

JANE DOE,

Plaintiff,

vs.

JOSEPH LADAPO,

Defendant.

TRANSCRIPTION OF AUDIO

Florida Board of Medicine

PAGES 1 - 125

February 10, 2023

Stenographically Transcribed By:

TRACY BROWN

1 Thereupon,

2 **MR. CHAIR:** Next person who -- next person
3 requested a rule hearing is Cara Gross from the
4 American Civil Liberties Union.

5 The next person that requested a rule
6 hearing was Zenia Jones, gender analysis of
7 Seminole County.

8 And finally, the sixth person that
9 requested a rules hearing was John Wilson,
10 general counsel of the Florida Department of
11 Health.

12 Mr. Wilson.

13 **MR. WILSON:** Good afternoon, Board
14 members. It's a pleasure to speak to you all
15 again. And I appreciate the opportunity to
16 meet our newer members. My name is John
17 Wilson. I'm the general counsel for the
18 Florida Department of Health.

19 We are here to speak on the research
20 exemption in the Board of Osteopathic's
21 proposed rule.

22 We are -- we ultimately request that the
23 Board of Osteopathic Medicine remove the
24 proposed research exemption and move together
25 in uniformity with the Board of Medicine's

1 proposed rule. We make that request for
2 several reasons, which I will go through
3 briefly today, but are outlined in our written
4 pleading to the Board that was filed in advance
5 of this meeting.

6 The first reason we are opposed to the
7 research exemption is because concluding the
8 joint rule-making efforts of these two boards
9 with a different standard is both illogical and
10 confusing. The Department believes that the
11 record does not support any reason that an
12 osteopathic physician can complete these
13 treatments or conduct this research with
14 greater safety than their allopathic
15 counterpart. And when the true purpose of the
16 Board in examining this is the promotion of
17 public safety, when the rules differ and we
18 cannot understand the public safety reason that
19 they are differing, the Department takes
20 exception to that.

21 Secondly, it is hard to imagine a -- the
22 end result of this rule going anywhere other
23 than kind of harming the dis -- injecting
24 discontinuity in care, patients moving from
25 physician and then having to find a new

1 licensee who practices within the same scope to
2 continue treatment and go into a research
3 program.

4 The Department is also concerned that the
5 exception threatens to undermine the purpose of
6 the rule.

7 As we've discussed in previous meetings,
8 the Board really doesn't have solid regulatory
9 authority over how research is conducted at
10 public universities. We -- you can craft a
11 rule as carefully as you'd like, but at the end
12 of the day, the Board doesn't have authority to
13 go into a university and say, all right, guys,
14 this isn't what we intended, you have to shut
15 this down.

16 And through this process, we've heard from
17 major universities. We've heard from major
18 universities in Florida, research institutions,
19 that have had the opportunity to conduct the
20 very research you all are seeking through this
21 exemption and they simply have chosen not to do
22 it. It begs the question, when we extend this
23 second invitation to them, do we really expect
24 to see something new and different or do we
25 expect to see more of the same?

1 We've also heard, and the Board has taken
2 reports from overseas, for programs in other
3 countries that are far more centralized, had
4 far more tighter controls on the provision of
5 this care. And we've seen from those
6 jurisdictions, especially when you review the
7 findings and the cast report, that that
8 centralized research-based hard clinical
9 approach, those clinics at this point are
10 shutting down. And we have concerns that the
11 Board of Medicine would be moving logistically
12 in a direction that other countries have tried
13 and have seen mixed, limited or poor results
14 from that.

15 Furthermore, even if we contemplate
16 continued research that's sanctioned officially
17 through rule making from the Boards, we have
18 the issue of consent, and consent in minors.
19 The Board has heard a great deal of debate on
20 what constitutes ethical and full consent for
21 these life-changing treatments coming from
22 minors. And that is an issue that, in my
23 listening to the Board interact, I don't
24 believe the Board truly resolved. And I think
25 we should all have pause condoning research, a

1 course of research, by rule when we ultimately
2 don't know if it can even be conducted
3 ethically from a consent standpoint.

4 And finally, the fundamental question
5 here, does this exception promote public
6 safety? The Department brought you a difficult
7 question and we certainly thank each of you for
8 your efforts and willingness to conduct these
9 proceedings, to get into the science behind
10 this, and be willing to resolve that. We
11 acknowledge many of you in your private
12 capacities are accomplished researchers. And
13 we have relied on that expertise to move
14 through this process. But when we come
15 together, when you come together and sit as a
16 Board, your purpose is set by statute. And the
17 statutory purpose of this Board is to promote
18 and ensure public safety. It is not
19 necessarily to advance the practice. It is not
20 necessarily to promote certain types of
21 research. It is limited to public safety.

22 I will echo what some of you all have said
23 in previous meetings as kind of our -- my final
24 point from the Department. These procedures
25 are either safe or they are not. And I submit

1 to you that the Boards have both separately and
2 jointly answered that question. But I would
3 further submit to you that the exception seeks
4 to escape the conclusion rather than embrace
5 it.

6 So based on the Department's oral
7 presentation today, our written submissions and
8 the entire rule record, the Department
9 respectfully requests that the Board of Osteo
10 remove the research exemption from their
11 proposed rule and proceed in unison with the
12 Board of Medicine on the remainder of the
13 language proposed.

14 Thank you.

15 **MR. CHAIR:** Thank you, Mr. Wilson.

16 So, Mr. Wilson, just to be clear, the rule
17 as it is proposed by the Florida Board of
18 Medicine, you have no tweaks, no changes to?

19 **MR. WILSON:** No, Dr. Ackerman.

20 **MR. CHAIR:** And the rules proposed by the
21 Board of Osteopathic Medicine, you -- the
22 Department of Health respectfully requests that
23 number two is deleted, which is the research
24 exemption?

25 **MR. WILSON:** That's correct.

1 **MR. CHAIR:** No other change besides that?

2 **MR. WILSON:** None, sir.

3 **MR. CHAIR:** Okay. Any comments or
4 questions for Mr. Wilson?

5 **UNIDENTIFIED SPEAKER:** I have a question.

6 **MR. CHAIR:** Yes, sir.

7 **UNIDENTIFIED SPEAKER:** Yeah, so federal
8 regulations is what governs clinical research.
9 In my role, I do clinical research. I publish
10 research. I enroll patients in clinical
11 trials. And it's only the CFR 46 subpart D is
12 my recollection of -- I'm not a lawyer. But my
13 understanding is that that's all federal
14 regulation, there's no really role for state in
15 research; is that correct?

16 **MR. WILSON:** I think I fundamentally agree
17 with you. But I would say that when physicians
18 are practicing medicine, even in a research
19 role, the Board does retain some regulatory
20 authority of that.

21 When you look at your body of rules and
22 you look in Chapter 458 and 459, no, you are
23 not going to see what's in the federal
24 register. You will not see a robust program
25 outlining what research is allowed or not. So

1 I agree with you fundamentally that is ruled by
2 federal law.

3 **UNIDENTIFIED SPEAKER:** And then the second
4 question is, institutional review boards or
5 investigational research committees that we all
6 have at various academic centers, they also are
7 subject to federal regulation. And when it's
8 in regards to children, it has to meet all the
9 ethical and other qualifications. But they are
10 regulated by federal law, too. And the
11 classification of that research into a bunch of
12 different categories, minimal risks, et cetera.

13 So we don't -- as the Board of Medicine,
14 it's my understanding, we don't -- we can't
15 regulate that. We don't regulate who's on the
16 IRB, we don't -- we are not involved in the
17 decisions of what IRBs would do, correct?

18 **MR. WILSON:** That's correct.

19 **UNIDENTIFIED SPEAKER:** All right. I don't
20 have any more questions.

21 **MR. CHAIR:** Thank you, sir.

22 Dr. Diamond.

23 **MR. WILSON:** Good afternoon.

24 **DR. DIAMOND:** So as you pointed out and as
25 Mr. Vasquez pointed out (inaudible) of this

1 Board -- really fall into the jurisdiction of
2 legislature; is that correct?

3 **MR. WILSON:** That is correct. Ultimately.

4 **DR. DIAMOND:** Ultimately correct. So you
5 made several cases for your position and my
6 question to you, do you think that -- is it
7 your position that it's (inaudible).

8 **MR. WILSON:** What I would say and what my
9 take on the Board's discussions on the
10 exemption language early on is that the Board
11 of Medicine certainly has the authorities to
12 set guardrails on physician practice in any
13 setting. But as the Board's discussion
14 continued, we -- we left the area of guardrails
15 on physician practice and began legislating a
16 full-blown clinical trial that would be
17 regulated by federal law.

18 So to the extent that the Board's purpose
19 in rule making was to do the latter, I agree
20 with you, that that's just out of bounds for
21 this body.

22 **MR. CHAIR:** Thank you, Dr. Diamond.

23 Any other questions for Mr. Wilson?

24 Thank you, Mr. Wilson.

25 I want to point out that in a normal rules

1 hearing, people request -- make a formal
2 request to come to us and make some -- and
3 broach some changes to the rule, modifications
4 to the rule. We had six people make requests
5 for a rules hearing, only two of them were
6 here. And only one of the two made a
7 substantive request for a change to the rule.
8 The other person who presented to us wanted us
9 to eliminate the rule in its entirety.

10 Is there any -- I think that's a lot of
11 people wanting to make -- more rules hearing,
12 but no one's here to speak to it. Those people
13 aren't here to speak to it. That says a lot.

14 Does anybody -- any members of either
15 board want to speak to the comments that were
16 made or have any discussion amongst ourselves
17 for a little bit?

18 Yes, sir --

19 **UNIDENTIFIED SPEAKER:** I understand the
20 issue at hand, that our purview in essence is
21 limited by the practice scope. I do want to
22 suggest that research is the way that we have
23 all practiced medicine in terms of development
24 of guidelines and procedures and things of that
25 nature. And that the encouragement of research

1 might be something that we want to do, although
2 may not have the purview to regulate that,
3 which is understandable. But certainly
4 population-based research, longitudinal-based
5 research, the patients that occurred, I don't
6 think that has -- that's outside the standard
7 that has been set and would hopefully encourage
8 that to be -- occur.

9 **MR. CHAIR:** I agree. Thank you.

10 So regarding any change to the rule that
11 maybe the Board of Osteopathic Medicine wants
12 to make, let's hold that off till the end of
13 the meeting. But it's nice to hear you say
14 that. I think that is the feeling from the
15 members of the Board of Medicine as well that
16 longitudinal research or some population
17 research, those sort of things, a lot of us
18 were encouraging as well. A lot of our
19 members -- I remember Dr. Hunter speaking to
20 that as well at one of our previous meetings.

21 Okay. So let's -- we have 40 minutes.
22 Let's go on to -- we have public comment. I
23 have a lot of people that have made requests
24 for public comment. Before we do that,
25 however, is any other -- I want to make sure

1 that I give the members of the boards ample
2 time to speak or ask questions about anything
3 or about process. If there's --

4 Yes, sir.

5 **DR. BENSON:** So I read the letter from the
6 ACLU. I don't recall the name of the person
7 who wrote the letter, but it's been brought up
8 in question. I'm a pediatric endocrinologist.
9 I treat kids with estrogen and testosterone in
10 the real world. I've conducted clinical trials
11 and been part of IRB-approved research
12 protocols to actually get a GnRH agonist
13 approved.

14 There were some questions raised in that
15 letter that allude to the fact, well, why can
16 we treat kids with GnRH agonist in one setting,
17 such as precocious puberty but not for gender
18 dysphoria? And I think it's critically
19 important that people understand, we do not
20 have long-term prospective trials in gender
21 dysphoria.

22 If you read the 2019 protocol paper for
23 the trans youth care study, you'll see very
24 clearly in that article by the authors of the
25 trans youth care study that the guidance for

1 this area is very, very poorly defined. And if
2 you read the 2009 and 2017 endocrine practice
3 guidelines, it's very clearly defined as poor
4 quality research. Consensus guidelines, why do
5 we have consensus guidelines? Largely that's
6 because we don't have long-term protective
7 scientific data that establishes safety and
8 efficacy. Physicians and clinicians sitting in
9 a room and using Delphi criteria and other
10 methods to come up with recommendations and
11 guidelines is one thing. But it's not like we
12 have, like, data that we do for statins and
13 cardiovascular disease. We don't have that
14 kind of quality data. But consensus guidelines
15 and physician opinion is amongst this lowest
16 level of research in terms of quality of
17 research. And so we -- I think it's important
18 to understand.

19 Whereas in precocious puberty, we often
20 treat these kids for a couple of years. We
21 know that you got to intervene early in terms
22 of preserving adult height. And, you know, we
23 treat them to prevent an early initiation of
24 menses, et cetera. But we have so much larger
25 body of data and literature. But to say that

1 the experience, for example, with GnRH agonist
2 in gender dysphoria is just the same in the
3 youths, it's just not apples to oranges -- it's
4 an apples, oranges comparison. It's not a
5 legitimate comparison. And so I think it's
6 important people understand that.

7 And then other issues concerning bone
8 development, et cetera, we know that puberty is
9 an important time for bone mineral accrual.
10 Upwards of 20 to 30 percent of your bone mass
11 is achieved during puberty. And so if you're
12 blocking natural puberty for many years, that
13 has long-term potential consequences for bone
14 density. And these are important studies.

15 But worldwide, you know, Sweden, Finland,
16 other countries, they've looked at this,
17 they've looked at the data and they've made
18 conclusions that they have reservations about
19 the quality of the data, the safety of the
20 interventions, and apart R -- controlled
21 trials, we may not get an RCT, but we could at
22 least have a controlled trial. That's what we
23 need because without that, we -- all these
24 studies are subjected to bias and other
25 problems. And so I just think it's important

1 people have that background as they think about
2 this. Thank you.

3 **MR. CHAIR:** Thank you, Dr. Benson.

4 Any of the members of the boards?

5 Okay. Let's move forward then to public
6 comment. We have two members here of the
7 Florida State House of Representatives. And I
8 want to extend them the courtesy of speaking
9 first.

10 The first is Rita Harris, member of the
11 Florida House.

12 Ms. Harris.

13 And I want to limit the public comment to
14 three minutes, although I'll give a little bit
15 more latitude to the members of the House, as
16 pursuant to Board rule.

17 **MS. HARRIS:** Thank you, Mr. Chair.

18 So we talk a lot today about
19 experimentation. And I'd like to point out
20 that there have been decades of experimentation
21 done when care -- gender-affirming care was
22 withheld from children back in the '60s and the
23 '70s. And unfortunately too many adults, some
24 in this room today, have dealt with the effects
25 of that.

1 Also I want to point out, since I'm
2 standing in front of a body of medicine, that
3 the American Academy of Child and Adolescent
4 Psychiatry, the American Academy of
5 Dermatology, the American Academy of Family
6 Physicians, the American Academy of Nursing,
7 the American Academy of Pediatrics, the
8 American Academy of Physician Assistants, the
9 American Academy of Health Association, the
10 American Academy of Nurse Midwives, the
11 American College of Obstetricians and
12 Gynecologists, the American College of
13 Physicians, the American Counseling
14 Association, the American Heart Association,
15 the American Medical Association, the American
16 Medical Student Association, the American Nurse
17 Association, the American Osteopathic
18 Association, the American Psychiatric
19 Association, American Psychological
20 Association, American Public Health
21 Association, American Society of Plastic
22 Surgeons, I think you get the point, all of
23 these groups support gender-affirming care.

24 That's quite a group of people to go
25 against and say you don't agree with them. I'm

1 going to be really frank with you. As a
2 bystander in the audience, I've got to say,
3 that's quite a powerful group. And they've
4 weighed in. And this is what they've said:
5 Gender-affirming care saves lives. And taking
6 that away from children is going to cause
7 possibly suicidal ideation, possibly suicide.
8 It's going to cause families to leave this
9 state in search of looking for a state that
10 will allow them gender-affirming care.

11 And it also has impacts on people who
12 aren't trans. Because I'll be honest with you,
13 I've spoken to a lot of practicing doctors and
14 nurses and they are concerned they're not going
15 to be able to treat their patients. And why
16 stay in a state where they have to wonder if
17 giving somebody care is against the law or not
18 when they can just go somewhere else and
19 practice their medicine. And that impacts us
20 all because we already have a shortage of
21 nurses and doctors in this state. We don't
22 want to exacerbate it.

23 So I am pleading with you, I'm pleading
24 with you as a person, I am pleading with you as
25 a person who represents a good portion of

1 Floridians, none of these people have asked for
2 this. I don't get calls from my constituents
3 asking for this rule change. What I get is
4 concerns about real life issues. And what we
5 want is to let people live, let parents have
6 the choice, and let this be a decision between
7 a child, their parent and their doctor.
8 Preserve their freedom. Thank you.

9 **MR. CHAIR:** Thank you, Representative
10 Harris. I'd like to now call up Anna Eskamani,
11 Florida Representative.

12 Good morning, Ms. Eskamani -- afternoon.

13 **MS. ESKAMANI:** Thank you so much. It's
14 great to see everyone again.

15 My name is Representative Anna V.
16 Eskamani. And before I begin my remarks, I
17 want to just get some clarity. I believe
18 there's at least 20-something people who were
19 unable to come into the room. If their name is
20 called, will there be an effort to ensure those
21 outside can also speak?

22 **MR. CHAIR:** Yes, I have -- I was given a
23 stack of those people as well. Now you see I
24 have quite a thick stack here.

25 **MS. ESKAMANI:** Understood.

1 **MR. CHAIR:** Only three minutes per person,
2 so I'm going to randomly go through this. And
3 I'm sure if anyone knows them out there, hears
4 a name, will have them come in.

5 Can they not hear me out there?

6 **MS. ESKAMANI:** I am unsure of that. But
7 perhaps if you just name three at a time, that
8 can help give folks --

9 **MR. CHAIR:** Sure.

10 **MS. ESKAMANI:** -- time to grab those folks
11 and let security know they can come in.

12 **MR. CHAIR:** Thank you, ma'am.

13 **MS. ESKAMANI:** Awesome. I appreciate it.

14 Well, thank you again so much for this
15 opportunity. My name is Anna V. Eskamani. I'm
16 proud to serve House District 42 in the state
17 legislature which encompasses parts of central
18 Florida. For those that work in Orlando
19 Health, Florida Hospital Advent Health or
20 Nemours, I may very well be your member in the
21 legislature.

22 I first just want to emphasize that I
23 stand before y'all with trans people and trans
24 kids in my district. And so I stand here in
25 honor of them and in identity of their health

1 and wellbeing. It is our job as lawmakers and
2 medical providers that I am standing before to
3 keep Floridians safe and to do no harm. I'm
4 very concerned as I have attended every one of
5 these board meetings, that these proposed rules
6 are going to cause a great deal of harm.

7 This rule-making process has been
8 politically motivated. We are not here because
9 my constituents called me and asked y'all to do
10 this, we're here because of a request from
11 Department of Health, with actions also by
12 AHCA, and most recently Govern DeSantis,
13 requesting data from our universities regarding
14 patient information for gender-affirming
15 students.

16 We should not be making policy based on
17 who can do a fundraising email or what Twitter
18 accounts are out there. And so I do stress
19 that we need to focus on the health and
20 wellbeing of our children, which I hope is a
21 shared interest with all of us.

22 I will add, though, that there are people
23 who have spoken at podiums like this who don't
24 think trans people should exist or do exist.
25 And it's very similar of climate denialism. We

1 know the climate is changing. I'm not going to
2 go to a climate denier to write policy on
3 climate change. And so if you don't think
4 trans people should exist, you should not be
5 writing policy that impact trans people.

6 Providers already have standards in place.
7 The Board must adopt a new standard, as I have
8 stressed before. We have organizations like
9 the Rule Professional Association for
10 Transgender Health, which does have standards
11 of care. These are sensitive topics and very
12 complicated matters that must be dealt with
13 between that family and their medical
14 providers. And I say "providers," because
15 there's many doctors, as y'all know, involved
16 in these very unique situations. And I have to
17 also stress that the evidence presented to us
18 by the state has often been assembled by those
19 that oppose gender-affirming care regardless of
20 if there's research or not, they just don't
21 think gender-affirming care is real. They
22 don't even call it that. They name it
23 something else in effort to sway the public
24 opinion on it.

25 If you really want to keep our kids safe,

1 then we would focus our time on the high
2 suicide rates in this society and in this state
3 which, by the way, as my colleague already
4 mentioned, are considerably higher for LGBTQ+
5 kids who do not feel welcomed, especially when
6 we're taking away their doctors. The notion
7 that we can't even do research, as someone
8 who's getting her Ph.D. at the University of
9 Central Florida, go Knights, is really
10 frustrating. Because, again, one of the
11 feedback we keep hearing from everyone here is
12 you need more research. And so at the very
13 least, let's allow there to be the clinical
14 trials, that we have more research and we can
15 save lives.

16 Please do what's right. Put any politics
17 aside. Let's allow our kids to be kids and
18 access the care that they need and ensure that
19 their family doctors are being able to pursue
20 the health and wellbeing of everyone. Thank
21 you so much.

22 **MR. CHAIR:** Thank you, Representative
23 Eskamani.

24 I'd like to welcome Dr. Tiffany DiPietro
25 here, the Chairman of the Florida Board of

1 Osteopathic Medicine. And may the record
2 reflect her presence. Welcome.

3 **DR. DiPIETRO:** Thank you all for having
4 me. My apologies. I got stuck in really bad
5 turbulent plane weather, so thank you.

6 **MR. CHAIR:** Okay. Next we're going to try
7 to go randomly through this stack here. And so
8 I have -- let me call up -- I'm going to call
9 three people. I think that was a good idea.
10 That way you can get in the queue.

11 First is Arabella Hansley. Then we'll
12 hear from someone named Star. And then LJ
13 Venezuela. And if they're out back, they can
14 come in through the back door.

15 Arabella Hansley. I want to remind people
16 three minutes because I want -- we have a big
17 stack here.

18 **A. HANSLEY:** Hi. So, you know, I quit
19 smoking a few years ago and the horrible
20 anguish I went through withdrawal lasted about
21 two days, three days, then it disappeared. The
22 horrible anguish I have gone through since a
23 kid being gender dysphoric has never gone away.
24 It perpetually beats on you and gnaws away your
25 very existence.

1 My childhood, because of this, was hell.
2 And for the first time I got gender-affirming
3 care, the absolute empowering benefits that
4 were bestowed upon me after starting hormone
5 replacement therapy were utterly magical. I
6 now possess a deep sense of inner peace,
7 wholeness and overall wellbeing that I did not
8 possess before. And I say this in light of the
9 fact that I committed career suicide by doing
10 this and I had to walk away from a lucrative
11 contract with AM Hedge Fund in British Virgin
12 Islands to transition.

13 Starting and going through hormone
14 replacement therapy, and I have not had my
15 surgeries yet, was essentially like someone
16 came and opened up a prison cell door and let
17 me out for the first time in my life after
18 years of suffering with this.

19 I hear -- I heard a couple doctors talk
20 about, you know, lack of research. One of my
21 favorite pieces of research was one conducted
22 in Australia where they analyzed DNA from 308
23 transgender women and found certain versions of
24 12 different genes were significantly
25 overrepresented in those transgender women.

1 And then the research tied into sexual
2 differentiation of the brain.

3 If I were to take that kind of research
4 and look at this from the standpoint of sexual
5 differentiation of the brain and sexual
6 differentiation of the genitals, and take away
7 medicine that caused depression, anxiety, drug
8 abuse, and I have done all of that, I've gone
9 through all of that, I did abuse drugs as a --
10 in my teens because of this, it wasn't because
11 of peer pressure, I just didn't know how to
12 deal with it, and I was this before this had a
13 name. If I were to do that to my child today,
14 I would be arrested. But the state will do it
15 and, you know, nothing would happen, which in
16 my opinion would sovereign induced child abuse.

17 Nonetheless, if -- one thing that is not
18 being talked about largely is the current
19 situation -- transgender youth where if you go
20 through depression, anxiety, drug abuse and
21 whatnot, I mean, y'all are doctors, y'all are
22 going to know from the standpoint of telomeres
23 and the end of your DNA is going to degrade --
24 you're telling me at the end of your DNA and
25 that also has long-term consequences for

1 increased risk of heart disease, diabetes and
2 cancer when you get older.

3 I have done a lot of research on this,
4 especially --

5 **MR. CHAIR:** Thank you for your comments.

6 **A. HANSLEY:** All right. Thank you.

7 **MR. CHAIR:** Thank you.

8 Star?

9 Good morning -- afternoon.

10 **STAR:** Good afternoon. So my name is
11 Star. I'm a college student in one of the
12 Florida universities. And I am here to let you
13 all know that the two rules proposed should be
14 opposed and y'all should not vote in favor of
15 them. The reason being is because gender
16 dysphoria is a real thing impacting trans
17 people every single day, every single minute.
18 Every single second that I use my breath in
19 this space, a trans person is thinking about
20 taking away their life. Trigger warning,
21 suicide. Because of the fact that the health
22 care industry is not in fact protecting them
23 and providing them the access to the services
24 that they need to live a free and liberating
25 life.

1 When we're talking about the rules that
2 the Board is trying to support and trying to
3 put in rule of in the state of Florida is going
4 to put us back centuries. Centuries full of
5 discrimination, transphobia, racism,
6 anti-blackness, and the list goes on and on.
7 When we talk about the fact that there's a lack
8 of research, why is it?

9 Look around y'all. Who do you see? I see
10 a lot of carbon copies of the same identities
11 sitting in these chairs. I do not see a trans
12 person sitting in any of these seats, speaking
13 from a trans experience. And the reason why is
14 because they're being stripped away the right
15 and access to those spaces. They're being
16 stripped away the access and services to in
17 fact get the gender-affirming care that they
18 want to be in spaces so they don't have to see
19 the gender dysphoria or feel as if they are
20 being discriminated because of the fact that
21 they're trying to live their life the way that
22 they should live their life.

23 I remember there was something talking
24 about the research, and I think we must
25 acknowledge that without social, legal and

1 public policy responses to transgender
2 discrimination, marginalization and exclusion,
3 the beneficial outcomes of approved
4 gender-affirming surgery will continue to
5 remain unclear. It will continue to remain
6 unclear because there has to be multiple
7 disciplines. It is not taking only the health
8 care field, it takes also the federal
9 government. It takes economics. It takes
10 policy individuals. It takes all factors and
11 institutions across this state in order to in
12 fact understand the clear outcomes that these
13 gender-affirming surgeries have.

14 But furthermore, I just really want to
15 reinstate this point that -- do not allow the
16 governor, DeSantis, and his overreach and put
17 fear and intimidation into your hearts. And
18 saying that, let kids be kids. The question is
19 if your child was trans, what would you do to
20 protect them? Would you give them the right to
21 the service that they need or would you in fact
22 be transphobic? Thank you.

23 **MR. CHAIR:** Thank you, Star.

24 LJ Venezuela.

25 **LJ VENEZUELA:** Hi. Good afternoon. I'm

1 LJ Venezuela. I'm a high school kid from
2 northeast Florida. I love learning. I'm
3 active in my school's theater program. I
4 journal frequently. I recently got a brand-new
5 job. I like card games and ice cream and I'm
6 so incredibly happy with my life right now.
7 Gender-affirming care is what gave me the means
8 I needed to pursue this life. My hope now is
9 that my generation and those generations after
10 me will have the option to do the same.

11 I realized I was trans when I was in
12 middle school. Puberty started to veer in the
13 wrong direction and it was one of the hardest
14 times of my life. I woke up in a body that was
15 the opposite of who I was. For weeks on end, I
16 would stay in bed. I missed an entire quarter
17 of school. I couldn't bring myself to go out
18 and make friends. And even if I did,
19 interactions were unpredictable because
20 appearing as a gender I was assigned both
21 caused me discomfort and pain and made me
22 acutely aware of how my safety was at stake.

23 So come high school, I started the process
24 toward hormone replacement therapy. This was
25 far from a split-second decision. It was

1 thoughtful and deliberate. I'd been talking
2 with my family about it for years and several
3 doctors were involved in the time leading up to
4 the treatment. I went to therapy for a year.
5 I got diagnosed by two different psychological
6 professionals with gender dysphoria. I was
7 cleared by an endocrinologist. I was screened
8 for a variety of disorders. And my primary
9 care physician is the one who originally
10 listened and referred me to specialists because
11 I needed medicine.

12 And prior to starting, I reflected. I
13 thought about my past and how far I'd come. I
14 thought about why I wanted to do this. I went
15 through every single possibility ever that
16 could ever happen and every time I realized
17 that this was what I needed. And having my
18 needs met in this way for the first time ever
19 was the most beautiful experience I could have
20 asked for.

21 I'm nine months on testosterone now. My
22 doctors are helping me every step of the way
23 just as my friends and family are. And to me,
24 this is my natural progression.

25 I'm a high school kid. I should be able

1 to go through those awkward changes of this age
2 as myself. With this medicine, I'm now
3 focusing more on celebrating myself instead of
4 fighting for my life. I have a special
5 appreciation of my body. I'm socializing more.
6 I'm signing up for more extracurriculars and
7 community involvement. I'm a teenager. And
8 without getting this medicine at my crucial
9 age, my teenage years would have been spent
10 waiting for my life to start.

11 Being trans is a life-long thing. I was
12 like this when I was born. I was like this in
13 middle school. I'm like this now. And I will
14 be like this for the rest of my life.

15 Gender-affirming care just made sure I started
16 the correct puberty at the time necessary for
17 me. And for others, it will make sure their
18 individual needs get properly treated. Thank
19 you.

20 **MR. CHAIR:** Thank you.

21 **DR. DiPIETRO:** Nicole Parker.

22 You know, I'll go ahead and call the other
23 two just so you're ready to go, okay.

24 The next will be Aris Stanton. And I
25 apologize, I don't know if it's -- I think it

1 my doctor eyes. I can't read the handwriting.
2 Ramon Norris.

3 **N. PARKER:** Good afternoon and thank you
4 all so much for allowing us to speak. My name
5 is Nicole Parker. I am the director of
6 transgender equality for Equality Florida, the
7 state's largest civil rights organization
8 dedicated to securing full equality for
9 Florida's LGBTQ+ community.

10 On behalf of Equality Florida and our
11 3,000 -- 300,000 members in Florida, I stand in
12 opposition to this rule and in support of
13 rights of parents to determine in consultation
14 with their medical providers, health care that
15 is best for the interest of their children.

16 Despite what proponents of this rule might
17 assert, transgender people and transgender
18 young people are a part of every community in
19 this state. I would not be alive today if I
20 was not able to access gender-affirming care.
21 Access to health care is a human right. We
22 know the expert standards on gender-affirming
23 care have existed for decades and they are
24 based on the best available science and expert
25 professional consensus. These standards

1 require providers to carefully evaluate each
2 patient and make decisions in the patient's
3 best interest and not blanketly ban this care
4 that we know is life-saving.

5 Gender-affirming care is essential life
6 care -- life-saving health care for transgender
7 people. It looks different for every person.
8 And it is imperative to our ability to live
9 full and authentic lives. The state should not
10 stand in between medical providers who know
11 what's best for their patients, transgender
12 youth and their parents and families. Every
13 human being is different and has a unique set
14 of needs. We urge you to reject this rule.
15 Thank you.

16 **A. STANTON:** Hello. My name is Aris and
17 I'm concerned about the standards of care
18 you've proposed here for transgender youth.
19 When I was a child, I was diagnosed with severe
20 depression. No one I knew, anyone around me,
21 had any clue how to help me so I suffered along
22 through the next four years. Eventually,
23 however, I was taken to a professional
24 therapist where she asked about my future and
25 what I wanted out of life. At the time, I

1 understood perfectly that I could have no
2 future but eventually, throughout that process,
3 I discovered the concept of being transgender
4 and that the first time in my life I was able
5 to imagine a future for myself and that was
6 because I knew I had to be a woman.

7 I returned to my therapist with a renewed
8 vigor. We worked together for months, I think
9 years even just trying to figure out what I had
10 to do and eventually I decided to transition.
11 And that has been the best situation I've ever
12 made. I can have friends now. I wake up every
13 morning and I can leave my bed easily. I'm
14 excited for what the day can hold.

15 I began my medical transition as well. I
16 have hormones that match the gender I am.
17 Since taking these, I've improved my life
18 greatly. I think the best way to describe it
19 is that my mind has stop fighting with itself.
20 Instead of a constant battle, my brain is at a
21 place of peace. I can experience emotions now.
22 The numbness that's consumed me for years is
23 gone. And there's nothing I can do to get back
24 the years of my life that I missed, so I just
25 want the youth of today, get the help that I

1 had before they also miss out on life because
2 they deserve to be happy and comfortable in
3 their body. And no one should have to suffer
4 because of withheld medical support.

5 So I just ask that the Board look past the
6 political pressure and listen to the larger
7 medical community that's begging you to help
8 trans youth. Thank you.

9 **R. NORRIS:** Good afternoon. My name is
10 Ramon Norris. My pronouns are she and they. I
11 am a licensed marriage and family therapist,
12 licensed mental health counselor, certified
13 clinical trauma professional, and certified DBT
14 provider. I am also -- I have been practicing
15 in the state of Florida for five years. I'm a
16 member of the World Professional Association
17 for Transgender Health in good standing.

18 My written statement's already here, so
19 you can read deeper into it if you want to but
20 I wanted to talk about the American Medical
21 Association Code of Medical Ethics. Principle
22 one says a physician shall be dedicated to
23 providing competent medical care with
24 compassion and respect for human dignity and
25 rights. Number five says that a physician

1 shall continue to study, apply, and advance
2 scientific knowledge, maintain a commitment to
3 medical education, make relevant information
4 available to patients, colleagues and the
5 public, and obtain consultation and use the
6 talents of other health professionals when
7 indicated.

8 We already have to do that. We're
9 supposed to be applying -- I'm sorry. Gender
10 dysphoria is a diagnosis of clinical distress.
11 Clinical distress. We as providers have to
12 actually treat clinical distress. That is our
13 legal and ethical calling.

14 There are international standards for the
15 treatment of transgender children and
16 adolescents and adults. I'm not qualified to
17 treat children. I didn't study treating
18 children. I wouldn't attempt to treat
19 children. That is already something that we
20 have to take into consideration. There is no
21 reason to sit here and say, well, you know,
22 some people know how and some people don't and
23 that's a danger to the children. We -- this is
24 our medical standards.

25 It is not ethical to say that we cannot

1 treat clinical distress. It is an
2 internationally recognized diagnosis. We have
3 to be able to treat it with evidence-based
4 practices. I urge you to oppose this rule.
5 Thank you.

6 **MR. CHAIR:** The next three will be Lisa
7 Odina, then January Littlejon, and M. Roy.

8 Ms. Odina.

9 **L. ODINA:** Thank you for having me today.
10 I've been to a few of these board meetings as
11 well regarding the transgender care. What
12 amazes me is the general lack of engaging with
13 long-term studies, all medical major
14 associations standards of care, and instead
15 finding anti-trans handpicked spokespeople to
16 document as your source of knowledge and
17 expertise on care.

18 Now I know other people have come up here
19 recently have spoke about the same thing. When
20 we speak of overwhelming documentation, we mean
21 international studies. We don't mean a new
22 Dutch study. We don't mean a new Swedish study
23 that hasn't had the opportunity to be continued
24 to research even further. We are speaking of
25 the overwhelming international suggestion --

1 not suggestion, but rules that have been made
2 for transgender care. And that is what we're
3 missing here.

4 So there is a stunning number of studies
5 that's have been dismissed by this board. I'm
6 not entirely sure why. As are we not looking
7 for the best possible results and medical care
8 for our children and adults? Is the reasoning
9 that this does not exist? Is it all a farce
10 and a misunderstanding? I was saying that
11 doctors currently treating children for gender
12 dysphorsia -- sorry -- dysphoria are trying to
13 do them harm. I can see no other reason
14 besides bigotry, hate and lack of respect for
15 life. When gender-affirming care has proven to
16 save lives and without it, many lives will
17 cease to exist.

18 And, again, this was also talked about,
19 1966, the right to health care was recognized
20 as a human right. Yet this board wants to take
21 this health care away. Freedom from slavery.
22 Enslaving them to adhere to your social norms
23 in a body that does not fit who they are. And
24 torture. To not recognize and treat a
25 transgender child is torture. Freedom of

1 opinion. Opinion to know who they are. And
2 expression. Expression to be who they are.

3 To read about other trans -- oh, I'm
4 sorry. The right to work in education.
5 Education. To be allowed to learn and read
6 about other transgender people. That is also
7 being taken away from them. Not by this board,
8 but by this government.

9 The constant discrimination by anti
10 groups, on decisions from, like, boards who
11 someone is adults, age of 18. In most states,
12 emancipation as early as 16 have the rights to
13 personal autonomy. I ask this board, you want
14 to take this care away. I've heard this board
15 talk about going up to 25 years old. I've
16 heard this board talk about registries. Again,
17 this board has taken information and limited
18 information and not gone ahead and gone with
19 the overwhelming studies initiative.

20 There are the studies out there, 20-year
21 studies, on children who have received
22 blockers. And the fact that once they get past
23 this and into taking the hormonal balance, then
24 the concern about bone density goes away. A
25 lot of the things --

1 **MR. CHAIR:** Thank you. Thank you very
2 much.

3 **L. ODINA:** -- are not true.

4 **MR. CHAIR:** Thank you.

5 Next is January Littlejon.

6 **J. LITTLEJON:** My name is January
7 Littlejon and I am here today to ask that you
8 add Jamie Reed's sworn affidavit from the
9 Missouri attorney general to the public record
10 and consider this new information in your
11 decision making.

12 Jamie Reed is a whistleblower who worked
13 at a pediatric gender clinic at the St. Louis
14 Children's Hospital for four years and is now
15 coming forward with the horrible truths of what
16 is occurring to minor patients under their
17 care. I have two copies of her sworn affidavit
18 and one copy of her article that was just
19 published yesterday for the public record.

20 I would also like to encourage you to
21 please investigate the pediatric gender clinics
22 in Florida. I can assure you the medical harm
23 that Ms. Reed describes is not just happening
24 at the gender clinic in Missouri. When a child
25 is in distress or ill for any reason, parents

1 trust doctors to give them all treatment
2 options available and to ensure that these
3 treatment options are ethical and
4 evidence-based.

5 I have spoken to many parents across
6 Florida and this is not what's occurring. And
7 let me remind you all, we are talking about
8 children whose brains are not fully developed.
9 Not adults.

10 Parents are not being told about the
11 treatment option of watchful waiting, and that
12 if they do not socially or medically transition
13 their child, there is a high probability that
14 their child will resolve their distress on
15 their own or with therapy by early adulthood.
16 They are not told that other countries are now
17 recommending psychotherapy as the first line of
18 defense in place of medical interventions to
19 help the child work through co-occurring mental
20 health issues which the majority of these
21 adolescents do have.

22 What parents are being told by doctors and
23 sometimes in front of their child is that
24 affirmation and medicalization is their only
25 treatment option available to avoid the

1 impending suicide of their child. Suicide is
2 sold to parents as if it is a guaranteed
3 outcome versus a risk factor. I am a licensed
4 mental health counselor. There are ethical
5 ways of treating suicidal ideation, and making
6 irreversible changes to children's bodies
7 through experimental puberty blockers, cross
8 sex hormones and surgeries sometimes resulting
9 in mutilation is not one of them.

10 Our 13-year-old daughter became confused
11 about her sex in 2020 shortly after three of
12 her friends suddenly identified as transgender.
13 We did not socially or medical transition her.
14 Instead, we worked with a licensed counselor on
15 her co-occurring issues that included low
16 self-esteem and anxiety. We followed the path
17 from -- of watchful waiting and our daughter
18 has desisted.

19 I think the majority of parents would
20 choose this less invasive treatment option that
21 would not result in their child's sterilization
22 and becoming a life-long patient if given this
23 option. Children do not have the cognitive
24 maturity to understand these treatment options
25 and how they will be impacted in 10, 20 and 30

1 years. These interventions are based entirely
2 on a child's self ID and we have no medical
3 tests to determine --

4 **MR. CHAIR:** Thank you.

5 **J. LITTLEJON:** -- which child will persist
6 and which will desist. Thank you.

7 **MR. CHAIR:** Thank you.

8 **M. ROY:** Hello. I'm also a mom. My name
9 is Ema Roy. I believe my child is -- both my
10 children are children, human beings in their
11 own right. I do not believe that I own them.
12 They have their own autonomy.

13 And as far as clinical studies is
14 concerned, transgender children grow up to be
15 transgender adults. A 2022 peer-reviewed study
16 showed that more than 97 percent of young
17 people who identified as transgender as
18 children still identified as transgender after
19 five years of social transition. You don't
20 think 97 percent is enough? I mean, I would
21 consider that -- I don't even know why we're
22 here.

23 Anyway, thank you for having me here.

24 **MR. CHAIR:** Thank you.

25 **M. ROY:** -- all of these meetings, by the

1 way, and I'm frankly shocked. I'm here for all
2 the mama bears out there actually. And your
3 laws are what's causing irreversible harm. The
4 state is not welcomed in my child's
5 endocrinology appointment or visit or writing
6 their scripts. There -- this is a major
7 infringement to my parental rights. You are
8 parenting other citizen's children.

9 The state is already in my kid's classes,
10 their classroom libraries, and now crossing
11 into universities. Stay in your lane. You
12 don't protect the children by removing health
13 care from those same children. Those are easy
14 to pick on being a vulnerable group craving
15 nothing more than acceptance and space in the
16 world. Do the right thing. Reverse the whole
17 thing.

18 **MR. CHAIR:** Thank you.

19 **DR. DiPIETRO:** Okay. The next three:
20 Sebastian Cook, Nathan Peters, and Javier
21 Gomez.

22 **S. COOK:** Good afternoon. My name is
23 Sebastian Cook. And today I am speaking in
24 opposition on the ban on gender-affirming
25 health care for trans youth. I came out as

1 trans almost two years ago but I knew that I
2 was trans way longer than that even if I didn't
3 have the words for it.

4 Growing up in a religious and fairly
5 conservative household, I didn't have the
6 opportunity to receive gender-affirming care
7 until I turned 18. And because of that, I
8 attempted suicide three times. Three times I
9 tried to kill myself because I could not stand
10 living in this body that I was born in. And I
11 did not have the resources to help me.

12 Okay. I was hospitalized twice and I
13 struggled to live beyond my crippling gender
14 dysphoria. Gender-affirming health care saved
15 my life. Okay. Genuinely, it saved my life.
16 And if you take that away from -- from the
17 youth, okay, you're gonna have blood on your
18 hands. And it's -- that's just the fact
19 because this -- this gender-affirming care that
20 you -- you're trying to strip from these
21 children, this care is what is saving our lives
22 and we need this to survive. If you want to
23 see trans children grow up to be adults, then
24 you need to let them have access to the care
25 that's going to keep them alive because that's

1 all that we want is to just live. So please do
2 what's right. Thank you.

3 **N. PETERS:** Hi. My name is Nathan Peters.
4 I live in Orlando, Florida. I want to start by
5 thanking the Boards for taking the time to hear
6 the thoughts of the public regarding such an
7 important matter, such as gender-affirming
8 care.

9 Two years ago, I moved down here from
10 Washington State from an internship and have
11 stayed to become a Florida resident because of
12 the connections I've made and the community I
13 fostered for myself. Just like you, I am a
14 person, a person with feelings, with thoughts,
15 with friends and a family. I love to stay up
16 way too late and visit the theme parks, just
17 like any of most Orlando folks. Like I said, I
18 am a human.

19 More specifically, I am a trans man. And
20 for some reason, that one detail of being
21 transgender creates large barriers in my life.
22 I've been called slurs, hate crimes in
23 bathrooms, bullied in the workplace and more
24 just for simply existing in this state, the
25 Sunshine State. Through all of this hate I've

1 received, gender-affirming care has been the
2 rock for me. It has been life-saving and
3 drastically improved my quality of life. Yes,
4 I am 25. Yes, that means I am an adult and
5 this bill is in regards to trans youth, but
6 that does not mean that this care is any less
7 life-saving for a child than it is for me.

8 A 2021 national survey on LGBTQ youth
9 mental health conducted by the Trevor Project
10 reported that 52 percent of transgender and
11 non-binary youth seriously considered suicide
12 in the past year. And 20 percent attempted
13 suicide in that past year. For cisgender youth
14 whose personal and gender identity correspond
15 with their sex assigned at birth, among that
16 group, those numbers were 32 percent and
17 10 percent respectively. Do these numbers not
18 concern the Boards?

19 This bill is serious. Lives are at stake.
20 Children's lives are at stake. Let's leave
21 these important medical decisions to a patient
22 and potentially their parents and their doctor.

23 I conclude my point in two parts. I am
24 asking and honestly begging that the Board of
25 Medicine and the Board of Osteopathic Medicine

1 not be a trans kid's first bully. Don't have
2 blood of trans children on your hands.

3 And second, to any trans kids listening
4 right now or in the future, know you are not
5 alone. There are people who see you, who hear
6 you, who will fight for you. You are beautiful
7 and your life is valuable. Do not let anyone
8 invalidate your identity, not the government,
9 not society, not these Boards. Do not let the
10 world dull your sparkle because you matter.
11 Thank you.

12 **MR. CHAIR:** Thank you.

13 **J. GOMEZ:** Hello. Hi. Life, liberty and
14 the pursuit of happiness, Thomas Jefferson
15 proclaimed in the Declaration of Independence.
16 The pursuit of happiness is our unalienable
17 right as an American citizen. But why does
18 that stop at transgender youth? We scream from
19 the top of our lungs that trans life matter.
20 That trans youth matter. Not because we love
21 repeating these messages, but we -- because we
22 believe and we stand by it.

23 I'd like to point out something, in
24 September, Dr. Coffman, you said, I never had
25 any discussions with parents regarding their

1 children's identity until the past two to three
2 years. Coffman wrote, the explosion of gender
3 dysphoria came out of nowhere and is very much
4 a socially-driven issue. I know that some
5 children truly struggle with gender dysphoria,
6 but for most of it, it is transitory.

7 Gender dysphoria did not come out of
8 nowhere. Like Mayor Shelly once said, a fatal
9 prejudice clouds your eyes. Unfortunately your
10 ignorance did not see that. You're net -- anti
11 trans rhetoric and truly unprofessionalism
12 backed by political ambition will have
13 repercussions. You're not protecting children,
14 you're killing them.

15 When youth don't have security in their
16 identity, it becomes life-threatening.
17 Adopting new standards only creates potential
18 repercussions for trans youth, which I will
19 reiterate, they're still youth. Youth deserve
20 adequate treatment, medically-researched
21 treatment that affirms their right to
22 authenticity and wholesomeness. You're
23 selecting your position not to align with
24 political vengeance or ambitions, but to pursue
25 professional judgment on public health matters.

1 Treatment has been medically researched
2 for years with national leading medical
3 organizations prominently stating that these
4 medical decisions should be between a medical
5 provider, the trans youth and their parent.
6 Not a politician, not the state, and not Ron
7 DeSantis. I believe that there's good in
8 everyone and I believe that you can help those
9 youth receive that necessary and affirming
10 health care they don't just need but deserve.
11 Do you want to be a part of the dissemination
12 of misinformation that is jeopardizing the
13 lives of trans Floridians? Or do you want to
14 be part of the good that can potentially save a
15 child's life? The choice is yours. Thank you.

16 **MR. CHAIR:** Thank you.

17 The next three are Arabella Hansley, Jake
18 L., and Billy Ronka.

19 Arabella Hansley?

20 **A. HANSLEY:** I already spoke.

21 **MR. CHAIR:** Okay. I had two for you, I
22 guess.

23 Jake L.?

24 **JAKE L.:** Hello. Thank you for having us.
25 I just graduated with a degree in astrophysics.

1 And if there's one thing I've taken away from
2 my schooling and research background, it is to
3 use factual data. The articles provided in the
4 meeting agenda have a plethora of proven
5 discredited information. I greatly urge
6 everyone to research the responses from the
7 American Medical Association, the American
8 Academy of Pediatrics, the Endocrine Society
9 and many more so that you can see for yourself
10 what the largest medical associations have said
11 about this Florida Board of Medicine and the
12 harm that will come from their desired outcome.

13 This Florida Board of Medicine is working
14 towards restricting life-saving,
15 gender-affirming health care to transgender
16 youth thus the Board of Medicine is setting up
17 youth for severe depression, the youth taking
18 their own life since not having access to
19 gender health care.

20 The current standard of care and clinical
21 guidelines for gender-affirming health care as
22 developed by the American Medical Association,
23 the World Professional Association for
24 Transgender Health and the Endocrine Society
25 are evidence-based, thoroughly researched and

1 widely accepted as the gold standard for the
2 care of youth with gender dysphoria.

3 Overwriting this established standard of care
4 severs necessary treatment for trans youth and
5 sets them up for physical and mental harm.

6 It is factual that if you -- if
7 gender-affirming health care is restricted,
8 then this will lead to severe depression,
9 anxiety and suicide for trans youth. Coming
10 from a person who was not able to have access
11 to hormone blockers, I almost killed myself.
12 And I had to undergo surgeries I would not have
13 needed if I had access to hormone blockers and
14 hormones.

15 Hormone blockers are life-saving options
16 for trans youth since they put a pause on
17 puberty. Puberty blockers are also reversible
18 if one decides not to proceed with hormones.
19 I'd also like to mention that the rate of
20 detransitioners is less than 1 percent. The
21 Florida Board of Medicine is ignoring the large
22 consensus of the mainstream medical community
23 and the countless medical peer-reviewed
24 literature and scientific data from medical
25 experts that have been proven to help

1 transgender people. If you enact a new
2 standard of care against trans youth, then you
3 are forcing medical physicians to go against
4 their medical oath to do no harm. If you do
5 not allow trans youth to receive gender --
6 life-saving, gender-affirming health care, you
7 will be at the hands of trans youth committing
8 suicide, having severe depression, being
9 bullied and life-long trauma. You will be held
10 accountable and you will keep seeing us.

11 The existence and medical needs of the
12 LGBT community should not be political nor up
13 for debate. We will fight like lives depend on
14 it because it does. Thank you.

15 **MR. CHAIR:** Thank you.

16 Billy Ronka.

17 **B. RONKA:** Hi. In the 2022 study entitled
18 Mental Health Outcomes in transgender and
19 nonbinary youths receiving gender-affirming
20 care, researchers found that gender expansive
21 young people receiving HRT and hormone blockers
22 were 60 percent less likely to experience
23 moderate to severe depression and 73 percent
24 less likely to feel suicidal.

25 A wealth of other studies such as one

1 conducted by Turban and his colleagues with the
2 help of 27,000 trans adults confirmed this
3 outcome, along with lowered risk of addiction
4 issues. And then, of course, we know that
5 medical providers and institutions
6 overwhelmingly support care for trans youth and
7 have condemned this recommendation as
8 uninformed and dangerous.

9 The studies and statements and letters go
10 on and on as is evidenced by the earlier
11 comments by my peers. But I know that you are
12 well aware of what they say, you just don't
13 care.

14 At some point you allowed the fear of that
15 which you don't understand to undermine your
16 duty to your people, your profession and your
17 oath. Today you seek to move forward codifying
18 targeted oppression of our fellow countrymen
19 and restricting our access to life-saving
20 medical care. Though banning tran health care
21 doesn't make fewer trans people, it just makes
22 more of us dead. But again, you don't care, do
23 you? You don't care about dead kids if they
24 don't look just like you, do you? And you're
25 gonna pass this forward today, aren't you?

1 It is for this reason that I want to use
2 the remainder of my time to make a personal
3 promise to each and every one of you. We will
4 persist. We will heal each other. We will
5 organize. We will agitate. We will rise up
6 against you at every turn until you put every
7 last one of us in the ground, and even after.
8 Because trans existence and resistance is an
9 inheritance we have been passing hand over hand
10 and body over body throughout history outliving
11 every attempt to erase us by people like you.
12 Transness is sacred. Trans kids are sacred.
13 And we will not be erased. I hope that your
14 conscience finds no rest.

15 **UNIDENTIFIED SPEAKER:** Can we take a
16 break?

17 **MR. CHAIR:** Let's take a ten-minute break.
18 (Recess.)

19 **MR. CHAIR:** -- speak today. We have a
20 limited amount of time. So the longer we mill
21 about, the less time for speakers.

22 **DR. DiPIETRO:** Okay. Our next three
23 speakers will be Jacob Elaser, Lane Alvarez,
24 and Jacob Wiley.

25 **J. ELASER:** Good afternoon. My name is

1 Dr. Jacob Elaser. I'm a licensed psychologist.
2 I'm also a veteran and a Floridian. Was
3 actually born down at Tallahassee Memorial.

4 You know, folks have talked a lot today
5 about medical evidence. I think it's very
6 clear we've got a situation of false
7 equivalence and overall dismissal of the
8 recommendations that are being made by our
9 national and international bodies. So I'm not
10 going to speak to that. I first want to talk
11 about the role of psychologists in
12 evidence-based medicine for transgender youth.

13 Now we had a comment, I think it was
14 actually by Dr. Vila earlier saying it's not
15 that we don't want these children to be
16 treated, it's that we don't want them to be
17 treated with these medications. And for me,
18 that makes me a little bit curious about what
19 actual treatments are the alternative. I think
20 for folks -- for transgender youth who have
21 been assessed and it's been determined that
22 these medications are medically necessary, as a
23 psychologist, it leaves my hands very tied in
24 terms of how I can contribute to
25 interdisciplinary case for transgender

1 patients.

2 Now there are no evidence-based
3 psychological treatments for gender dysphoria.
4 We can assess, we can assist in differential
5 diagnosis, we can make sure that co-occurring
6 mental health conditions are treated. But in
7 terms of actually treating the gender dysphoria
8 that the child is suffering, there are no
9 evidence-based treatments. And so that makes
10 me wonder is the implication that the treatment
11 should be a sexual orientation or gender
12 identity change efforts, which we know the --
13 effects of those treatments are incredibly
14 harmful. They increase suicide, they increase
15 mental health condition -- increase the
16 incidents of mental health conditions.

17 I'm sick of cleaning up the mess.

18 Now I'm also the director of advocacy for
19 SPARTA, which is a national association of
20 transgender service members and veterans and
21 their families. Now when we saw similar
22 policies implemented in Texas, we had service
23 members who were having to file for
24 compassionate reassignment here in the United
25 States because they could not -- their children

1 could not access the care that they needed in
2 the state where they were assigned. Our
3 military families deserve better. We know that
4 when we institute policies, when we have
5 situations where our family readiness is not
6 being effectively attended to, that has an
7 effect not just on those families, but it has
8 an overall effect on our military veterans.
9 It's unacceptable.

10 Last thing I wanted to speak about is
11 regret. Now I'm a licensed psychologist but
12 I'm also a transgender man myself. And let me
13 tell you, when it comes to regret, we've heard
14 that the Board has heard from folks who regret
15 their decisions to move forward in transition.
16 I regret that I didn't have access to these
17 treatments when I was a kid. If I did not
18 have -- if I had had access to puberty
19 blockers, if I had had access to
20 gender-affirming hormone therapy when I was a
21 child growing up, I wouldn't have had to have
22 bilateral mastectomy.

23 **DR. DiPIETRO:** Thank you, Doctor.

24 **L. ALVAREZ:** Good afternoon. My name is
25 Lane Alvarez. My pronouns are they, them.

1 I'm standing here before you today like so
2 many of us to urge you to reject these rules.
3 You know, we all keep telling you that you are
4 in the minority. There's so many care
5 providers, doctors, organizations, you know, I
6 just have a couple written down, the American
7 Academy of Pediatrics and the American Medical
8 Association, but you've heard of many more
9 today. And it's clear that gender-affirming
10 care is safe, effective and life-saving. Okay.
11 Denying it is dangerous. Denying it increases
12 depression, and suicide risks.

13 Really, though, we know that these rules
14 are more ideological than anything. And we
15 know that because those very same medicines, if
16 they were not considered safe for transgender
17 children, they wouldn't be considered safe for
18 anybody. If cis people and inner sex people
19 can get this care, I see no reason why
20 transgender people cannot. The concern is not
21 safety nor science. It's just government
22 overreach.

23 All people, including transgender people,
24 should be able to make their own personal
25 medical decisions. So I really urge you to

1 reject proposed policies like these. They are
2 not grounded in science nor research. And
3 they're just based on prejudice and political
4 agenda. Thank you.

5 **DR. DiPIETRO:** Jacob Wiley.

6 **W. LARKINS:** Jacob had to go to work but I
7 do have his speech written out and was asked to
8 speak it on behalf of him.

9 **MR. CHAIR:** Go ahead.

10 **W. LARKINS:** Okay. Cool.

11 My name is Will Larkins, but I'm speaking
12 on behalf of Jacob Wiley.

13 Hello, Board members. My name is Jacob
14 Wiley. My pronouns are he, him. I'm an 18
15 year -- I'm 18 years old and I'm here today to
16 ask you not to deny Florida's youth from
17 life-saving, gender-affirming care. Without
18 this life-saving treatment, I would not be
19 standing in front of you today. I discovered I
20 was transgender in fifth grade. I was bullied
21 every single day. I was a boy trapped in the
22 body of a girl, so I was bullied because I
23 acted like a boy, had short hair, my demeanor
24 and my self cloths were of a boy but I looked
25 like a girl. My classmates all disliked me and

1 made fun of me from sixth to eighth grade.

2 My family moved to Gainesville that -- the
3 summer before my freshman year. I started
4 going by Jacob at school for the first time and
5 the bullying only got worse. My classmates
6 knew that I hadn't been through XY chromosome
7 puberty, therefore I was not a real boy to
8 them. I couldn't be a boy socially without
9 medical treatment. This caused me to be
10 suicidal. I needed testosterone if I wanted to
11 live so I started hormone treatment this year.

12 By junior year, after testosterone, I
13 began to feel like a normal teenage boy. The
14 changes I'd experienced from testosterone were
15 those of a -- of cisgender boys in my grade,
16 facial hair, deeper voice and body shape. I
17 finally felt confident enough to talk to people
18 and make friends, friends who knew me for me.
19 I began to speak my truth, living my truth, and
20 had access to medical care that brought my body
21 into alignment with my gender identity.

22 I'm a senior now. And the Board of
23 Medicine is trying to take away medical care
24 that saves -- saved my life every single day
25 and from every single kid like me in Florida.

1 There are kids who hate the body that they're
2 forced to live in so much that 42 percent of
3 cases, they want to take their own life. One
4 in five transgender attempted suicide last
5 year. And this is all part of, one,
6 transphobia. And, two, not having access to
7 gender-affirming care.

8 For my entire life, I've wanted to be a
9 normal guy. I finally feel like a normal guy.
10 But only after several years of
11 gender-affirming medical care. Why do you want
12 to take away the option for thousands of
13 transgender youth to feel like they fit in and
14 belong somewhere? I stand before you today and
15 ask you not to deny Florida's youth access to
16 gender-affirming care.

17 You must leave decision making up to
18 one -- one's own care up to patients, their
19 parents, and their doctors. Thank you on
20 behalf of Jacob Wiley who is doing the great
21 work of working at Publix for all of us. Thank
22 you, Jacob Wiley.

23 **MR. CHAIR:** Thank Jacob for us, too.

24 We have Bill Snyder, Robert Marant and
25 Andrea Montenez.

1 I want to point out, we're going to go
2 till about 4 o'clock, so another hour or so,
3 because that will allow the Boards enough time
4 to deliberate and to kind of process everything
5 we've heard today.

6 Mr. Snyder.

7 **B. SNYDER:** Thank you. Bill Snyder.

8 I want to address a disease that has
9 infected society today called modernism.
10 Modernism is a disease that says the way things
11 are today is the way they have always been.
12 That is false. That is not true.

13 When the founders created our nation with
14 the unanimous Declaration of Independence, they
15 stated there is a divine creator and he gave us
16 the laws of nature and nature's God. Note
17 there's not an explanatory paragraph in the
18 Declaration of Independence to define what they
19 meant by the laws of nature and nature's God
20 because at that time, every person knew exactly
21 what that meant. Unfortunately, today, most
22 people have no idea what is meant by the laws
23 of nature and nature's God.

24 If we want to preserve freedom for future
25 generations, we need to get back to the

1 foundational principles that made this country
2 the greatest, strongest, most prosperous, most
3 stable nation in the history of the world.

4 Let me address the standard of practice
5 for the treatment of gender dysphoria in
6 minors. I'm opposed to children being
7 manipulated and mutilated when they are
8 children. Gender dysphoria in minor children
9 is complicated and requires competent
10 counseling based on truth. The consequences of
11 permanent changes by drugs and surgeries on
12 minor children results in life-long effects
13 that are morally appalling. Sterilization of
14 minor children is horrific child abuse.

15 Today --

16 **MR. CHAIR:** Please don't speak out.
17 Please show the same respect for the speakers.
18 If they don't agree with your opinion, both --
19 it cuts both ways. So please show so decorum
20 and let the man speak. Thank you.

21 **B. SNYDER:** Today's cultural wars and our
22 modern day media influence are grooming our
23 precious minor children towards money-making
24 empires of pediatric gender clinic that destroy
25 individuals, families and relationships. The

1 adult indoctrination of minor children without
2 parental knowledge or consent is despicable.
3 Giving minor children puberty-blocking drugs
4 and cutting off health body parts is inhumane
5 child abuse. Please adopt this rule. Thank
6 you.

7 **MR. CHAIR:** Thank you, Mr. Snyder.

8 Mr. Marant.

9 **R. MARANT:** Hello. My name is Robert
10 Marant. I want to thank the Board for their
11 public service.

12 **MR. CHAIR:** Please speak into the
13 microphone, Mr. Marant. Thank you.

14 **R. MARANT:** Is this better?

15 Historically, gender dysphoria was very
16 rare, affecting less than one in 10,000
17 children, mostly boys, and usually identified
18 at preschool age. Over 70 percent of these
19 cases typically resolved themselves over time.
20 Now according to the CDC, nearly 2 percent of
21 high school students identify as transgender.
22 The number of cases has exploded. To put this
23 into perspective, for a high school of 3500
24 students, the typical number of transgender
25 students has gone from about zero to over 60.

1 And most of these new cases are girls and they
2 identify much later in life, usually around
3 middle school or high school age. What once
4 was a rare condition has now become a
5 psychological pandemic afflicting our youth.

6 For most challenges, we teach our children
7 that they are beautiful just as they are, and
8 with love, support, patience and counseling,
9 together we can overcome their challenges.

10 Then we work to identify and address the
11 underlying causes of their issues. But for
12 gender dysphoria, for some reason, we do the
13 opposite. We affirm their feeling that they
14 were born in the wrong body and then we set out
15 to modify their perfectly healthy body to match
16 that feeling.

17 The human brain isn't fully developed
18 until age 25. We don't even think they're
19 mature enough to buy a beer until they're 21.
20 But we're willing to modify the bodies of these
21 young people with puberty blockers and powerful
22 hormone treatments. And in some cases, we even
23 remove healthy body parts, all in an attempt to
24 make them feel comfortable with their bodies.

25 The great tragedy is that these kids'

1 feelings can and often do change as they
2 mature. But the consequences of these
3 procedures lasts forever. We wouldn't think of
4 prescribing diet pills or performing gastric
5 bypass surgery on an anorexic because she
6 sincerely believes that she is obese. It would
7 be medical malpractice. It would be child
8 abuse. Yet we do the equivalent for children
9 suffering with gender dysphoria.

10 I believe these treatments on minors are
11 reckless and irresponsible and they need to
12 stop. And I believe this Board has both the
13 authority and the obligation to stop them. I
14 implore you to protect our children by banning
15 these harmful procedures.

16 Lastly, a population that doesn't seem to
17 have much voice are the folks trying to go
18 through detransition. They deserve our love,
19 attention and care as well. So if the Board
20 has not already done so, I would ask that you
21 establish rules to help treat these young
22 people as well. Thank you.

23 **MR. CHAIR:** Thank you, sir.

24 Andrea Montenez.

25 **A. MONTENEZ:** Good afternoon. Thank you.

1 My name's Andrea Montenez. My pronouns are --
2 I'm a proud immigrant. I'm from Columbia. I
3 also -- I live in Florida for 35 year, that's
4 made me a Florida resident. I also -- woman,
5 plus I'm human like all of you. I am here
6 again because I come to all these and think
7 this is the first time they let us to talk,
8 that's good. I hope somebody listen to us
9 today. We're still doing and we're going to be
10 here forever.

11 I start transition a long time ago. I
12 mean, here. Always I've been me. But when I
13 was younger, I no have these opportunities to
14 this medicine. Actually I was working here in
15 United States when I came here as a federal
16 officer. I was part of the TSA as a supervisor
17 when I start my transition. I cannot do it in
18 Columbia because was -- and we don't know a lot
19 about -- but when I start my transition, when I
20 go to first time to my doctor, they don't
21 get -- because I knock the door. They send me
22 to do a mental health, too many different --
23 every kind of blood test to be sure I'm
24 healthy. And every three month, they check me
25 to be sure I'm okay. So is the same for the

1 kids. I hope. So we have opportunity when I
2 was youngest one and have better life.

3 But now I'm a happy person. It's really
4 saved me. The kids, I think so, the problem is
5 not here, the medicine because it's proved it's
6 working. This is because we had politicized
7 this thing. Now here we are done being a
8 weapon from the governor to be a, I don't know,
9 president and -- be doctors, check everything
10 happen here, listen to kids.

11 I also think in the -- because I don't
12 know you see a transgender kid, this younger
13 one, they are magic. And people are scared
14 when we are magic. The indigenous people have
15 the magic person, a transgender person that --
16 so it's all I can tell you, this -- please,
17 this is life, this is a special people. Look
18 in them. It's a special humans. It's no easy
19 to be this because every day we wake up, people
20 try to disappear us. People try to kill us.
21 But we wouldn't be here. We no go nowhere.

22 The last thing I want to say from this
23 particular for the state of Florida, the
24 Governor in particular, we don't need your
25 permission to exist. Thank you.

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MR. CHAIR: Thank you.

DR. DiPIETRO: Then we'll have Jeremy Rodriguez, Anna Coldis and Kurt Hobson Garcia.

J. RODRIGUEZ: Set up. Sorry about that.

So my name is Jeremy Armondo Rodriguez. I am a proud non-binary individual here to support trans youth and the need for gender-affirming care.

It's come -- it's come to my attention that the Board of Medicine and Florida's government continues to push to get rid of gender-affirming care despite medical research and the support that the form of health care shows overwhelmingly that the data shows that gender-affirming care for trans youth decreases depression, anxiety and saves lives. Why? Because gender-affirming care is life-saving care. Gender-affirming care is life-saving care.

The nation's leading health and medical organizations, like the American Medical Associations and many more that other people have continued have said knows and supports this data. Florida's Board of Medicine over here has been criticized over from many health

1 organizations and Ivy League schools for
2 cherrypicking their own research and data
3 that's not even credentialed to be analyzed?
4 This is undergrad level stuff. It's insulting.

5 My education degree is in health science.
6 And when I look over this and I see this and
7 you guys are partially in charge of hiring who
8 gets over to study these fields, I'm concerned.
9 Many of us are concerned in the field of
10 medicine. You are a disgrace to the medical
11 community and I expect better. That is all.

12 **A. COLDIS:** Hi, everyone. I feel like I
13 won the lottery when I heard my name. So thank
14 you.

15 First of all, to the members of the Board,
16 I just wanted to say thank you for your service
17 to the residents of Florida, especially your
18 work to take to task those who are not safe and
19 compliant in their medical practices. I've
20 learned a lot over these last few meetings,
21 especially the real full agenda ones. Thank
22 you for looking out for us in many aspects like
23 that. Because I serve on several nonprofit
24 boards, I'm quite familiar that they can be
25 very thankless jobs, so I do want to thank you

1 for that.

2 The next thing I want to say is that I
3 suspect that with your years of study and
4 practice, you are very well versed and very
5 well equipped in researching to form your own
6 opinion so that you can do what is right. I
7 liken the topic of today's meeting to -- well,
8 I'm going to give just maybe two examples here.
9 What happened centuries ago when our medical
10 community had to convince everyone that washing
11 hands actually helped slow the spread of
12 disease. And there was a lot of pushback.
13 There's all kind of -- I love history, so
14 there's all kinds of history on that. And then
15 even last generation when Dr. Marshall, of
16 course, the guy who drank the H. pylori
17 substance to finally prove to the world that
18 that's what caused gastritis. You know, he won
19 the Nobel Prize and all that stuff, treated
20 with antibiotics. So I kind of feel like
21 that's where we are right now.

22 And I'm asking you to do the same thing
23 that happened back then. Do not let the
24 political -- to use a fun word -- fanfaronade
25 of the moment to supplant your good judgment.

1 There is power, influence and prestige when
2 you're bestowed a spot on a board. I get it.
3 I get it. But you all already have enough.
4 Anyone who somehow made it through med school,
5 made it through residency, got appointed to a
6 board, you don't need this board. It's awesome
7 that you're on it, but I would not let fearing
8 fallout from having you do what I know you know
9 is the right thing.

10 Shoot. I'm running out of time. Let me
11 skip some of this.

12 Okay. So what I'm asking you to do,
13 please, I'm begging you, research, review, look
14 at W path. Spend time with the trans
15 community. Allow life-saving health care. Why
16 am I here? I'm here because I'm trying to pay
17 it forward. If it was not for my son having
18 life-saving care 12 years ago, I'm not sure if
19 he actually wouldn't be here because I think we
20 were tuned in enough to that aspect of the
21 anxiety and suicide, but I do not think that he
22 would be the accomplished, loving, contributing
23 member of society he is without the care he
24 got.

25 And I just want to end, we come into this

1 world with nothing, we leave this world with
2 nothing, that's one thing we all have in
3 common. We are honor bound to make a
4 difference while we're here, to put our fear
5 aside and to do the right thing. I beg you to
6 do that. Thank you so much for the --

7 **K. GARCIA:** Evening. Evening, Board
8 members. My name is -- I'm going to tell you
9 this story of myself. Anna and I were in bed,
10 about to fall asleep. He hops in bed. He's
11 eight years old. And he says, Dad and Mom, I
12 love y'all so much that I don't want to kill
13 myself because I love y'all so much. And we
14 knew that something was going on because for
15 the last six months, he was always in bed every
16 weekend, every weekend, always in bed.

17 And we said, what's going on? Dad, I'm in
18 the wrong body. I'm really a boy. I'm a Roman
19 Catholic. I'm not proud of that anymore. I
20 have a stutter, so sometimes I will have some
21 trouble saying some of my words. But we then
22 sought -- we got help for ourselves first
23 because we had to catch up with him on where he
24 was. So we got help for ourselves first. And
25 then we learned what it was meant to be and

1 then we got help from doctors, then we took him
2 to a psychologist, psychiatrist.

3 And then at the age of 15, the whole team
4 of us agreed that a double mastectomy was the
5 right thing. Move forward, he is the most
6 incredible person I know. He makes me a better
7 man. If you all spend time with him, all of
8 y'all would be better doctors, better people
9 because what y'all are doing is so criminally
10 wrong. It's wrong what y'all about to do.

11 Look inside yourselves. What if it was
12 your child, what would you do? I know I will
13 do anything to save him. To make him a better
14 person. I cannot believe y'all are gonna do
15 this to this group of people. It's aching me.
16 It's hurting me. Oh, my gosh, how could you do
17 this? Please do not do this. It's wrong.
18 Oh, my gosh, think about what y'all are gonna
19 do. Do the right thing. Thank you for your
20 time.

21 **MR. CHAIR:** Judy Schmidt, Emma Lambert and
22 Cameron Driggers.

23 Judy Schmidt?

24 Okay. Emma Lambert? Are you -- okay.

25 **J. SCHMIDT:** That's hard to follow. But I

1 have a similar story. And I first just want to
2 say that every one of us are individuals.
3 Every trans youth, every trans person is an
4 individual with individual experiences. And I
5 wanted to share ours, my husband's, mine and my
6 family's.

7 My child came to me at six and said,
8 Mommy, I'm a boy. And I said, well, honey,
9 what does that mean to you? What -- what do
10 you think of when you hear "I'm a boy"? And we
11 talked about it. And my husband came in the
12 room and we all talked about it. And I walked
13 away and I cried and felt like I was losing a
14 daughter. But we accepted and we open-arm
15 welcomed him. We got his hair cut. We bought
16 him clothes for a boy, stereotypical boy
17 clothes. And I didn't lose anything. I gained
18 an entire child.

19 My son is happy. He is thriving in
20 school. He was having so many behavioral
21 issues before. And if you take this option
22 away from us, by the time my son is ready for
23 puberty, he will have been socially
24 transitioned in who he is for four or five
25 years. It's not a phase. It will only hurt

1 him for me to tell him, your body's going to
2 change and there's nothing we can do about it
3 to save your mental health.

4 So I'm just asking that you consider that
5 everybody has an individual experience. And
6 you are -- as doctors, you do no harm. And if
7 you make this blanket rule, you are doing harm
8 to families like mine that want to know that
9 that option is there to save my son from the
10 mental anguish and potential suicide risk when
11 we have to go through puberty with him.

12 To all the trans kids, I want to reiterate
13 what I believe Nathan or someone said earlier,
14 you are loved, you are seen, and my mama hug
15 arms are always open to you. Thank you.

16 **MR. CHAIR:** Thank you.

17 Emma Lambert?

18 **E. LAMBERT:** Hello. Thank you very much
19 for the time to speak.

20 **MR. CHAIR:** You're welcome.

21 **E. LAMBERT:** So a lot of people here have
22 presented empirical evidence, medical evidence,
23 but I would like to take a look at the
24 philosophy undergirding the decision being
25 made.

1 So I would like to go back to David Hume
2 and his refusion of skepticism. Hume said that
3 skepticism is often very difficult, often
4 impossible to disprove on college campuses
5 sitting beneath the shade of trees but one only
6 need take a bite of an apple to be certain that
7 one's teeth exist. As such, it is often times
8 important to ask the sceptic why one pursues a
9 line of questioning, what he means by it. And
10 I would like to -- for you all to keep that in
11 mind, that skepticism, while important, serves
12 a purpose. And if your skepticism no longer
13 serves the purpose you intend, it instead
14 causes harm.

15 I would also like to point to the
16 principles of bodily autonomy and that we're
17 sitting here in the auditorium for the Florida
18 Department of Transportation, that some of us
19 here might have marked down that we're organ
20 donors, that we had to give our written consent
21 for our organs to be harvested after our death
22 to aid others. And that it seems to me
23 illogical that you would grant trans children
24 fewer rights than that of a corpse.

25 And I would also like to echo the word of

1 the people who spoke before, thank you all for
2 your public service. And also that it is
3 important that you see the joy of the trans
4 community because despite any hardship, we will
5 endure and we continue to attempt to prosper
6 the same way everyone does. I simply hope
7 that -- I simply hope that you choose not to go
8 forward with this ruling, that you allow
9 children the right to be kids, to not have to
10 worry about their health care because they
11 should be worried about riding bikes and
12 playing tag. I thank y'all for your time.

13 **MR. CHAIR:** Thank you.

14 **C. DRIGGERS:** Hello, Board. My name is
15 Cameron Driggers and I traveled four hours
16 from -- County to relay this message. As
17 members of this board know, every licensed
18 physician in Florida as well as United States
19 swear themselves to an oath. This oath binds
20 them to a strict code of ethics in their
21 practice. Foremost among this code is a
22 commitment to do no harm. This oath is
23 supposed to be sacred in the eyes of every
24 doctor, and yet today, this very body of
25 so-called medical professionals fails to

1 fulfill the core tenet in this oath they are
2 sworn to abide by. Because in its politicized
3 crusade to deprive transgender people of health
4 care in this state, the Board of Medicine
5 flagrantly puts the lives of so many at risk.

6 Trans youth are eight times more likely to
7 ponder suicide than their cis country parts.
8 In addition, trans youth disproportionately
9 face depression, anxiety, often to an extent
10 that is utterly crippling. Despite this urgent
11 reality, this board has declined to wield its
12 power in a way that can relieve transgender
13 Floridians, but instead has chosen to actively
14 dismantle the resources which can help them by
15 pursuing a ban on trans-affirming care.

16 In this backwards, politically-motivated
17 endeavor, this board leaves in tethers yet
18 another pillar of the hippocratic oath. Quote,
19 "I will respect the hard one's scientific gains
20 of those physicians and whose steps I walk,"
21 end quote. The scientific and medical
22 consensus on this issue is clear.

23 Trans-affirming health care saves lives. The
24 Trevor Project's peer-reviewed's research on
25 this project found that gender-affirming

1 hormone therapy, for example, is significantly
2 related to lower causes of depression, suicidal
3 thoughts and suicide attempts by young people
4 who identify as transgender and/or nonbinary.
5 In spite of this medical research in support of
6 trans-affirming care that's available to the
7 members of this board, it continues to target
8 what has become a lifeline for vulnerable young
9 Floridians.

10 Although my expectations for the
11 institutions hijacked by the governor's hateful
12 agenda, this board still has a chance to allow
13 sanity and compassion to prevail. Politics has
14 no place in medicine. And I implore the
15 members of this board to vote down the bigoted
16 rules proposed before them.

17 **MR. CHAIR:** Thank you, sir.

18 **DR. DiPIETRO:** Curt Frank, Aaron Lustria
19 and Jennifer Timmerman. Just in case, Curt
20 Frank. Okay. Aaron -- it looks like
21 L-U-S-T-R-I-A. Yeah. Okay.

22 **A. LUSTRIA:** Hi. My name is Aaron
23 Lustria. I am a Filipino immigrant naturalized
24 of this country and I present myself as
25 bi-gender currently.

1 As a child, I thought of myself
2 differently. When I see a child, I don't see
3 them for their genitalia. I see them for their
4 hopes, their dreams. I see our future. And it
5 is horrendous to see a group of adults look at
6 a child for their genitalia.

7 This child, me, them, all of us have
8 dreams. It is ungodly to be judged upon for
9 what's between my legs and what is on my chest.
10 I was born a woman in your terms. But as a
11 child, I knew my truth. I knew I was
12 masculine. And I am actually -- I am a direct
13 reason of why this -- this hurts. Why
14 gender-affirming care needs to happen because
15 my psych -- my -- sorry.

16 I was diagnosed with NOS DD 1B, which is
17 not otherwise specified dissociative disorder.
18 As a child, I knew my truth and I was a boy.
19 It is when I grew and people started judging me
20 for the fact that I knew my truth. It's when I
21 grew boobs as children, as a girl, who's born,
22 you don't have boobs. No one does. And it was
23 very confusing for me to come up in a society
24 that hated that, that hated that. It's so
25 simple. I was a child that wanted to play with

1 people and be respected for what I believed for
2 what I was. And it's weird when a bunch of
3 people don't see me as I am because of what I
4 grow on my chest.

5 I am faithful to my Lord. And this -- it
6 is not an abomination for me to be me. My God
7 died for my sins. My God does not hate anyone.
8 My God isn't afraid of a gun.

9 **MR. CHAIR:** Thank you, Aaron.

10 **J. TIMMERMAN:** Hello. And thank you for
11 allowing me to speak to you today. I
12 understand that as a part of the Board of
13 Medicine, you are all highly educated people
14 with a variety of life experiences under your
15 belt. While I am not a medical professional, I
16 do have experiences that have strongly shaped
17 my view of the world that I would like to share
18 with you today.

19 I have never diagnosed a heart attack, but
20 I have kept a few hearts beating. I have held
21 sobbing teens whose hearts were broken by the
22 discrimination they have faced being trans. I
23 have comforted and counseled kids experiencing
24 gender dysphoria who couldn't find resources or
25 support. I have marched with high school

1 students as they led a school-wide protest of
2 the Don't say Gay Bill. These children have
3 this in common. They want their truths to be
4 heard.

5 While I have garnered these experiences, I
6 have simultaneously helped my own transgender
7 child make decisions about the medical and
8 mental health care they needed for their own
9 gender dysphoria. I have spent hours upon
10 hours, as I'm sure you have, pouring over
11 medical research articles, talking with doctors
12 and therapists, and most importantly, talking
13 to my own child. Like most of you, I've always
14 wanted to provide the least invasive and yet
15 most effective treatment for any ailment my
16 child might encounter. However, after many
17 years of being on this journey with my child, I
18 have learned that there is no substitute for
19 the difference puberty blockers and hormone
20 therapy can make for the mental and physical
21 health.

22 Choosing these for my child was not an
23 easy decision. I did not take this
24 responsibility lightly. I was terrified of the
25 possibility that the side effects would damage

1 their body. They didn't. I was terrified that
2 they would regret their decision. They didn't.
3 And our choices would have been irreversible.
4 They weren't. Taking away access to these
5 life-saving treatments will cause considerably
6 more harm than the good you expect to create.

7 As a mother and an educator, I can tell
8 you that taking away access to their care only
9 serves to increase their risk of suicide and
10 self-harm. The research supports my anecdotal
11 experience.

12 I want to end with some questions for you
13 to seriously consider. All of these pull from
14 real lived experiences of the transgender
15 people in my life. Would you rather treat a
16 child at eight years old with puberty blockers
17 or have to treat them in the emergency room
18 after they have attempted to cut off their
19 breast buds with an exacto knife? Would you
20 rather provide breast removal surgery to a
21 17-year-old or treat their punctured lung after
22 the binder they used to conceal those breasts
23 broke their ribs? Would you prefer to provide
24 estrogen to a 15-year-old or provide their
25 certificate of death to their parents? Above

1 all, your primary goal is to do no harm. And I
2 implore you to end the harm you have begun
3 here. Thank you.

4 **DR. DiPIETRO:** And I pulled one more name,
5 Lola Smith.

6 **L. SMITH:** My name's Lola Smith. I'm 12
7 years old and I'm nonbinary. I'm going to go
8 out on a limb and guess that most folks here
9 haven't been 12 in quite some time. I bet you
10 remember a little bit of it, though. Everyone
11 has an embarrassing story from when they were
12 my age, a memory from youth that haunts them
13 into adulthood. Maybe you were pants'd in
14 front of your class or spilled a drink on your
15 crush. I, too, have one of those moments, a
16 defining embarrassing moment that I'll carry
17 with me through life. But you see, the most
18 embarrassing moment of my life is happening
19 right now.

20 As I stand in front of a panel of
21 strangers and publicly beg for my right to
22 exist. Nothing is more humiliating and
23 dehumanizing than pleading for one's own
24 existence. How did we get here? Growing up in
25 conservative Florida, I'm used to not being

1 understood or represented or even liked. But
2 how did we get here? The point where we are
3 trying to eradicate us? History class has
4 warned us, if you let them hate you, eventually
5 they'll try to erase you. We should have
6 listened.

7 I should be in history class right now.
8 But instead, I had to ride for hours on a bus
9 to come here and beg you all to let me exist.
10 Take a moment to look around. We are really in
11 a board room discussing an entire population's
12 right to exist. We shouldn't be here. We are
13 better than this. America is better than this.
14 Florida could and should be better than this.

15 Politicians are using kids like me to get
16 votes from people who hate us. You can stop
17 this. I'm a proud person. I usually respond
18 to people telling me what I can't do with "just
19 watch me." But this isn't just about me. This
20 is about my trans and nonbinary peers that
21 couldn't be here, that don't have the supports
22 system I am so blessed to have. I'm here today
23 with nearly 30 supportive adults that love me.
24 But there are kids feeling scared and alone
25 right now, waiting to hear how this meeting

1 went. Waiting to see if their identity is
2 going to be erased. You have the power to stop
3 this.

4 So I will humble myself and I will set
5 aside all of my pride. And on behalf of those
6 scared kids, I will beg you, please, please,
7 please let us exist. Thank you.

8 **MR. CHAIR:** Asher Gunn, Curt HG, and
9 Olivia Solomon.

10 Asher Gunn? Thank you.

11 **A. GUNN:** Good afternoon. Hello. My name
12 is Asher Gunn. I am 30 years old and I am a
13 refugee. And when I say that, I know that
14 you're thinking, okay, you must be from another
15 place. I was born and raised in Brooklyn
16 actually. When I say I'm a refugee, I say that
17 because I am fleeing this country and half of
18 the reason is because it is not safe for me to
19 exist in this country, as I'm sure you've
20 heard. Most people don't want us to exist.
21 The other half of the reason is because I
22 literally cannot access the health care that I
23 need in this country.

24 I'm from the United States. We have this
25 whole exceptionalism thing, which is bullshit.

1 But at the end of the day, we like to think
2 that we're the most advanced country in the
3 world. I cannot access health care in this
4 country as an adult. So I have to leave this
5 country to find it. I'm an adult. I'm 30.

6 For the past 12 years or so, I have had to
7 fight for years tooth and nail for every inch
8 of the health care access that I have needed to
9 survive.

10 When I first came out and realized that I
11 was trans, I knew who I was. And it took me
12 years to get the medical care that I needed as
13 an intersex person for my endocrine system to
14 function properly. I had legitimate medical
15 issues that I couldn't even get a doctor to
16 listen to me about and provide adequate
17 treatment for. And I had things that would
18 show up on a test that I could not get
19 treatment for. I could not show you on a test
20 my gender identity but I know who I am and I
21 always have. And I needed that medical care.

22 I needed medical care to make sure that I
23 didn't have to menstruate for a year straight.
24 Or have morning sickness as a virgin. I needed
25 that. And I had to fight for it. And I have

1 by myself for years as an adult. These are
2 children. Yes, there are a million people out
3 there that will fight for these kids because
4 they know who these kids are and they're here
5 and they want to love them and they want to
6 support them and give them everything they need
7 to grow up and be healthy, successful adults.
8 But they're children.

9 Not only do they need people to advocate
10 for them, when those people advocate, there
11 have to be the health care professionals
12 willing to actually be there to support them,
13 to take care of them, to provide them the
14 health care that they need so that they don't
15 die. There are so many more of us than you
16 could possibly imagine that are intersex, that
17 have medical care conditions. By the way,
18 mental health care -- mental health issues are
19 medical care conditions. You have an oath that
20 you have agreed to follow through your entire
21 professional careers that say that if I have an
22 issue, the first thing you're supposed to do is
23 the best that you absolutely can to help me.
24 That is your job.

25 Why will you not do this for these

1 children who are so young they cannot advocate
2 for themselves but they need medical care?
3 Your role as a provider, when there is a minor,
4 is to do everything in your power to provide
5 that medical care to make sure that they're
6 safe --

7 **MR. CHAIR:** Thank you. Thank you. Your
8 time's up.

9 **A. GUNN:** Thank you very much.

10 **MR. CHAIR:** Curt HG. Curt HG.
11 If not, are you Olivia Solomon?
12 Come on up.

13 **O. SOLOMON:** Hi. My name is Olivia
14 Solomon. I'm a college student at UCF. And
15 before I speak today, I just want to thank
16 every single member of the trans youth
17 community that came out here today and spoke
18 because that takes a lot and I can't even
19 imagine. So thank you.

20 And I'm here today as an ally to the
21 transgender community and a proud big sister to
22 a beautiful, gender-nonconforming boy. I'm not
23 going to stand here and tell you things that
24 you already know and actively choose to ignore
25 because I don't align with your own

1 politically-driven agenda, like this being the
2 opposite of freedom and actively killing trans
3 children.

4 Instead, I'm going to use my time to
5 acknowledge people who have lost their lives to
6 anti trans violence and rhetoric that drove
7 them to take their own lives. The following
8 people are transgender and gender nonconforming
9 who have taken their lives and ended -- it was
10 ended too soon because of harmful bills like
11 this in 2023 alone. We are in mid February.
12 Tiffany Banks, 25 years old. Adalayne
13 Anderson, 24 years old. Kelly Loving, 40 years
14 old. Daniel Davis Astin, 28 years old.
15 Diamond Jackson McDonald, 27 years old.
16 Destiny Howard, 23 years old. Marcus MJ
17 Jackson, 33 years old. Kayli Lovelight, 27
18 years old. Casey Johnson, 27 years old.
19 Unique Banks, 20 years old. Ivory Nicole
20 Smith, 27 years old.

21 Just want to remind you that this list
22 will undoubtedly grow if you pass these rules.
23 And their blood will be on your hands. And I
24 hope that that keeps you up at night. Thank
25 you. Please vote no.

1 **MR. CHAIR:** Thank you. Ray Prysock.

2 Thank you.

3 **R. PRYSOCK:** I just want to make sure I
4 don't -- I don't mess this up. Okay. From the
5 audio.

6 Hi. My name is Ray Prysock. I'm actually
7 here from Orlando. I'm a second-year law
8 student at Barry. Before that, I was in the US
9 Navy. While I was in the Navy, you know,
10 obviously I encountered a lot of LGBT people.
11 But one of the best things about being in an
12 environment like that is that you learn a lot
13 more about communities that you don't
14 necessarily belong to.

15 I was born a woman. I identify as a
16 woman. I am heterosexual. But I also
17 understood that when I took that oath to uphold
18 the Constitution, that it meant protecting
19 everybody that was under it, not just the
20 people I liked, including the people I don't
21 like, some of them are here today.

22 I've heard a lot of people talk about
23 life, liberty and the pursuit of happiness.
24 But I don't really -- I'm not really sure if
25 they know what it really means to pursue

1 happiness. Pursuing happiness stops where your
2 happiness is telling another person that they
3 can't exist. Or that they can't get health
4 care. I remember that my mom used to say, I
5 don't care what Tommy's mom is doing, do I look
6 like Tommy's mom? Tommy's mom is here today
7 telling us what to do with our kids.

8 So I kindly ask this respectable board,
9 unfortunately there is nobody here who looks
10 like me, who's a doctor, and it always seems
11 that when it comes down to this, there's never
12 anybody that looks like me. Just like there's
13 nobody here that looks like them making these
14 decisions. If I understand this correctly,
15 there's an entire branch of medicine called
16 gynecology that was based off of the torture of
17 people who look like me. So I'm wondering why
18 none of those women are here. Because if they
19 were, they would be hopefully in support of the
20 children. Because every single one of us knows
21 what that branch of medicine is.

22 I humbly ask today that people are not
23 treated like objects. More specifically, that
24 each and every single one of you medical
25 professionals isn't treated like an object for

1 one man who is not present, and that is
2 Governor DeSantis. Please, I ask that you
3 don't support these rules to advance this man's
4 political career. You are not objects. Every
5 single one of you has a degree. Please support
6 the exception for research. And please stop
7 politicizing medicine. Thank you so much.

8 **MR. CHAIR:** Thank you.

9 **DR. DiPIETRO:** Lindsey Sparrow, Colin
10 Brown and Jessica Tahata.

11 **L. SPARROW:** My name is Lindsey Sparrow.
12 I am 25 years old. I'm a resident of
13 St. Petersburg, Florida. I'm also transgender.

14 I am someone who was subjected to
15 treatments that have been questionable that
16 were mentioned by people like that woman who
17 came up and spoke. I can tell you for a fact
18 that her child is going to grow up hating her.

19 I'm sure you've heard many stories that
20 sound like mine already. Over the last few
21 months, my trans siblings and family members
22 have stood before you, put their hearts on full
23 display and vulnerably pleaded with you to
24 listen to our stories and perspectives. The
25 American Academy of Pediatric has condemned

1 your actions, and our federal government has
2 spoken out against the actions you seek to take
3 regarding the necessary health care for trans
4 youth.

5 I can stand here and tell you about the
6 times I attempted to end my life because I
7 didn't have access to gender-affirming care but
8 I know -- I know you don't care. I see you
9 sneering at us while we come here and talk to
10 you. Instead, I'm going to take the rest of my
11 time to demonstrate the sacred and weekly
12 ritual of my shot in front of you in this body.
13 My medication is life-saving. I will use HRT
14 for the rest of my life. Your denial of my
15 need for this medication doesn't make my
16 existence as a trans person any less real.

17 I will be giving myself my subcutaneous
18 shot in my stomach. If you have a needle
19 phobia, please look away.

20 -- today, tomorrow and forever.

21 **DR. DiPIETRO:** Colin Brown.

22 **C. BROWN:** Hi. My name is Colin Brown.
23 And I use she or they pronouns. My heart is
24 broken today. Thank you to everyone that has
25 shared today. These people are my friends.

1 They're my family. And a lot of them are being
2 forced to leave. And we're being forced to say
3 good-bye to them because of this and it breaks
4 my heart.

5 In the words of my friend, Alisa, who
6 cannot be here today, you are muting the
7 medical community at large. Gender-affirming
8 care is evidence-based best practice care that
9 is desperately sought out by families that are
10 just trying to keep their children alive.
11 Transgender kids are ten times more likely to
12 attempt suicide than their peers. This care is
13 suicide prevention. And receiving this
14 medically necessary care is a decision that is
15 carefully made between parents, their children
16 and their doctors.

17 As we've begged you time and time again as
18 we drive hours to be heard, you continue to
19 ignore the families, doctors and the medical
20 community that widely support this life-saving
21 care. Why do you instead choose to serve
22 politicians over the Florida residents that you
23 have a job to serve? Why are politicians so
24 obsessed with our bodies? Why are you
25 deliberately cherrypicking data? What is going

1 on?

2 We're all really tired. These parents,
3 these children, these families, these
4 physicians, they're so tired of coming here by
5 the hundreds every time just to ask you to
6 permit transgender people to exist. We trust
7 doctors, not politicians, and certainly not
8 DeSantis-appointed so-called Board of Medicine.

9 **J. TAHATA:** Hello. My name is Jessica.
10 Thank you for the opportunity to speak.

11 I came from Miami, Florida. Been here all
12 my life. I have a transgender child. I
13 never -- I never wanted my child to be
14 transgender. I didn't accept it at first. I
15 consulted doctors, therapists repeatedly
16 looking for advice, how to get my child to stop
17 rejecting boy toys, clothes, hair cuts, just to
18 be a normal little boy. But no matter how
19 often I took things away, I corrected the
20 behavior, they always found a way to show me
21 that they were meant to be a girl. My child
22 would wrap jackets around her waist to create a
23 skirt. She would put a pillowcase on her head
24 to give her hair. At her second, third and
25 fourth birthday party, my child would get so

1 angry at the boy toys, that she would throw
2 them across the room. Trying to force her into
3 boy clothes to go out in public will result
4 into severe autism meltdowns that resulted in
5 stitches, staples. Trust me when I say, I
6 tried everything. But my child was persistent
7 and consistent. Would draw pictures of a girl
8 daily and give it to me. It took me years to
9 realize that the drawings she was drawing was
10 herself and not me.

11 You see, my child did not start speaking
12 until age five. However, she made her feelings
13 very clear that she was a girl even asking why
14 she had male parts since it didn't match her
15 body. That was years ago.

16 My child now lives by her own choice as a
17 girl. I've learned to respect her and I have
18 come to terms with accepting that my child is
19 transgender. Her anger, meltdowns, even
20 suicidal plans at such a young age has subsided
21 since I let her be herself, let her be the girl
22 that she really is.

23 Now we have a bigger problem. My daughter
24 has started puberty. Florida law has made it
25 nearly impossible to get her the puberty

1 blockers and even the mental help that she
2 needs to prevent her body from growing like a
3 boy. Since puberty has started, my daughter
4 has no quality of life. She lays in bed all
5 day. She sleeps at school. At this rate,
6 going without the proper medical care, she may
7 commit suicide. I don't want your fear to bury
8 my daughter or to force me to leave this state.
9 Thank you.

10 **MR. CHAIR:** Ameal Fox, Jeremy Rodriguez
11 and Lauren Johnson.

12 **A. FOX:** Hello, Board of Medicine. I had
13 a nice thing written. All these people said
14 everything. I was going to try to appeal to
15 you guys as doctors. I know you have empathy
16 in there. I know you became doctors because
17 you want to help people. I want to be a
18 doctor. I've wanted it my whole life. I'm on
19 my way. I know what it's like. You don't
20 start this for prestige or for fun. You don't
21 go through all this medical schooling to climb
22 to a board like this to harm people. There has
23 to be something in you that knows something
24 about this is wrong. Maybe we need more
25 research. Okay.

1 Well, maybe you should be considering
2 conducting research for gender-affirming care
3 the same way they conduct research for terminal
4 illnesses. If a medical condition often
5 directly leads to death without treatment,
6 doesn't that change the way that we assess the
7 risks of the side effects of the particular
8 treatment? Honestly, like -- and have guys
9 like that guy in the back on the right doing
10 the research because I don't understand how --
11 I'm not a research, like, professor or
12 something. I've never been educated on that.
13 He seems like he has. I'm sure he has his own
14 biases. There should be people with many
15 different biases who are as educated as him in
16 the room while conducting the research. Then
17 we can stop bickering about it and look and see
18 what it actually is.

19 And while we're on it, like, you know, you
20 talk about these irreversible damages that
21 these treatments can cause. I need to know,
22 are you referencing, like, mystery outcomes of
23 the treatments, like the way they can affect
24 certain internal organs or like brain chemistry
25 being affected in a way we can't possibly know

1 due to lack of research? That doesn't seem
2 like a nonstarter for research if the other
3 option is high risk of death. But something
4 tells me that this irreversible harm that you
5 feel the need to blanketly ban an entire type
6 of treatment for is maybe, like, I don't know,
7 things that make you uncomfortable. Not the
8 patient.

9 Maybe like breast developing on somebody
10 with a penis. Or facial hair developing on
11 someone with a vagina. And if you're thinking
12 like these surgeries are so irreversible, I
13 mean, there's only, like, some that maybe they
14 are a little experimental. Creating a whole
15 organ, yeah, maybe that needs some research.
16 But, again, those are not being conducted on
17 minors. Maybe a mastectomy, yeah. I'm sorry,
18 can't we do breast implementation? Isn't that
19 reversible? Can't things be, like -- can't you
20 laser off hair? So what's more irreversible,
21 death or those things?

22 And you know what? The Board claims to
23 have heard from a significant amount of
24 providers that work directly with transgender
25 youth, I humbly request that the Board proves

1 it. Publish the providers that you have
2 consulted with and spoken to about the outcomes
3 of these patients who have received
4 gender-affirming care and had positive
5 outcomes. I want to see. Because, like,
6 that -- I mean, these are providers. You don't
7 have to publish patient's data. Show us who
8 you've spoken to because I don't trust you
9 right now. I deserve to have that trust in my
10 doctors.

11 And right now, you know, unfortunately --
12 maybe I'm an adult, like, maybe I can access
13 this care now, but for all these children, you
14 are their doctors right now. Because you're
15 gonna be able to take away what their doctors
16 can give them.

17 **MR. CHAIR:** Thank you.

18 **A. FOX:** Thank you.

19 **MR. CHAIR:** Jeremy Rodriguez.

20 **L. JOHNSON:** Good afternoon. I'm going to
21 ask for some clarification because evidently
22 I've been misled my entire parenting journey.
23 I was told to love, protect, cherish, and make
24 informed, evidence-based decisions for and with
25 my children. I have been told to seek medical

1 advice for health care. Yet even when
2 evidence-based care is presented in favor of
3 keeping my children alive, healthy, happy and
4 whole, you are now asking doctors to go against
5 the very oath many of you have also sworn to,
6 an oath made to many deities.

7 One that is an ethical code that
8 prescribes beneficial treatment according to
9 your ability and judgment to refrain from
10 causing harm and hurt. To live an exemplary
11 and personal and professional life. So who
12 lied? Them or you? Why are the ones
13 practicing this oath in children now a target?
14 Where have you checked your own internal
15 biases? Are you so fragile that the love,
16 acceptance and support of parents towards their
17 children's existence triggers your own wounded
18 inner child which is still traumatized by
19 conditioning of societal norms of decades past
20 leaving you in a disorganized and chaotic
21 attachment?

22 How can you sit as judge, jury, and
23 clearly executioners showing evident bias and
24 oppression creating a blatant violation of both
25 state and federal enumerated rights while

1 simultaneously claiming that you are not
2 throwing my children into the lion's den?
3 Ironically, the majority of personal financial
4 favorability or your club membership fee is in
5 direct contradiction to the parade that boosts
6 parental rights and medical freedom. My
7 wrongdoing was assuming that I was capable of
8 making medical decisions for and with my
9 children and our doctors. Instead, this board
10 of individuals who knows more about my children
11 intimately than I do, which is quite the feat
12 since none of you have ever met us.

13 Where were you, this board of 22
14 individuals, during the nights of
15 sleeplessness, tears, hard times, actual hard
16 parenting decisions? Yet now is when you're
17 going to show up? A time where I want my child
18 simply to want to exist versus being in grave.

19 Gender-affirming care is life-saving.
20 Your rejection shows that my children don't
21 matter. Your words are lies. Your compliance
22 to manufactured mass hysteria and fascist
23 totalitarian regime will not go against my
24 current five out of five success rate for
25 children who are thriving. They are not

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surviving.

MR. CHAIR: Thank you. Your time's up.
Lauren Johnson. That was Lauren Johnson?
What happened to Jeremy Rodriguez?
Okay. Sorry.

How about Alejandro Electra? Did I say
that right? There you go. Thank you.
Alejandro Electra.

A. ELECTRA: -- because there honestly has
been a lot of repetition of the same facts that
the board doesn't care about because of a
variety of reasons, but I have a little -- I'll
read a little bit of this.

I first want to affirm that two spirit
trans, inner sex and queer life is sacred and
to thank our two spirit trans, inner sex, and
gender-nonconforming siblings, cousins, and
transesters who did and those of us who are
still here who continue to persist in resisting
imperialist, cristofascist monopoly of the
sacred, including over our own sovereign and
sacred bodies since Rome decided to divest from
following their great mother goddess Cybele and
her trans priesthood to instead wield the cross
as a sword.

1 All of the autonomy is a sacred right.
2 And from birth in this society, we are stripped
3 of our precious right in countless ways by
4 ruling institutions, most often first by
5 medical professionals who nonconsensually sex
6 infants, including in the case of inner sex
7 children with genitalia that you deem ambiguous
8 nonconsensual surgeries that sometimes do not
9 have full parental consent either, right. The
10 infant doesn't give consent, the parent doesn't
11 give consent, but the medical body feels
12 totally fine doing genital surgeries on those
13 infants. But here, where there is consent from
14 child, there is consent from parents, they
15 don't even allow for the -- for reversible
16 procedures like puberty blockers.

17 I -- genesi against us will never erase us
18 for we have existed since the beginning of our
19 human race and we will exist to its bitter end,
20 to such a time ever come. Because all binaries
21 are false. Everything exists on a spectrum.
22 To see gender and sex as binary is like
23 pretending that only high noon and midnight
24 exists while ignoring all the diversity of
25 expression outside of those two points of

1 reference.

2 All that passing restrictions to
3 gender-affirming care will assure more
4 preventable suicide that will be on your hands,
5 as has been said. As is known. It is known.
6 Of all who voted to make the lives of already
7 marginalized populations all the more difficult
8 instead of choosing to take on the karmic
9 baggage of effectively greenlighting euthanasia
10 for trans youth. Why not side with human
11 rights and allow trans kids a better chance at
12 surviving in this world by following the models
13 by more -- by leading medical professionals the
14 world over from the countless listed as well as
15 international bodies, like the World Health
16 Organization?

17 You can't stop the tide. We've always
18 been here. You're just seeing us now because
19 of social media. You can't stop the tide. You
20 can hurt a lot of children if you prohibit
21 trans and gender-nonconforming youth from
22 accessing life-saving, gender-affirming care.
23 So I ask instead of instituting such backwards
24 policy, that this organization instead consider
25 respecting the lives of those who differ from

1 you. Thank you.

2 **MR. CHAIR:** Thank you.

3 **DR. DiPIETRO:** So I believe Dr. Ackerman
4 said prior to my being tardy -- again, my
5 apologies -- that we have to conclude this
6 portion at 4 o'clock because the meeting's over
7 at 5:00 and we need a chance to deliberate. We
8 have a hard 5:00 p.m. stop time today.

9 So the last three I picked were Sage
10 Whitaker, Hayden Bare, and Adriana Gonzales.

11 Okay. I'll pick another three if they're
12 not here. Okay.

13 They're here? Okay. Come on up.

14 **MR. CHAIR:** And please identify yourself.

15 **H. BARE:** Hi. My name is Hayden Bare. I
16 have worked with the queer community my entire
17 adult life and even before coming out. I
18 realized when I was little that something was
19 different. And if I had had the language that
20 the kids today have because of the Internet, I
21 would have identified as transgender much
22 sooner. I would have told my parents that I
23 wanted to transition. Instead, I had to figure
24 that out by myself. But if I had had access to
25 this kind of care, I wouldn't have attempted to

1 take my life six separate times over a period
2 of two years.

3 I was institutionalized and hospitalized
4 numerous times just trying to get a grasp on my
5 gender. And since coming out, since starting
6 to transition almost eight years ago, I haven't
7 been back. I haven't been back to the
8 hospital. I haven't been -- attempted suicide.
9 But because of DeSantis' policies, such as the
10 exclusion of gender dysphoria as a coverable
11 diagnosis under the State employees plan, I was
12 delayed in my transition. I was delayed in
13 getting care that I needed and reverted back to
14 those days when I was a suicidal teenager
15 trying to figure out just how to live.

16 It is insane to me that this board, these
17 boards, are going against all major medical
18 associations saying that this care is
19 experimental because it is not. There have
20 been decades of research on this information.
21 And the reason we don't have access to this
22 information is because of Nazi book burning in
23 Germany. There was an entire library of
24 studies, information about the use of
25 gender-affirming health care. The earliest

1 known transition-related surgeries happened in
2 the 18' and 1700s. This is not new
3 information. And it's not new considering we
4 give these treatments to cisgender children.
5 Why is it different that transgender children
6 who are just trying to live their lives and
7 survive don't get the same treatment? Thank
8 you.

9 **MR. CHAIR:** Thank you.

10 **A. GONZALES:** Hi, medical board. You're
11 selected to make ethical decisions on behalf of
12 Floridians. We're here today to demand the end
13 of your foolishness of politicizing trans lives
14 by limiting care to trans youth. Your actions
15 have consequences. If you limit the right of a
16 parent and child to make medical decisions
17 regarding this, it is established and known in
18 medical and psychological literature that trans
19 children will suffer. Their suffering, pain
20 and suicide will be on your hands.

21 You've heard parents begging for their
22 children's life and there have been children
23 here on a Friday begging you for their lives.
24 You indicated there were two varying sides from
25 the public comments. I've heard none of those

1 today. And I beseech you, do not take the
2 words of ignorant trans phobes to have as much
3 weight in your arbitration than taking away the
4 rights of children.

5 You say that you can't move forward
6 because of lack of evidence and that is wrong,
7 too. Speakers before me have laid this out for
8 you. So do your due diligence. And instead of
9 extrapolating and tell us what if and what this
10 may have happen, listen to the lived experience
11 of trans people.

12 To all trans people, you are loved. You
13 belong. And you deserve bodily autonomy and
14 you don't deserve to live in a world that
15 doesn't reject you.

16 If the rules can't be stopped by only
17 change, say medical intervention can't happen
18 unless the health standards of care are
19 followed, please make the right decision and
20 listen to trans people and those who love them.

21 **DR. DiPIETRO:** I had called two names and
22 you didn't say who you were. So I just need to
23 make sure I have the right name.

24 **A. GONZALES:** Adriana Gonzales.

25 **DR. DiPIETRO:** Thank you. So is Sage

1 here? Sage Whitaker?

2 Okay. I'll call whoever's at the top
3 then. Sophie Lamb.

4 Okay. Real quick. Sophie, after you,
5 we're going to take another ten-minute break
6 before the Board starts their deliberations.
7 Okay.

8 **S. LAMB:** Okay. Since I'm going last, I
9 know you've all heard a lot of people talk
10 today. I just ask while I'm speaking, if you
11 be present minded in hearing me. I know you
12 have dinner later. I know you all have
13 families. But please just listen as I speak.
14 I'd appreciate it.

15 My name is Sophie Lamb. I'm here to show
16 my support of trans rights which are human
17 rights. 84 percent, 84 percent of transgender
18 individuals have considered suicide and
19 40 percent have attempted suicide. Highest
20 among those numbers are those of trans youth
21 not just because of mental illness yet because
22 of the abuse and mistreatment they are shown
23 once coming out. Denying anyone, especially
24 younger individuals, the right to health care
25 and gender-affirming care is not only

1 incredibly wrong, it is deadly.

2 Speaking from my own experience, I know
3 this to be true. False narratives are spread
4 about the LGBTQIA+ community every day to fit
5 the agenda of hateful and spiteful people. I'm
6 asking you today to not let the hate win.
7 Don't let the misguided words of people who
8 haven't begun to do research about what being
9 trans really means win. If our doctors can't
10 do their jobs and health care rights are
11 further breached, hate does win.

12 I'm not asking anyone to disregard their
13 beliefs. I'm asking for a moment to try to
14 gain some perspective. Imagine if your child,
15 close friend, parent came to you and told you
16 they were trans. Would you disregard them or
17 would you try to understand because you care
18 about them? I will tell you right now, trans
19 people aren't going away. Trans people are
20 here to stay and have been recorded as far back
21 as in Greek mythology and even more recently in
22 America as far back as the 16th and 17th
23 century.

24 I ask you today to ask yourselves, how
25 would you feel if you were denied care of your

1 gender or how you identify? How does
2 restricting health care benefit anyone? It
3 simply doesn't. I plead with you to not let
4 the false narrative win and see we are only
5 here to prevent further casualties and to live
6 freely as we all should be allowed to. Thank
7 you for your time.

8 **MR. CHAIR:** Thank you. So we're -- ten
9 minutes. Restroom break, if need be, and then
10 we'll reconvene. Thank you all. Thank you all
11 for your comments.

12 (Recess.)

13 **MR. CHAIR:** Thank you for all your time.
14 Just to kind of recap of where we are here
15 today. This is a -- this is a formal rule
16 hearing that we had today. And as I mentioned
17 earlier, we had six requests for this rule
18 hearing. Of those six requests, two people
19 came. One woman who spoke in opposition to the
20 rule, her name was -- let me find it here
21 again. Was Simone Chriss, director of
22 Transgender Rights and Initiatives Southern
23 Legal Counsel. She did not make any
24 recommendations for modifications to the rule,
25 just elimination of the rule. And we also

1 heard from John Wilson, the general counsel of
2 the Florida Department of Health, who -- who
3 petitioned us or made request that there be a
4 modification of the Board of the Osteopathic's
5 rule -- be a modification of that to eliminate
6 the research exclusion.

7 So let's -- let's -- and then we heard
8 from the public. And I think we heard from the
9 public for almost two hours of public. And I
10 want to thank all of you who came today, both
11 in opposition to the rule and the few people
12 that came in support of the rule. Thank you
13 for your passion and for your commitment and
14 for being here today. I want to reassure you
15 that you all were heard and we've been
16 processing this for quite some time.

17 I want to remind you all that since our
18 last August and we've heard many, many comments
19 from many, many people and we've had lots of
20 time to process. Within our packages today,
21 which all the board members have received and
22 have had plenty of chance to read, we had
23 hundreds of letters and comments to us from
24 people with all varied opinions of all varied
25 life experiences for us to, again, process.

1 So taking that into its entirety, I'd like
2 to open the floor up to the board members from
3 both boards. I think we should talk amongst
4 both boards together.

5 Anyone have any comments or observations
6 or suggestions?

7 Yes, Dr. Vila.

8 **DR. VILA:** Mr. Chair, just if I may, just
9 because I think I'm probably the senior member
10 on this board and been involved in board issues
11 for the last 30 years, sitting here and seeing
12 these same kinds of situations. And this is
13 difficult, members.

14 I was here 30 years ago with the --
15 surgery rule. We had contentious meetings that
16 went till 11:00 p.m. The sort of the milieu is
17 the same, those kinds of the same arguments.
18 It was about patient access to care to be able
19 to have surgeries, any surgery they wanted, any
20 situation they wanted, about physicians'
21 autonomy to be able to perform what they
22 thought was best for patients.

23 At the end of the day, we passed some
24 rules that again were popular. But today, 30
25 years later, they've become the model for other

1 states. They've saved lives.

2 Twenty years ago it was the opioid rule,
3 same thing. You know, every one of the
4 national societies thought it was a good idea
5 to give teenagers 90 Oxycontin to get their
6 wisdom teeth out or for a sprained ankle. And
7 then what did we end up with? We ended up with
8 750,000 young people that became addicted to
9 those opioids. And at the time, everybody
10 thought it was a good idea. Why should people
11 suffer pain? They shouldn't have to suffer
12 pain. I mean, you're -- you're so cruel that
13 you want people to suffer pain? Well, it
14 was -- it's not that we wanted them to suffer
15 pain. That wasn't what we wanted. What we
16 wanted them is to not suffer the consequences
17 of an irreversible situation.

18 So the analogies are similar. I'm sorry,
19 it's uncomfortable. We're in an uncomfortable
20 situation. I feel like there's a lot of the
21 public thinks I dislike them. It's not that at
22 all. Not at all. But that's the way we're
23 being portrayed. And it goes on even right
24 now. I mean, you can't even -- you can't even
25 make a sincere comment. And so it's hurtful to

1 us because we volunteer hundreds of hours
2 reviewing the science, talking to physicians,
3 gathering the data, looking at studies, talking
4 to people around the country.

5 And if you -- if you don't allow this to
6 get distorted, this isn't about trans, about
7 homophobia, this isn't about politics, this is
8 about the -- this is about the information we
9 reviewed, the testimony we've listened to, and
10 the narrow set of circumstances in which we're
11 trying to protect the children given the
12 circumstances that we have, where there's not a
13 definition of this diagnosis and the use of
14 these medications that have irreversible
15 consequences. So it's unfortunate. It's not a
16 perfect -- it's not a perfect world that we
17 live in but we've got to make the best
18 situation that we can given the information we
19 have before us.

20 So this -- you know, again, the arguments
21 that have been made, that we listen to, we
22 really can't refute, there is no good data to
23 show that allowing these treatments will
24 protect against suicide. There just isn't.
25 There isn't.

1 **MR. CHAIR:** Please, please. We're trying
2 to deliberate --

3 **UNIDENTIFIED SPEAKER:** Please hold your
4 comments and let the board speak.

5 **MR. CHAIR:** This is a board deliberation
6 now.

7 **UNIDENTIFIED SPEAKER:** The board did not
8 interrupt you. Please don't interrupt them.

9 **MR. CHAIR:** Dr. Vila.

10 **DR. VILA:** So just -- I just wanted to
11 give you that perspective from having been
12 here. And I know the difficult situation
13 you're in. And I appreciate that and I thought
14 maybe just having that perspective would help.
15 Thank you, Mr. Chairman.

16 **MR. CHAIR:** Thank you, Dr. Vila.

17 Any other comments from any of the board
18 members?

19 Seeing that it's not, I'd like to
20 bifurcate the meeting now into two separate
21 meetings. We have the Board of Medicine, the
22 Board of Osteopathic Medicine. So we'll
23 just -- let's put the Board of Medicine alone
24 right now for a second.

25 So I call the Board of Medicine meeting to

1 order. And I'd like to see if there's any --
2 after hearing everything that we heard today,
3 there's been requests for modifications to the
4 rules, requests to eliminate the rules. Is
5 there any motion from any of the Board members
6 to make any sort of modification to our -- to
7 the rule that we've already proposed?

8 Seeing that there's none, I'll take a
9 motion for adjournment of the Board of Medicine
10 meeting.

11 **UNIDENTIFIED SPEAKER:** Motion to adjourn.

12 **MR. CHAIR:** Is there a second?

13 **UNIDENTIFIED SPEAKER:** Second.

14 **MR. CHAIR:** All those in favor.

15 (Members reply aye.)

16 **MR. CHAIR:** Thank you.

17 **DR. DiPIETRO:** And to echo Dr. Ackerman,
18 we'll call the Board of Osteopathic Medicine
19 to --

20 All right. Same. I'm going to shadow
21 him. So we have the same similar situation on
22 our table. We have a differing rule. And so I
23 would ask if anyone has any motions to change
24 or modify the rule as it says currently.

25 Dr. Ducatel.

1 **DR. DUCATEL:** -- that I -- I motion that
2 we remove the exemption to match the Board of
3 Medicine.

4 **DR. KIRSH:** Dr. Kirsh, I second the
5 motion.

6 **DR. DiPIETRO:** Okay. So there's a motion
7 on the table to remove the current verbiage of
8 a research requirement in order to mirror the
9 allopathics -- the Board of Medicine Allopathic
10 Medicine's rule, correct? Did I hear that
11 right?

12 Okay. That was a motion by Dr. Ducatel.
13 A second by Dr. Kirsh. Any discussion?

14 Okay. No discussion. We have a motion
15 and a second.

16 All in favor, say aye.

17 (Members reply aye.)

18 **DR. DiPIETRO:** Anyone opposed?

19 (No response.)

20 **DR. DiPIETRO:** Motion carries unanimously.

21 I need a motion to adjourn Board of
22 Osteopathic Medicine.

23 **UNIDENTIFIED SPEAKER:** So moved, Madam
24 Chairman.

25 **UNIDENTIFIED SPEAKER:** Second.

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DR. DiPIETRO: Okay. We have a motion and
a second. Board is adjourned.

(Meeting adjourned.)

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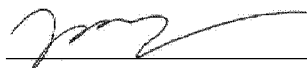
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I, Tracy Brown, certify that I was authorized to and did stenographically transcribe the foregoing audio-recorded proceedings, and that the transcript is a true and complete record of my stenographic notes.

Dated this 2nd day of November, 2023.



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