allow the public and
16 specifically individuals and groups having
17 particular interests and/or information to
18 participate in the rulemaking process.

19 To be clear, this is not a rule challenge
20 as provided for Florida statute; that comes later
21 on. This is a rulemaking hearing.

22 So in the past, just to put things in
23 proper context or perspective, the Board of Medicine
24 or the Board of Osteopathic Medicine may propose a
25 rule that would affect the way we treat patients

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1 with pneumonia. And the rule may have some language
2 in it that does -- that's not consistent with what
3 may be general practice or may be in conflict with
4 what some individuals are doing and the way they
5 treat pneumonia.

6 And so people would come to this hearing
7 and help educate us and clarify how things might be
8 done, so we can make some tweaks to the language or
9 tweaks in that rule. But generally, not to come to
10 challenge the rule completely, but just to make some
11 modifications or tweaks to it.

12 So we'll be -- so to begin with -- so
13 that's -- those are my comments. And so we will be
14 hearing today, first, from those who have requested
15 a rules hearing. And then we'll hear from the
16 public. We will not be able to hear from all those
17 who -- all those of the public who made requests
18 because we have a lot of people that made requests,
19 and I want to make sure that we allow time for the
20 Boards of Medicine and Boards of Osteopathic
21 Medicine to have some time for deliberation. So
22 let's go ahead and begin.

23 So I would like to call now the
24 presentation of those who've made requests for a
25 rules hearing. And so we've had six people that

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1 have formally requested a rules hearing. I'm going
2 to allow each of them 10 to 15 minutes to speak.

3 I want to include in that same 10 to 15
4 minutes time for the board to respond to you. If
5 you have any questions for the board, for us to be
6 able to respond specific, you know, to those
7 questions that you may have. I'm not sure if all
8 six of those people or entities are here today to
9 speak to that, but I'm going to going to go through
10 the names as we receive them and as they are in the
11 public record.

12 So the first person that made request for
13 the rules hearing is Mr. James Wright.

14 Are you here, Mr. Wright? Okay.

15 The second person that made requests for
16 rules hearing was Lauren Miller.

17 Ms. Miller, are you here?

18 The third person that made requests for
19 rules hearing is Simone Chriss, the Director of
20 Transgender Right Initiative of the Southern Legal
21 Counsel.

22 Is that Ms. Chriss? Thank you for being
23 here today.

24 SIMONE CHRISS: Yes. Thank you --

25 CHAIRMAN ACKERMAN: The floor is yours.

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1 SIMONE CHRISS: I appreciate it.

2 Hello, everyone. Thank you for the
3 opportunity to speak today. My name's Simone
4 Chriss. I'm the Director of the Transgender Rights
5 Initiative at Southern Legal Counsel. We're a
6 statewide not-for-profit public interest, civil
7 rights law firm that utilizes federal impact
8 litigation to ensure communities that we serve have
9 access to justice and freedom from discrimination
10 and to hold the state accountable for discriminatory
11 laws and policies.

12 I just want to say, to start, I was born
13 and raised in Florida in a small rural town on a
14 farm. I went to the University of Florida for
15 undergrad and law school, and I chose to stay here
16 to practice law and make this my home because I
17 wanted to make this state a better place and protect
18 the rights of folks in my community.

19 Having grown up as a gay teen in a
20 conservative area, I wanted to protect the rights of
21 LGBTQ youth in Florida. But as I stand before you
22 today, I am ashamed to be from Florida. I am
23 ashamed that the rest of the country and the world
24 is watching, while those in positions of power who
25 are entrusted to protect our rights, our health, our

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1 well-being, are weaponizing that power against the
2 transgender community for political gain, and doing
3 so under the guise of protecting children is
4 particularly insidious.

5 Given that we know based on the
6 overwhelming weight of evidence and science, that
7 access to treatment for gender dysphoria is safe,
8 effective, and medically necessary, and stripping
9 children in Florida of access to that care harms
10 them. It in no way protects them.

11 We vehemently oppose the proposed rules
12 based both on the science and evidence, supporting
13 the medical necessity of treatment for gender
14 dysphoria, but also on our own extensive experience
15 working with hundreds of transgender adults and
16 minors in this state and witnessing the tremendous
17 benefits that access to gender-affirming care
18 provides and the devastating consequences that can
19 result when such care is denied.

20 As I'm sure you all are well aware,
21 lawsuits challenging similar bans across the country
22 have successfully struck down or enjoined these same
23 measures. Why is that? It's because our position,
24 that treatment for gender dysphoria is safe,
25 effective, and medically necessary, is based on

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1 science and evidence. It is supported by decades of
2 clinical research.

3 The notion that Florida needs to adopt a
4 standard of care is bizarre to me because there
5 exists a standard of care for the treatment of
6 gender dysphoria. And it's established over decades
7 by the World Professional Association for
8 Transgender Health, the Endocrine Society, and other
9 major medical organizations that we as a -- you all
10 as a medical community, have always trusted and have
11 always looked you for guidance.

12 Bans such as the one being considered by
13 you all today directly contravene the widely
14 accepted authoritative standards and the consensus
15 of every major medical organization in our country.
16 The position that you all have unfortunately chosen
17 to take, on the other hand, is based on fear on
18 disinformation and manufactured outrage about
19 something that most people genuinely just don't
20 understand.

21 The reality is that these bans violate core
22 constitutional rights, including transgender
23 individual's rights under the equal protection
24 clause of the 14th Amendment to the U.S.
25 Constitution to be free from discrimination on the

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1 basis of sex, the fundamental rights of parents
2 under the substantive due process clause to make
3 decisions about medical care for their own child.

4 And for a state that holds itself out as
5 being so deeply concerned about the preservation of
6 parental rights, it feels sublimely ironic that you
7 all are stripping parents of their rights and
8 substituting the judgment of parents and of doctors
9 who are actual experts in the provision of this care
10 for that of the state.

11 I've attended every one of your meetings
12 thus far, and I find it incredibly troubling and
13 disingenuous the way that the Board of Medicine,
14 particularly, has reversed course on the inclusion
15 of the IRB approved investigator initiated clinical
16 trial exception for prospective patients.

17 I find this concerning because as
18 Dr. Diamond, you said yourself during -- I don't
19 remember if it was the October 28th or November 4th
20 meeting, but you said, "The chief point of agreement
21 amongst all the experts" -- and I must emphasize
22 this -- "is that there is a pressing need for
23 additional high quality clinical research." Seven
24 days later to reverse course on that and remove that
25 exception, it just doesn't make sense.

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1 The proposed rule is a cruel and
2 discriminatory measure that is inconsistent with the
3 rights guaranteed to minors, parents of minors, and
4 medical providers under the equal protection clause,
5 the due process clause, the Affordable Care Act, and
6 other laws.

7 The Florida Board of Medicine has a duty to
8 ensure that doctors licensed to practice medicine in
9 the state of Florida are providing high quality
10 evidence-based care to patients.

11 By adopting and enacting the proposed rules
12 that we're here to discuss today, you would be
13 denying Florida medical providers the ability to
14 utilize their own judgment, their own clinical
15 expertise, and mandating that they violate the
16 evidence-based treatment guidelines for the
17 treatment of gender dysphoria. Utilizing this
18 process to categorically exclude the provision of
19 medical care to an entire group of people,
20 transgender minors, will further set dangerous
21 precedent whereby standards of care in the state of
22 Florida can change based on the whim of the Governor
23 and political motivations.

24 I just want to quickly read a note that was
25 sent to me this morning by a client of the parent of

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1 a transgender minor who wasn't able to be here
2 today.

3 She wanted me to share this with you all.
4 "Access to gender-affirming care, including puberty
5 blockers and the embrace of a family who accepts her
6 for who she is have allowed my child to blossom into
7 a girl who loves herself, who is confident, and who
8 just wants to be a happy kid in the state where she
9 has called her home since birth.

10 Barring doctors who have extensive training
11 and medical experience and follow peer review
12 guidelines from working with families to provide
13 life-saving and life-changing care to kids will rob
14 this incredible gift of joyful being not only from
15 trans kids but from their parents and families who
16 love and support them.

17 As the parent of a trans child, I deserve
18 to be able to experience the joy of watching my
19 child blossom into a happy, confident, empowered
20 girl who feels comfortable and confident in her own
21 body." Thank you.

22 CHAIRMAN ACKERMAN: Thank you, Ms. Chriss.

23 Do any of the members of either board have
24 any questions for Ms. Chriss or any comments?

25 Dr. Vila?

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1 DR. VILA: Yeah. Ms. Chriss, thank you for
2 coming today and thank you for all the things that
3 you do to help treat and protect and care for
4 children of the state. I sincerely appreciate that.
5 And I think that's one thing that everyone in this
6 room has in common, that we're here for the
7 children, and we're trying to do the best that we
8 can to protect them.

9 And the thing I'll take exception with is
10 in your statement, you said the overwhelming weight
11 of the evidence is clear that these therapies are
12 acceptable and safe. And that's not true.

13 When you look -- the literature is not
14 clear. It's not clear. And you admitted that
15 because you said -- you agreed with the statement
16 that we needed some more research in these areas,
17 but the clinical data clearly doesn't support the --
18 there's not adequate evidence to support the use of
19 the therapies, the limited therapies that we've said
20 should not be used because of the irreversible harm.

21 So this Board is not against research, is
22 not against care for transgender children. This
23 Board has reviewed hundreds of studies. We've
24 talked to doctors. We've received testimony from
25 both sides of this issue, and the overwhelming data

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1 does not support -- so I take exception to what you
2 said. It just doesn't support. It's not there.
3 There's lots of physicians that feel differently.

4 So in terms of the research, there's still
5 an opportunity to research. What the Board has
6 sought to do is to protect our children from
7 therapies that have irreversible harm; that have
8 been shown to create irreversible harm. So it's a
9 very limited set of therapies that have been
10 restricted, but this Board still wants these
11 patients cared for absolutely. Thank you.

12 CHAIRMAN ACKERMAN: Thank you, Dr. Vila.

13 SIMONE CHRISS: If I may --

14 CHAIRMAN ACKERMAN: Ms. Chriss, you want to
15 respond to that?

16 SIMONE CHRISS: If I may, briefly. Thank
17 you.

18 I appreciate the points that you're
19 raising. However, I have to push back on the notion
20 that there isn't an overwhelming consensus of
21 scientific and medical evidence demonstrating the
22 efficacy of this treatment. And that's a point that
23 I think we're just going to have to agree to
24 disagree on, but there are a handful of experts that
25 you can fly in from other states and other countries

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1 who will come to the conclusion that ACA came to,
2 which is what you all are relying upon. And those
3 folks will say that, but talk to the doctors that
4 practice in Florida; talk to the folks that are
5 actually treating these children. Hear from the
6 children.

7 I mean, I've been at every meeting, and
8 kids who are actually impacted, who have received
9 this treatment and who have -- it has been
10 lifesaving for them. Their voices haven't been
11 heard. And the physicians that are providing
12 evidence-based medicine in this state and who have
13 had overwhelmingly positive results with the
14 patients that they serve, those folks' voices are
15 not being heard.

16 And so I just -- I have to push back on
17 that notion that this is in any way protecting
18 children. Because if that were the case and you all
19 thought that these treatments genuinely were so
20 harmful and damaging, why would there be a clause
21 allowing kids already on this treatment to continue
22 receiving said treatment? Why are these same exact
23 drugs and blockers and hormones provided to treat
24 other conditions? They're solely excluded for
25 gender dysphoria.

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1 There's so many things in this that simply
2 don't make sense and to target just transgender
3 children and exclude them from receiving evidence-
4 based care. And in alignment with authoritative
5 standards, it's hard to see it as anything other
6 than discrimination against transgender children.

7 CHAIRMAN ACKERMAN: Thank you, Ms. Chriss.

8 I want to remind you and the -- and all the
9 public that's here that this Board heard from many
10 physicians around the state and around the country
11 who treat transgender children. And we heard a lot
12 of disparity in their outcomes and their and in
13 their opinions.

14 And so it's not that we didn't hear from
15 these doctors. We did. We heard from lots of kids
16 as well. Lots of children spoke to us. So we
17 processed all that. And thank you for your
18 comments.

19 Is there anything else from any other board
20 members? Thank you, Ms. Chriss.

21 SIMONE CHRISS: Thank you.

22 (END OF AUDIO RECORDING)

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CERTIFICATE OF TRANSCRIPTIONIST

I certify that the foregoing is a true and accurate transcript of the digital recording provided to me in this matter.

I do further certify that I am neither a relative, nor employee, nor attorney of any of the parties to this action, and that I am not financially interested in the action.

Julie Thompson

Julie Thompson, CET-1036

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