

**IN THE UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF FLORIDA  
TALLAHASSEE DIVISION**

JANE DOE et al.,

Plaintiffs,

v.

JOSEPH A. LADAPO et al.,

Defendants.

Civil No. 4:23-cv-00114-RH-MAF

**PLAINTIFFS' NOTICE OF FILING TRIAL EXHIBITS**

Pursuant to the Court's October 31, 2023 Order Confirming the Deadline to File Exhibits and the Pretrial Stipulation (Dkt. 174), Plaintiffs hereby submit this Notice of Filing Trial Exhibits<sup>1</sup>, with copies of each exhibit Plaintiffs expect to or may offer at trial listed on the Exhibit List below and appended hereto.<sup>2</sup> Plaintiffs reserve the right to use additional documents for purposes of impeachment, and to offer any exhibit identified by Defendants.

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<sup>1</sup> Due to the extensive number of documents, Plaintiffs are filing multiple, identical copies of this Notice on the case docket, each attaching a separate set of the below listed exhibits.

<sup>2</sup> Sealed versions of Plaintiffs' medical records (Doe Pls' Trial Exs. 80-86) have been filed at Dkt. 147.

**Plaintiffs' Exhibit List**

<b>Trial Ex. No.</b>	<b>Bates No.</b>	<b>Exhibit Description</b>	<b>Will Use</b>	<b>May Use</b>	<b>Stipulated/ Defendants' Objections</b>
<i>Dekker Exhibits</i>		Any exhibit that was entered into evidence in the <i>Dekker</i> trial		X	
Doe Pls' Trial Ex. 1	PL000566 - 000579	Defendants' Response to Pls' First Set of Interrogatories		X	
Doe Pls' Trial Ex. 2	PL000580 - 000625	Expert Report of Dr. Aaron Janssen, M.D. (8.16.2023)		X	Hearsay
Doe Pls' Trial Ex. 3	PL000626-000683	Expert Report of Dr. Brittany Bruggeman, M.D. (8.16.2023)		X	Hearsay
Doe Pls' Trial Ex. 4	PL000684-000735	Expert Report of Dr. Dan H. Karasic, M.D. (8.16.2023)		X	Hearsay
Doe Pls' Trial Ex. 5	PL000736 - 000816	Expert Report of Dr. Daniel Shumer, M.D. (8.16.2023)		X	Hearsay
Doe Pls' Trial Ex. 6	PL000817 - 000886	Expert Report of Dr. Loren Schechter, M.D. (8.16.2023)		X	Hearsay
Doe Pls' Trial Ex. 7	PL000887 - 000910	Expert Report of Dr. Vernon Langford, DNP, APRN-CNP, FNP-C (8.16.2023)		X	Hearsay
Doe Pls' Trial Ex. 8	PL000911 - 000929	Expert Report of Dr. Kenneth W. Goodman, PhD, FACMI, FACE (8.16.2023)		X	Hearsay
Doe Pls' Trial Ex. 9	PL000930 - 000938	Expert Rebuttal Report of Dr. Aaron Janssen, M.D. (9.5.2023)		X	Hearsay

Doe Pls' Trial Ex. 10	PL000939 - 000946	Expert Rebuttal Report of Dr. Dan H. Karasic (9.5.2023)		X	Hearsay
Doe Pls' Trial Ex. 11	PL000947	Florida Admin. Code R. 64B8-9.019, <i>Standards of Practice for the Treatment of Gender Dysphoria in Minors</i> (effective 3.16.2023)	X		
Doe Pls' Trial Ex. 12	PL000948	Florida Admin. Code R. 64B15-14.014, <i>Standards of Practice for the Treatment of Gender Dysphoria in Minors</i> (effective 3.28.2023)	X		
Doe Pls' Trial Ex. 13	PL000949	Notice of Change, Fla Admin Code R. 64B15-14.014 (filed 2.10.2023)		X	
Doe Pls' Trial Ex. 14	PL000950	Florida Department of Health Guidance, <i>Treatment of Gender Dysphoria for Children and Adolescents</i> (4.20.22)	X		
Doe Pls' Trial Ex. 15	PL000951	Surgeon General Ladapo Letter to Florida Boards of Medicine (6.2.22)	X		
Doe Pls' Trial Ex. 16	PL000952 - 000959	Florida Department of Health Petition to Initiate Rulemaking Setting the Standard of Care for the Treatment of Gender Dysphoria (7.28.22)	X		
Doe Pls' Trial Ex. 17	PL000960 – 000969	Florida Senate Bill 254 (2023)	X		
Doe Pls' Trial Ex. 18	PL000970 - 000979	Florida House Bill 1421 (2023)	X		

Doe Pls' Trial Ex. 19	PL000980 - 000981	Section 456.001(1)(8) – (9), Florida Statutes (2023)		X	
Doe Pls' Trial Ex. 20	PL000982 - 000983	Section 456.52, Florida Statutes (2023)		X	
Doe Pls' Trial Ex. 21	PL000984 - 001462	Rulemaking Record (Produced by Defendants)	X		
Doe Pls' Trial Ex. 22	PL001463 - 008066	Public Book for 02.10.2023 Joint Hearing (Produced by Defendants)	X		
Doe Pls' Trial Ex. 23	Med Def_001485 - 001622; PL012003 – PL012012	Transcript of Florida Board of Medicine Meeting 08.05.2022	X		
Doe Pls' Trial Ex. 24	Med Def_001058 – 001349	Transcript of Florida Boards' Joint Rule Workshop 10.28.2022	X		
Doe Pls' Trial Ex. 25	Med Def_000876 - 001016	Transcript of Florida Boards' Joint Meeting 11.04.2022	X		
Doe Pls' Trial Ex. 26	Med Def_001017 – 001043; PL012013 - PL012137	Transcript of Florida Boards' Joint Public Hearing 02.10.2023 (*Incomplete at present)	X		
Doe Pls' Trial Ex. 27	Med Def_001350 – 001484	Transcript of Florida House HHS Committee Meeting 02.21.2023	X		
Doe Pls' Trial Ex. 28	Med Def_002232 - 002234	Excerpt from Speech of Governor Ron DeSantis – Joint Session 03.07.2023		X	

Doe Pls' Trial Ex. 29	Med Def_000087 - 000250	Transcript of Florida Senate Health Policy Committee Meeting 03.13.2023		X	
Doe Pls' Trial Ex. 30	Med Def_002235 - 002335	Transcript of Florida House Healthcare Regulation Subcommittee Meeting 03.22.2023		X	
Doe Pls' Trial Ex. 31	Med Def_001913 - 002001	Transcript of Florida Senate Fiscal Policy Committee Meeting 03.23.2023		X	
Doe Pls' Trial Ex. 32	Med Def_002336 - 002461	Transcript of Florida House HHS Committee Meeting 03.27.2023		X	
Doe Pls' Trial Ex. 33	Med Def_002462 - 002571	Transcript of Florida Senate General Session 04.03.2023		X	
Doe Pls' Trial Ex. 34	Med Def_002002 - 002028	Transcript of Florida Senate General Session 04.04.2023		X	
Doe Pls' Trial Ex. 35	Med Def_002029 - 002144	Transcript of Florida House General Session 04.18.2023		X	
Doe Pls' Trial Ex. 36	Med Def_002145	Transcript of Florida House General Session 04.19.2023		X	
Doe Pls' Trial Ex. 37	Med Def_002215 - 002231	Transcript of Florida Senate General Session 05.04.2023		X	
Doe Pls' Trial Ex. 38	Med Def_002193 - 002214	Transcript of Florida House General Session 05.04.2023		X	
Doe Pls' Trial Ex. 39	Med Def_001623 - 001912	Transcript of Florida Boards' Joint Meeting 06.23.2023		X	

Doe Pls' Trial Ex. 40	Med Def_000251 - 000454	Transcript of Florida Boards' Joint Public Meeting 06.30.2023		X	
Doe Pls' Trial Ex. 41	Med Def_000001 - 000086	Transcript of Florida Boards' Joint Meeting 08.03.2023		X	
Doe Pls' Trial Ex. 42	FDOH_000 0 44095- 000044100; 000044010- 000044014; 000042401- 000043407; 000044022- 000044026; 000044081- 000044086; 000042389- 000042398.	Composite Exhibit - Emails between Board of Osteopathic Medicine Executive Director Danielle Terrell and Vernadette Broyles (Oct. 25-28, 2022)	X		
Doe Pls' Trial Ex. 43	FDOH_000 065015- 000065016	Emails from Board of Osteopathic Medicine Executive Director Terrell (11.07.22)		X	
Doe Pls' Trial Ex. 44	FDOH_000 058615- 000058616	Gender Dysphoria Roundtable (7.8.22)		X	Foundation Hearsay
Doe Pls' Trial Ex. 45	FDOH_002 874150- 002874157	Governor Talking Points		X	Foundation Hearsay
Doe Pls' Trial Ex. 46	FDOH_000 065735- 000065778	Request for Hearing to Board of Medicine		X	Foundation Hearsay

Doe Pls' Trial Ex. 47	FDOH_000 038015- 000038019	Open Letter to the Florida Board of Medicine (9.23.22)	X		Foundation Hearsay
Doe Pls' Trial Ex. 48	EOG_0051 21-005156	FDOH Updates (4.8.22)		X	Hearsay, as to draft material
Doe Pls' Trial Ex. 49	FDOH_000 064667- 000064671	Emails between Board of Medicine Executive Director Paul Vazquez and Dr. Laidlaw (10.14.22-10.25.22)		X	Foundation Hearsay Objection as to highlights
Doe Pls' Trial Ex. 50	EOG_0008 49-000864	Governor Talking Points (5.13.22)		X	Foundation Hearsay Objection as to highlights
Doe Pls' Trial Ex. 51	FDOH_000 039058	Emails between Board of Medicine Paul Vazquez and Dr. Patrick Hunter (10.16.22)		X	
Doe Pls' Trial Ex. 52	FDOH_001 9000113	Emails between Dr. Van Mol Dr. Patrick Hunter (9.14.22)		X	Foundation Hearsay Objection as to highlights
Doe Pls' Trial Ex. 53	FDOH_000 030412	Email between Vazquez and Hunter (9.14.22)		X	
Doe Pls' Trial Ex. 54	FDOH_000 030376- 000030377	Emails between Vazquez and Hunter (9.13.22)		X	
Doe Pls' Trial Ex. 55	FDOH_000 030366- 30369	Email between Hunter and Vazquez (9.12.22)		X	
Doe Pls' Trial Ex. 56	EOG_0005 19-000520	Gender Affirming Guidance Event		X	
Doe Pls' Trial Ex. 57	EOG_0006 67-000682	Governor DeSantis Interview Transcript (4.28.22)		X	

Doe Pls' Trial Ex. 58	Def_000286 709	AHCA Invoice for Dr. Van Meter attendance at Board of Medicine Meeting (8.11.22)	X		
Doe Pls' Trial Ex. 59	EOG_0081 28-008235	Memo on Gender Dysphoria Legislation	X		Foundation Hearsay
Doe Pls' Trial Ex. 60	EOG_0081 25-008127	Email from Maureen Furino with attachments (1.06.23)		X	Hearsay
Doe Pls' Trial Ex. 61	EOG_0052 82-005284	Email from Savannah Kelly Jefferson with attachment (6.29.22)		X	Foundation Hearsay Objection as to drafts
Doe Pls' Trial Ex. 62	EOG_0051 57 - 005250	Alliance Defending Freedom Binder		X	Foundation Hearsay
Doe Pls' Trial Ex. 63	EOG_ 004414, 004636- 004640, 004487- 004492	Briefers – Safeguarding Kids from Gender Surgeries and Drugs		X	
Doe Pls' Trial Ex. 64	FDOH_000 035598	Email from Board of Osteopathic Medicine Executive Director Danielle Terrell to Bettye Strickland (10.19.22)		X	
Doe Pls' Trial Ex. 65	FDOH_000 040582 – 000040599	Email from Patrick Hunter to Paul Vazquez (10.23.22)		X	
Doe Pls' Trial Ex. 66	FDOH_000 045008 - 000045010	Appearance Request Form (11.02.22)		X	
Doe Pls' Trial Ex. 67	FDOH_000 034212 – 000034214,	Email from Vazquez to Strickland (9.27.22)		X	

	Att. FDOH_000 034022 - 000034111				
Doe Pls' Trial Ex. 68	FDOH_000 069398 – 000061417	Phillip Penna comment (9.19.22)		X	
Doe Pls' Trial Ex. 69	FDOH_000 017897- 000017908	Email from Jeremy Redford (7.10.22)		X	
Doe Pls' Trial Ex. 70	PL008067 - 010525	Public Book for 8.3.23 Joint Meeting (Produced by Defendants)	X		
Doe Pls' Trial Ex. 71	FDOH_000 040530 - 000040542	Email from Hunter to Vazquez (10.22.22)		X	
Doe Pls' Trial Ex. 72	FDOH_000 039931 – 000039932	Email from Vazquez to Strickland (10.18.22)		X	
Doe Pls' Trial Ex. 73	FDOH_000 037928	September 30, 2022 Rule Workshop Agenda (9.30.22)		X	
Doe Pls' Trial Ex. 74	FDOH_000 040020	Original October 28, 2022 Workshop Agenda (10.28.22)		X	
Doe Pls' Trial Ex. 75	FDOH_000 035446 – 000035448	Email from Vazquez to Diamond (10.14.22)		X	
Doe Pls' Trial Ex. 76	FDOH_000 028162 – 000028163; FDOH_000 064956; and FDOH_000 065030	Emails from Senate Committee on Health Policy (Composite)		X	

Doe Pls' Trial Ex. 77	FDOH_000 039513 - 000039516	Emails between Dr. Dayton and Paul Vazquez (10.18.22)		X	
Doe Pls' Trial Ex. 78	FDOH_000 035604- 000035604	Email from Board of Osteopathic Medicine Danielle Terrell (10.19.22)		X	Completeness
Doe Pls' Trial Ex. 79	FDOH_000 039521 - 000039522	Email from Paul Vazquez to Danielle Terrell (10.18.22)		X	
Doe Pls' Trial Ex. 80	PL000022- 000048	Plaintiff Susan Doe Medical Records (SEALED)	X		
Doe Pls' Trial Ex. 81	PL000001 - 000015	Plaintiff Gavin Goe Medical Records (SEALED)	X		
Doe Pls' Trial Ex. 82	PL000366- 408; 000509-565	Plaintiff Lucien Hamel Medical Records (SEALED)		X	
Doe Pls' Trial Ex. 83	PL000418 - 000483	Plaintiff Olivia Noel Medical Records (SEALED)		X	
Doe Pls' Trial Ex. 84	PL000016 - 000021	Plaintiff Lisa Loe Medical Records (SEALED)		X	
Doe Pls' Trial Ex. 85	PL000409- 417; 000484-508	Plaintiff Kai Pope Medical Records (SEALED)		X	
Doe Pls' Trial Ex. 86	PL000049 - 000365	Plaintiff Rebeca Cruz Evia Medical Records (SEALED)		X	
Doe Pls' Trial Ex. 87	FDOH_000 035423 - 000035428	Emails between Hunter, Diamond, and Vazquez (10.04.22)		X	

Doe Pls' Trial Ex. 88	FDOH_000 062034 - 000062035	Emails between Hunter and Vazquez (9.23.22)		X	
Doe Pls' Trial Ex. 89	FDOH_000 061277 - 000061279	Emails between Hunter, Vazquez and Biggs (9.19.22)		X	
Doe Pls' Trial Ex. 90	FDOH_000 030412	Email from Hunter to Vazquez (9.14.22)		X	
Doe Pls' Trial Ex. 91	PL010526 - 010528	Governor Ron DeSantis Appoints Four to the Board of Medicine (6.17.22)		X	
Doe Pls' Trial Ex. 92	PL010529- 010530	Dr. Hunter article "Political Issues Surrounding Gender- Affirming Care for Transgender Youth" (JAMA Pediatr., December 20, 2021, doi:10.1001/jamapediatrics.2 021.5348)		X	Hearsay
Doe Pls' Trial Ex. 93	PL010531- 011801	<i>Eknes-Tucker v. Ivey</i> , 2:22- cv-00184, ECF 69-6 (5.02.22)		X	Relevance Foundation Hearsay
Doe Pls' Trial Ex. 94	PL011802- 011804	Catholic Medical Association Resolutions 8-7 through 8-14		X	Authentication Foundation Hearsay
Doe Pls' Trial Ex. 95	PL011805 - 001806	Catholic Medical Association 92 <sup>nd</sup> Annual Education Conference (9.18.23)		X	Authentication Foundation Hearsay
Doe Pls' Trial Ex. 96	EOG_0081 25 - 008127	Email from Furino with texts attached (1.06.23)		X	Foundation Hearsay
Doe Pls' Trial Ex. 97	PL011807 - 011811	AAP Resolution # 27		X	Authentication Foundation Hearsay

Doe Pls’ Trial Ex. 98	PL011812 - 011817	WSJ article “Youth Gender Transition Is Pushed Without Evidence” by Hunter, Roman, Kaltiala, Malone, etc. (7.13.23)		X	Hearsay
Doe Pls’ Trial Ex. 99	PL011818 - 011819	U.S. EO 12866 Meeting 0945-AA17 (4.25.22)		X	Foundation Hearsay
Doe Pls’ Trial Ex. 100	PL011820 – PL011825	SEGM “About Us” Page		X	Foundation Hearsay
Doe Pls’ Trial Ex. 101	PL011826 - 011827	“Challenges in Timing Puberty Suppression for Gender-Nonconforming Adolescents” (de Vries, 7.14.20)			Hearsay
Doe Pls’ Trial Ex. 102	PL011828 - 011830	Governor Ron DeSantis Appoints Three to the Board of Osteopathic Medicine (12.06.22)			
Doe Pls’ Trial Ex. 103	PL011831 - 011833	Governor Ron DeSantis Appoints Two to the Board of Medicine (12.28.22)			
Doe Pls’ Trial Ex. 104	PL011834 - 011857	NYT Article, Dr. Benson quoted (11.14.22)		X	Hearsay
Doe Pls’ Trial Ex. 105	PL011858 - 011866	Smalley, et al., <i>Improving Global Access to Transgender Health Care</i> , <i>Transgender Health</i> , Vol. 7, No. 2 (2022)		X	Hearsay
Doe Pls’ Trial Ex. 106	PL011867	Fla. Admin R. 64B8-30.008		X	

Doe Pls' Trial Ex. 107	PL011868	Fla. Admin. R. 64B8-30.012		X	
Doe Pls' Trial Ex. 108	PL011869 - 011871	Fla. Stat. 464.0123		X	
Doe Pls' Trial Ex. 109	PL011872 - 011874	Fla. Stat. 464.012		X	
Doe Pls' Trial Ex. 110	PL011875 - 011880	Fla. Stat. 458.347		X	
Doe Pls' Trial Ex. 111	PL011881	20 CFR 10.310		X	
Doe Pls' Trial Ex. 112	PL011882 - 011888	A Letter to Christian Physicians_CMDA Today		X	Hearsay
Doe Pls' Trial Ex. 113	PL011889 - 0011890	Composite Exhibit (Jonathan Clemens Tweets)		X	Hearsay
Doe Pls' Trial Ex. 114	PL011891 - 011938	FSU Student Handbook 2022-2023		X	Hearsay
Doe Pls' Trial Ex. 115	PL011939 - 011948	Detransitioners in Your Church Doorway		X	Hearsay
Doe Pls' Trial Ex. 116	PL011949 - 011973	Composite Exhibit – Tweets from Defendants and Lawmakers		X	Foundation Relevance Hearsay
Doe Pls' Trial Ex. 117	PL01974 - 011975	SB 254 Amendment (350064 - Failed)		X	

Doe Pls' Trial Ex. 118	PL011976 – 011977	SB 254 Amendment (299002 – Failed)		X	
Doe Pls' Trial Ex. 119	PL011978 - 011979	SB 254 Amendment (212692 - Failed)		X	
Doe Pls' Trial Ex. 120	PL011980 - 011981	SB 254 Amendment (374289 - Failed)		X	
Doe Pls' Trial Ex. 121	PL011982 - 011996	SB 254 Amendment (256341) (and Failed Amndts to Amndt)		X	
Doe Pls' Trial Ex. 122	PL011997	SB 254 Amendment (388571 - Failed)		X	
Doe Pls' Trial Ex. 123	PL011998 - 012000	Dr. Hunter Letter to the Editor, JACCP, DOI: 10.1002/jac5.1691 (6.06.22)		X	Hearsay
Doe Pls' Trial Ex. 124	Def_000177 905 - 000177906	Email from Jeremy Redfern re: Surgeon General Ladapo Meeting (7.10.22)		X	
Doe Pls' Trial Ex. 125	PL012001 - 012002	ALEC Legislative Membership List		X	Authentication Foundation Relevance Hearsay
Doe Pls' Trial Ex. 126	PL012138 – PL012143	Notice of Emergency Rules 64B8ER23-11 and 64B15ER23-12	X		

Dated: November 6, 2023

**LOWENSTEIN SANDLER LLP**

By: /s/ Thomas Redburn, Jr.

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***Counsel for Plaintiffs***

**CERTIFICATE OF SERVICE**

I hereby certify that, on November 6, 2023, I electronically filed the foregoing with the Clerk of the Court by using the CM/ECF system.

*By: /s/ Thomas Redburn, Jr.*

**From:** [Vazquez, Paul](#)  
**To:** [Strickland, Bettye C](#)  
**Subject:** FW: please add to public record  
**Date:** Monday, October 24, 2022 8:43:24 AM  
**Attachments:** [What Are We Doing to These Children Response to Drescher Clayton and Balon Commentaries on Levine et al 2022.pdf](#)  
**Importance:** High

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Please add to the materials with Chair approval and distribute accordingly.



**Paul A. Vazquez, J.D.**  
Executive Director  
Florida Board of Medicine  
Florida Department of Health  
Phone: 850-245-4130

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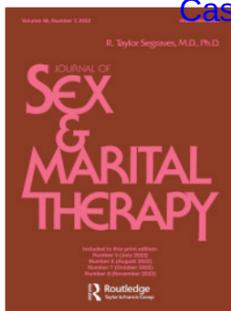
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**From:** Patrick Hunter <patrickhunter@mac.com>  
**Sent:** Saturday, October 22, 2022 5:05 PM  
**To:** Vazquez, Paul <Paul.Vazquez@flhealth.gov>  
**Subject:** please add to public record

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Patrick

FDOH\_000040530



## Journal of Sex & Marital Therapy

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# What Are We Doing to These Children? Response to Drescher, Clayton, and Balon Commentaries on Levine et al., 2022

Stephen B. Levine, E. Abbruzzese & Julia W. Mason

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LETTER TO THE EDITOR



## What Are We Doing to These Children? Response to Drescher, Clayton, and Balon Commentaries on Levine et al., 2022

Stephen B. Levine<sup>a</sup>, E. Abbruzzese<sup>b</sup> and Julia W. Mason<sup>c</sup>

<sup>a</sup>Case Western Reserve University Department of Psychiatry, 6415 Gates Mills Blvd, Mayfield Heights, 44124, United States; <sup>b</sup>Society for Evidence-Based Gender Medicine, Twin Falls, 83301-5235, United States; <sup>c</sup>Calcagno Pediatrics, Gresham, Oregon

### Introduction

In our paper, “Reconsidering Informed Consent for Trans-Identified Children, Adolescents, and Young Adults” (Levine, Abbruzzese, & Mason, 2022), we asserted that the consent process for youth gender transition is so problematic in much of the Western world that it can no longer be considered “informed.”

We reflected on how far the entire field of gender medicine has drifted from the principles of evidence-based medicine and the scientific method. Attempts to study the sharp rise of gender dysphoria in previously gender-normative teens (Bradley, 2022; Littman, 2018) are met with consternation by the gender-medicine establishment (World Professional Association for Transgender Health [WPATH], 2018). The significant rate of problematic adaptations, psychiatric symptoms, and self-harm in this youth cohort (Becerra-Culqui et al., 2018; de Graaf, Giovanardi, Zitz, & Carmichael, 2018; de Graaf et al., 2021; Kaltiala-Heino, Sumia, Työläjärvi, & Lindberg, 2015; Kozłowska, Chudleigh, McClure, Maguire, & Ambler, 2021; Strang et al., 2018; Thrower, Bretherton, Pang, Zajac, & Cheung, 2020) is explained away as merely manifestations of minority stress, with unsubstantiated claims that these mental health problems will resolve with gender transition—and *only* with gender transition. Efforts to help the distressed teens psychotherapeutically, which is the standard approach for all other types of psychiatric symptoms, are stigmatized as conversion therapy. The growing evidence of *detransition*, apparent in recent data (Boyd, Hackett, & Bewley, 2021; Hall, Mitchell, & Sachdeva, 2021; Roberts, Klein, Adirim, Schvey, & Hisle-Gorman, 2022), is either dismissed or recast as a benign gender journey (Turban, Loo, Almazan, & Keuroghlian, 2021), and the reports of regret by many of the detransitioners themselves are ignored (Littman, 2021; Vandenbussche, 2022). Perhaps most problematic, the information shared by gender clinicians with patients and families about “gender-affirming” interventions is markedly skewed: it overstates the demonstrated benefits of hormones and surgeries and trivializes their risks and the uncertainties of future outcomes.

Our critical ethical evaluation also included proposed solutions. We suggested that clinicians familiarize themselves with the difference between the classical early-onset of cross-sex identification, which typically spontaneously resolves before adulthood (Ristori & Steensma, 2016; Singh, Bradley, & Zucker, 2021), and the novel presentation of youth with postpubertal onset of gender dysphoria and a much wider range of gender identities, for whom the outcomes are unknown. We suggested that rather than merely deferring to their medical societies’ wholesale adoption of “gender-affirmative” guidelines from the gender medicine establishment, clinicians would benefit from scrutinizing the unconvincing results from key studies. We implored

clinicians to slow down and engage patients and families in thorough and thoughtful discussions not only of the possible benefits but also the significant risks and uncertainties inherent in a medically dependent lifetime.

The editor invited four respected academicians to write commentaries (Balon, 2022; Clayton, 2022; Drescher, 2022; de Vries, 2022). Two agreed that current trends are problematic and must be addressed to safeguard youth from harm (Balon, 2022; Clayton, 2022). Two disagreed, but in very different ways (Drescher, 2022; de Vries, 2022). Drescher took a decidedly civil rights-based perspective, arguing that while the evidence is low quality, ultimately, the principles of body autonomy should trump all other concerns. de Vries conceded that the evidence base for pediatric gender transition suffers from deficiencies but asserted that it is of sufficient quality to widely scale hormonal and surgical “gender-affirming” interventions.

Below, we provide our thoughts about the first three commentaries we received (Drescher, 2022; Clayton, 2022; Balon, 2022), starting with our response to Drescher. We have responded to de Vries (2022) in a separate forthcoming publication.

## Response to Drescher

Drescher’s commentary (Drescher, 2022) illuminated the mindset of clinicians who are aware of the limitations of the evidence base of youth gender transition, yet actively promote medicalization while eschewing any noninvasive treatment alternatives. Drescher ridiculed the title of our publication (Levine et al., 2022) by naming his own commentary “Informed Consent or Scare Tactics?” Having carefully examined his objections to our paper, we, in turn, suggest that Drescher’s commentary would have been better titled “Risks, Schmisks”— as it succinctly summarizes his counterarguments.

Drescher mocked our suggestion for a slow and deliberate informed consent process for youth embarking on a medicalized lifetime with a skit in which a patient receives extensive disclosures of the risks of taking aspirin for a headache. While Drescher referred to his writing exercise as a “parody,” it is a generous description, and not just because some might find it lacking in humor; the situations he compares are not even remotely equivalent. Even prolonged aspirin use increases the absolute risk of severe bleeding by just 0.47% (Zheng & Roddick, 2019). In contrast, 100% of children will be rendered sterile if puberty is blocked at Tanner Stage 2 and followed with cross-sex hormones, as currently suggested by the Endocrine Society (Hembree et al., 2017). While the risks of exogenous sex hormones have been well-documented and led to a black box warning from the FDA (Jeffrey, 2003; Togun, Sankar, & Karaca-Mandic, 2022), there is now mounting evidence of the detrimental effects of puberty blockers on a range of physiological parameters (Nokoff et al., 2021) including bone density (Biggs, 2021; Klink, Caris, Heijboer, van Trotsenburg, & Rotteveel, 2015; Nokoff, Ma, Moreau, & Rothman, 2022). We think a better example of using comedy to make a point is a skit by comedian Bill Maher, who recently noted that bone density is “kind of important if you like having a skeleton” (Maher, 2022).

The exuberant irreverence of Drescher’s commentary extended to his discussion of the evidence base for youth gender reassignment, with the suggestion that the GRADE designation of *low-quality evidence* is merely a “a scary buzzword” (Drescher, 2022, p. 3). To clarify, the Grading of Recommendations Assessment, Development and Evaluation (GRADE) is an international best practice in evidence evaluation, which provides a structured way to assess key factors that increase or decrease confidence of findings in a body of evidence (GRADE Working Group, 2013). The GRADE ratings of “very low” and “low” quality—the only two ratings that the body of evidence for youth gender reassignment has ever received—indicate that *the true effect* of hormones and surgeries is likely *markedly different* from the results reported by the studies (Balslem et al., 2011; Reed & Guyatt, n.d.). The problem is *not* that the field of youth gender reassignment has not yet produced “enough” studies, as Drescher’s own phrasing of “low levels of evidence” suggests; the actual problem is that *none* of the numerous studies produced to date, individually or collectively as a body of evidence, are reliable or trustworthy. This is because

all the available studies are uncontrolled observational studies subject to bias, confounding, or chance (National Institute for Health and Care Excellence [NICE] 2020a, 2020b).

Drescher also incorrectly asserted that the reason the evidence base for gender transition has been graded as *very low/low quality* is due to the “absence of randomized clinical trials (RCTs)” (Drescher, 2022 p. 3). While it is true that data from a body of randomized *controlled* trials (whether the comparator is placebo or another active intervention) starts with the presumption of *high quality*, it can be downgraded to *low quality* if there are serious concerns arising from risk of bias, imprecision, inconsistency, indirectness, and publication bias. Conversely, non-randomized study of an intervention (e.g., an observational study) can be upgraded to *moderate* or *high quality* when there is a large magnitude of effect; a demonstrated dose-response relationship; and when the potential confounders are not expected to inflate the outcomes in a positive direction—in other words, when the research signals plausible, sizeable benefits (Reed & Guyatt, n.d.). The problem is *not* that quality research in the space of gender medicine is not feasible; it is that increasingly, gender clinicians who lead the studies view the matter as settled science, and as a result do not bother to design research capable of producing high or even moderate quality evidence. Even more troubling, when called out, such clinicians insist that using rigorous study designs in pediatric gender medicine is unethical (Turban, Almazan, Reisner, & Keuroghlian, 2022).

Nor is it correct to assume that randomization is unethical. According to the principle of research equipoise, “when there is uncertainty or conflicting expert opinion about the relative merits of diagnostic, prevention, or treatment options, allocating interventions to individuals in a manner that allows the generation of new knowledge (randomization)” is ethically permissible (London, 2017, p. 525). That “gender-affirming” interventions are administered to youth “based on very limited data” and that long-term outcomes are unknown has been acknowledged by even the most ardent proponents of pediatric gender transition (Olson-Kennedy et al., 2019, p. 2). Rigorous research has been conducted in other “high stakes” areas of medicine and has led to the development of highly effective treatments, as evidenced by the advances in pediatric oncology (Berg, 2007). Pediatric gender medicine cannot claim an exceptional status when it comes to the quality of research it must undertake.

Drescher is also incorrect in stating that “none of the surgical procedures ... are performed on children with GD/GI [gender dysphoria/gender incongruence]” (Drescher, 2022, p. 4). We have seen the claim that “gender-affirming surgery is not performed on children” repeated with increasing frequency. We are not sure whether this assertion hinges on the definition of a “child” as someone who has not yet had their 13<sup>th</sup> birthday; or if it is a case of blissful ignorance by those inexperienced with this patient population. Patients as young as 12-13 have been obtaining “gender-affirming” mastectomies in the United States for several years, as evidenced by the data from the National Institutes of Health (NIH)-funded research (Olson-Kennedy, Warus, Okonta, Belzer, & Clark, 2018, Figure); research from a large U.S. healthcare system (Tang et al., 2022, Figure 2); and a recent publication in JAMA Pediatrics (Ascha et al., 2022). The latter asserted strong benefits of mastectomies for youth based on the finding that the young people were no longer “dysphoric” about their chest appearance a mere 3 months post-surgery. Version 8 of the WPATH “Standards of Care,” published in September 2022, ratified the notion that surgeries should be available to youth when it removed previously stated minimum age limits for “gender-affirming” surgical procedures (Block, 2022; Coleman et al., 2022).

Setting Drescher’s misunderstanding of the evidence aside, his fundamental problem with our paper appears to be that we did not outline treatment alternatives to “gender affirmation” for youth gender dysphoria—beyond psychotherapy. Yet, psychotherapy is *exactly* what Sweden—the first country in the world to legally recognize transgender people—and Finland recommend as the first (and typically only) line of treatment for gender dysphoric youth (COHERE, 2020; Socialstyrelsen, 2022a, 2022b). The UK is now moving in a similar direction, calling on clinicians to lean on their existing skills in mental health support of gender dysphoric youth, and to not “exceptionalise gender identity issues” (Cass, 2022). With these recent changes, Europe is

returning to the proven axiom taught to medical students early in their training: “when you hear hoofbeats, think of horses not zebras.” In this context, the profound gender-related distress that has engulfed Western youth in recent years is much more likely to be a novel manifestation of the identity formation struggles of youth, rather than a rare intractable “mismatch” between the body and the brain that must be medically and surgically corrected.

We are puzzled about why Drescher, a psychoanalyst himself, dismissed the contribution of his own field to the management of gender dysphoria in youth by describing it as “just talk” (Drescher, 2022, p. 4). More disheartening, however, is that he chose to conflate psychotherapy for gender dysphoria with “conversion therapy.” The notion that psychotherapy was a missing element in their care was endorsed by detransitioners, who say that a better understanding of the nature of their gender distress would have helped them avoid irreversible and deeply regrettable medical interventions (Littman, 2021; Vandenbussche, 2022).

While Drescher appeared comfortable with recommendations to change anatomy, physiology, and create the need for lifelong “gender-affirming” interventions based on low quality evidence, he was quick to disdain the alternative of psychotherapy because it “lack[s]... empirical evidence” (Drescher, 2022, p. 4). It is, of course, untrue that psychotherapy for gender dysphoria in youth lacks “empirical evidence”; what it lacks is *high quality* evidence. Rigorous comparative trials of psychotherapeutic approaches to gender dysphoria in youth are urgently needed. However, if Drescher undertakes a literature search, he will discover that beyond the article by Schwartz (2021), to which he dedicated a significant part of his response, there is a growing body of (low quality) evidence that psychotherapy *can* ameliorate gender distress in youth and can reduce or eliminate the need for invasive medical interventions (Bonfatto & Crasnow, 2018; Churcher Clarke & Spiliadis, 2019; Evans, 2022; Hakeem, 2012; Lemma, 2018; Spiliadis, 2019). Psychotherapy to “resolve confusion [about gender feelings] and come to self acceptance was also a key part of the Dutch protocol (de Vries et al., 2006, p. 87).

The concern that vulnerable adolescents and young adults do not get appropriate mental health evaluation and treatment and are effectively rushed into transition, has been voiced not only by the “critics,” as Drescher asserts, but also by the supporters of “gender-affirmative” interventions such as Dr. Erika Anderson—a psychotherapist, transgender woman, and recent President of the US branch of WPATH, USPATH (Anderson, 2022). There is a convincing body of evidence that gender dysphoria frequently occurs in *lesbian and gay* youth (Bryant, 2006; Cantor, 2020, Appendix 1; Korte et al., 2008). It also disproportionately affects *autistic* youth (Bradley, 2022; Hisle-Gorman et al., 2019; Thrower et al., 2020), as well as vulnerable individuals who have experienced various forms of trauma (D’Angelo et al., 2021; Kozłowska et al., 2021). We would have expected Drescher to support the notion that young gay and autistic people suffering from gender dysphoria deserve access to noninvasive treatment alternatives that avoid life-long health risks and do not render them sterile.

A second reason for Drescher’s objection to our publication is that he viewed our recommendation for delay in irreversible medical interventions as putting the interests of “cisgender” gender dysphoric youth above the interests of “transgender” youth. We remind Drescher that the predictive validity of the youth gender dysphoria (or gender incongruence) diagnoses is unknown (Davy & Toze, 2018; Paris, 2015; Zucker, 2010), and that no criteria exist for how to reliably differentiate youth who will desist from a transgender identity as adults, from those for whom this identity will be life-long. That the majority of trans-identified *children* will not be trans-identified adults is well established (Ristori & Steensma, 2016; Singh et al., 2021). The notion that trans-identified *teens or young people* do not desist, which seems to have been uncritically adopted by gender clinicians, is patently untrue, as demonstrated by a growing number of studies of detransitioners, the majority of whom do not identify as transgender after they medically detransition (Littman, 2021; Vandenbussche, 2022). Recent data from gender clinics show that the rate of medical *detransition* is now reaching 10-30% within just a few years after the initiation of transition (Boyd et al., 2021; Hall et al., 2021; Roberts et al., 2022); this

percentage will likely grow as the patients reach the 10+ year mark when regret has been noted to typically emerge (Dhejne, Öberg, Arver, & Landén, 2014; Wiepjes et al., 2018).

Drescher chose to engage in ad hominem attacks on those involved in the publication of our paper. He referenced an anonymous libelous blog in his attempt to discredit the US registered nonprofit organization, the Society for Evidence-Based Gender Medicine (SEGM) and fanned the flames of baseless insinuations by inventing a non-existent association between SEGM and anti-homosexual groups. In questioning SEGM's goals, Drescher changed SEGM's name, substituting "evidence-based" with "empirical-based," and inadvertently revealed a lack of understanding of the difference between these two concepts. "Empirical-based" medicine relies on expert opinion backed by only minimal research. It is also known as "eminence-based." In contrast, the cornerstone of "evidence-based medicine" is a rigorous, impartial evaluation of the evidence to assess its certainty, which allows for truly informed decision-making (Drisko & Friedman, 2019). SEGM's stated goal is to help gender medicine move past its current "empirical-based" status and toward the rigorous principles of evidence-based medicine. While Drescher failed to identify any inaccuracies in the information disseminated by SEGM, he did find fault with the authors' disclosure of an association with SEGM. We remind him and other researchers that such disclosures are an ethical requirement for publications and are not optional. Unfortunately, disclosures of interest, including *conflicts of interest*, such as when pharmaceutical companies pay authors promoting the benefits of "gender-affirmative hormones," are often omitted, and only come to light months after the research conclusions have been widely publicized (Erratum for TURBAN 2019-1725., 2021). Another rarely disclosed conflict of interest in pediatric gender medicine is the fact that the investigators of the studies are commonly the same clinicians who are prescribing or administering "gender-affirming" interventions. This is perhaps the single most problematic source of bias in current research, since the investigators have a significant intellectual (and sometimes financial) stake in "demonstrating" that their work produced positive results (Boutron et al., 2022).

We invite Drescher to examine his own potential conflicts of interest and intellectual biases, including the possibility that his decade-long advocacy to de-pathologize gender dysphoria in the diagnostic categories of DSM and ICD (Drescher, Cohen-Kettenis, & Winter, 2012) may have created a confirmation bias. Had Drescher critically engaged with the fact that over 70% of gender dysphoric youth presenting for care had been diagnosed with a mental illness or neurocognitive disorder prior to the onset of gender dysphoria (Becerra-Culqui et al., 2018), perhaps he would see the reason behind the recommendation for psychotherapy as the first and even only line of treatment, pending reaching maturity.

We share Drescher's concerns about the politicization of transgender health care, as some states move to issue harsh penalties for those who provide gender transition services to minors. We agree that regulating treatments for gender dysphoria is best handled by the medical establishment self-correcting, rather than allowing politicians to make medical decisions. Drescher does not seem to realize, however, the extent to which his own attitude, shared by many gender clinicians, that youth gender transitions must continue without restraint before any reliable data are available, has contributed to this polarization. Drescher's concern for the wellbeing of gender dysphoric youth is palpable, and we share it, even if he finds that hard to believe. What the field needs now is more reliable outcome data, not more passion and political rhetoric.

## Response to Clayton

In the process of comparing our informed consent recommendations to those authored by WPATH's affiliate AusPATH, Clayton revealed that the guidance widely used in Australia and New Zealand is not entirely data dependent. Given AusPATH's close links to WPATH, we agree with Clayton that her commentary "holds much relevance to the international context" (Clayton, 2022b p. 1).

Clayton juxtaposed two sets of opposing claims regarding the evidence for “gender affirmation” of youth: the claim by advocates of this practice who insist that data show significant benefits and low risks, and the assertions of critics that the benefits are highly uncertain, and the risks are significant. She suggested that this contradiction may be resolved by engaging in “close reading of the cited primary sources” (Clayton, 2022b p. 3). As Clayton’s prior research demonstrated, there is a troubling “asymmetry” in how the results from gender clinics-based research are frequently reported: “[f]indings of positive outcomes of medical interventions are trumpeted in abstracts, while their profound limitations remain behind the paywall, thus, below the radar of busy clinicians” (Clayton et al., 2022, p. 3). Once the individual studies are scrubbed of uncertainty in the abstracts, the evidence enters a new cycle of laundering where “[n]ew publications reference prior ones with increasing and unwarranted confidence” (Clayton et al., 2022, p. 3).

Unfortunately, not only individual studies, but even systematic *reviews of evidence*, which generally reside on the highest rung of the evidence pyramid, can suffer from bias. Clayton’s prior research focused on a problematic “systematic review” by Rew, Young, Monge, and Bogucka (2021), which exemplified a “concerning trend to overstate the evidence underpinning clinical practice recommendations for youth with GD [gender dysphoria]” (Clayton et al., 2022, p. 3).

We see similar problems in the review commissioned by WPATH as the basis for its “Standards of Care 8” (Baker et al., 2021). This review failed to examine any *physical health* risks of hormonal interventions and found only low-quality or insufficient evidence of *psychological* benefits due to high risk of bias in study designs, small sample sizes, and confounding with other interventions. This did not preclude the authors from endorsing “hormone therapy,” including puberty blockers and cross-sex hormones for youth as an “essential component of care” (Baker et al., 2021, p. 13.). These conclusions, which cannot be substantiated by the review’s actual findings, have since been used by WPATH to issue the recommendations to treat gender dysphoria medically, stating that “delay in transition” is rarely advisable and should only be used as a “last resort” (Coleman et al., 2022, p. S37).

It is worth noting that Baker, the lead author of the WPATH-commissioned systematic review, appears to have coauthored another highly flawed evidence review widely known by its pithy subtitle, “What We Know” (Frank & Baker, 2018). Baker’s commitment to generating research that furthers a policy agenda to promote access to hormones is well-publicized (Health Policy Research Scholars, 2019). Had the goal been scientific accuracy, rather than political advocacy, the title of that review would have been “What We *Don’t* Know.”

It is notable that when led by researchers with no intellectual or financial conflicts of interest, evidence reviews universally find the benefits of pediatric gender reassignment unconvincing, and the unquantified risks of harm alarming. This includes recent evidence reviews commissioned by health authorities in the UK (NICE, 2020a, 2020b); Sweden (SBU, 2022); Finland (Pasternack, Söderström, Sajonkari, & Mäkelä, 2019), and most recently, the state of Florida in the United States (Brignardello-Peterson & Wiercioch, 2022).

Clayton reminded readers that advancing from the current lack of evidence requires rigorous study designs capable of generating high quality evidence. She illustrated the importance of rigorous research designs by invoking the *placebo effect*—the well-established powerful influence of “the whole therapeutic ritual, including medical marketing” that “affects the patient’s neuro-psycho-biological state...” (Clayton, 2022b, p. 5). Clayton questioned the extent to which the observed short-term improvement reported by uncontrolled studies may be subject to the placebo effect, with clinicians themselves operating under a “therapeutic illusion” enabled in part by the widespread promotion of the expected benefits of gender transition in “social media, and celebrity culture” (p. 5). She noted that when “interventions have high risk of serious and irreversible adverse effects” (p. 5), rigorous study designs that control for these factors are essential.

Clayton also reflected on the blurred line that separates “innovative clinical practice,” which can be offered widely by any willing provider, from “research,” which is subject to a tightly

regulated process. She questioned whether “affirming” interventions for youth can only ethically be performed in research settings, in view of these interventions’ irreversible effects and the risks involved to very young individuals. This is the direction that Sweden recently assumed (Socialstyrelsen, 2022a, 2022b). In the U.S., such a change is not likely to come from the Federal government, but it can take place at the state level, as U.S. laws delegate the responsibility to regulate the practice of medicine to individual states. If this were to happen, gender clinics in participating states might be more motivated to design research that generates useful data to answer the unanswered questions about outcomes.

Having interrogated the evidence, Clayton concluded, “[a]ny claims of certainty are premature and risk more harm than benefit” and observed that the gender medicine establishment’s misguided insistence that the science is settled “hinder[s] the rigorous debate and research required to improve the state of knowledge in this area of medicine” (Clayton, 2022b, p. 6). Clayton’s overview of medicine’s misadventures detailed in her previous publication (Clayton, 2022a), and in the relevant examples in her present commentary (Clayton, 2022b), provide a powerful argument to all clinicians to reconsider their informed consent processes for youth gender transitions. We highly recommend her erudite commentary to all individuals in the field.

## Response to Balon

Balon reinforced, elaborated, and provided historical perspective of the importance of a “serious, thorough, and careful” legal and ethical informed consent process (Balon, 2022, p. 3). His epigram, “*Whatever you do, do it deliberately and consider the end*” (Balon, 2022, p. 1) indicated his grasp of the central issue of our contribution—our concern about the proliferation of gender transitions undertaken in youth, despite the unknown long-term outcomes of these radical interventions. He sagely observed that in 2012, when the requirement for psychiatric evaluation was waived to enable patients to efficiently obtain hormones (Coleman et al., 2012), the protection of patients and their families was jeopardized.

Balon agreed that the process of medical gender transition of youth is often undertaken in a way that is not truly informed: “Similar to Levine et al. (2022), I am also not sure whether, with the increased incidence of gender identity variation, all parties involved in the informed consent process are well and appropriately informed and educated” (Balon, 2022, p. 1). He recognized the difficulty of obtaining informed consent from patients and families when the clinicians themselves do not have reliable information: “the word informed does not relate “just” to patients’ (and their families) side of the informed consent equation, but also to the clinicians’ side. It is obvious that our state of knowledge regarding appropriate and timely gender transition (whatever the intervention is) and its consequences is not where we would like it to be” (Balon, 2022, p. 1).

Balon emphasized how far the field of gender medicine is from a rational dispassionate heuristic embrace of the disagreements: “It seems that most of the time ideology, emotions and personal convictions beat knowledge and evidence in these debates” (Balon, 2022, p. 3). Balon’s plain language summary of the current situation is apt: “Simply said, the ship has sailed, and we assume that its course is correct, and landing will be correct and the life after will be happy. Is that so, though?” (Balon, 2022, p. 1). Alarmed by the “possibility of underlying belief systems replacing scientific evidence,” Balon encouraged all parties to continue the scientific debate, “agree to disagree and through our disagreement and continuous study of gender and transgender issues continue to improve the care of our patients.” Balon reminded all those involved in the debate that there is “[u]ltimately, just one side to this debate...the patient side” (Balon, 2022, p. 3).

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**From:** [Strickland, Bettye C](#)  
**To:** [Vazquez, Paul](#)  
**Cc:** [Terrell, Danielle](#)  
**Subject:** RE: SME Stuff  
**Date:** Tuesday, October 18, 2022 12:32:35 PM  
**Attachments:** [10282022 Rule Workshop Agenda .docx](#)  
**Importance:** High

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Paul,

1. Below is Monica's response regarding reduced rates. In short, there are none. We can only put DOH employees on our Rooming list for "self-pay". The rate will be \$359.00/night (limited rooms available – they need to book quickly).

**It appears that due to the expedited scheduling of this meeting that there was limited availability for sleep rooms and unfortunately, public block rooms are not available. I verified this with the hotel sales manager that Sherra has been working with and there are a few rooms available, but the price point would \$359.00 per night.**

2. I will keep an eye out for the CV's and materials. I will publish today, what I have so far. (The public book will not be placed on our website until Thursday (per Janet and Danielle's meeting yesterday).

I also attached the updated agenda for you.

Cherise

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**From:** Vazquez, Paul <Paul.Vazquez@flhealth.gov>  
**Sent:** Tuesday, October 18, 2022 11:03 AM  
**To:** Strickland, Bettye C <Bettye.Strickland@flhealth.gov>  
**Cc:** Terrell, Danielle <Danielle.Terrell@flhealth.gov>  
**Subject:** SME Stuff

Cherise:

Two things. First, do we still have a reduced rate for rooms for the 10/28/22 meeting? If we do, please communicate that the Drs. Cantor and Laidlaw. We may be able to put them on our rooming list as "self-pay." If that window has closed, please communicate that as well so they know.

Second, I will try to make sure you get CVs and presentation materials as I receive them. At some point, we will need to publish that material and upload it to iViewer for the joint committee. Please coordinate with Danielle on the detransitioner (if necessary).

Thanks.

Paul

FDOH\_000039931



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**Mission:** To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

**PLEASE NOTE:** Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.



**Florida Boards of Medicine and Osteopathic Medicine  
Joint Rules/Legislative Committee Rule Workshop**

**Joseph P. Cresse Hearing Room  
Betty Easley Conference Center  
075 Esplanade Way, Room 148  
Tallahassee, Florida 32399  
850-413-6008**

**September 30, 2022**

**AGENDA**

Participants in this public meeting should be aware that the proceedings are being recorded and that an audio file of the meeting will be posted to the Boards' websites.

Roll call will be at 8:00 a.m. or soon thereafter. The meeting will end no later than 12:00 p.m.

**Rule Workshop:**

**Development of Rule Language ..... 1**

**Rules 64B8-9.019 & 64B15-14.014, F.A.C. – Practice Standards for the Treatment of Gender Dysphoria**

- **Roll call**
- **Opening Remarks and Administrative Matters**
- **Subject Matter Experts – Questions and Answers**
  - **Michael Biggs, PhD**
  - **James Cantor, PhD**
  - **Kristin Dayton, M.D.**
  - **Michael Laidlaw, M.D.**
- **Discussion and Development of Rule Language**
- **Public Comments**
- **Closing Remarks and Administrative Matters**
- **Meeting Adjourns**



**Florida Boards of Medicine and Osteopathic Medicine  
Joint Rules/Legislative Committee Rule Workshop**

**Hyatt Regency Orlando International Airport  
9300 Jeff Fuqua Boulevard  
Orlando, FL 32827  
407-825-1234**

**October 28, 2022**

**AGENDA**

Participants in this public meeting should be aware that the proceedings are being recorded and that an audio file of the meeting will be posted to the Boards' websites.

Roll call will be at 8:00 a.m. or soon thereafter. The meeting will end no later than 1:00 p.m.

**Rule Workshop:**

**Development of Rule Language ..... 1**

**Rules 64B8-9.019 & 64B15-14.014, F.A.C. – Practice Standards for the Treatment of Gender Dysphoria**

- **Roll call**
- **Opening Remarks and Administrative Matters**
- **Subject Matter Experts – Questions and Answers**
  - **Michael Biggs, PhD**
  - **James Cantor, PhD**
  - **Kristin Dayton, M.D.**
  - **Aron Janssen, M.D.**
  - **Riittakerttu Kaltiala, M.D.**
  - **Michael Laidlaw, M.D.**
  - **Meredithe McNamara, M.D.**
  - **Detransitioner Testimony**
- **Discussion and Development of Rule Language**
- **Public Comments**
- **Closing Remarks and Administrative Matters**
- **Meeting Adjourns**

10/18/2022

FDOH\_000040020

**From:** [Vazquez, Paul](#)  
**To:** [Dr. Diamond](#)  
**Cc:** [Strickland, Bettve C](#)  
**Subject:** December Meeting and SMEs  
**Date:** Friday, October 14, 2022 7:07:22 AM  
**Attachments:** [SMEs 10-3-22.docx](#)

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Dr. Diamond:

I believe we are down to two choices for the December board meeting location.

- Hotel Alba Tampa, Tapestry Collection by Hilton –  
[https://www.hilton.com/en/hotels/tpawtup-hotel-alba-tampa/?SEO\\_id=GMB-AMER-UP-TPAWTUP&y\\_source=1\\_MTI2NTAyODYtNzE1LWxyY2F0aW9uLndlYnNpdGU%3D](https://www.hilton.com/en/hotels/tpawtup-hotel-alba-tampa/?SEO_id=GMB-AMER-UP-TPAWTUP&y_source=1_MTI2NTAyODYtNzE1LWxyY2F0aW9uLndlYnNpdGU%3D)
- Holiday Inn Disney Springs Orlando –  
[https://www.ihg.com/holidayinn/hotels/us/en/lake-buena-vista/dislb/hoteldetail?cm\\_mmc=GoogleMaps-\\_-HI-\\_-US-\\_-DISLB](https://www.ihg.com/holidayinn/hotels/us/en/lake-buena-vista/dislb/hoteldetail?cm_mmc=GoogleMaps-_-HI-_-US-_-DISLB)

Please let me know if you have any thoughts on location as we finalize our planning.

Also, attached is the latest information on subject matter experts. It is a slow process, and I am still having a very difficult time securing additional participants.

Paul



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FDOH\_000035446

**10/28/22**

**Invited/Confirmed**

Michael Biggs, PhD – Associate Professor of Sociology and Fellow of St Cross College, University of Oxford (virtual)

James Cantor, PhD – Clinical psychologist, Director of the Toronto Sexuality Centre

Michael Laidlaw, M.D. – Board certified in internal medicine and the subspecialties of endocrinology, diabetes, and metabolism

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**Invited/Not Confirmed**

Caroline Davidge-Pitts, M.D. – Board certified in internal medicine and endocrinology; Co-chair of the Endocrine Society Special Interest Group for Transgender Research and Medicine

Kristin Dayton, M.D. – Board certified in pediatrics and pediatric endocrinology, Clinical Assistant Professor at the University of Florida

Jonathan Poquiz, PhD – Pediatric psychologist, Clinical Director of the Gender Affirming Care Clinic at Johns Hopkins All Children's Hospital

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**Potential Invitees**

Detransitioner

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**Invited/Declined**

*Riittakerttu Kaltiala, M.D. – Adolescent and forensic psychiatrist, Chief of the Department of Adolescent Psychiatry at Tampere University Hospital (invited to 9/30 workshop only)*

Alejandro Diaz, M.D. – Board certified in pediatrics and pediatric endocrinology, Chief of the Division of Pediatric Endocrinology at Nicklaus Children's Pediatric Specialists

Suzanne Jackman, M.D. – Board certified in pediatrics and pediatric endocrinology, Interim Medical Director at Johns Hopkins All Children's Hospital, Division of Endocrinology and Diabetes

Sean Iwamoto, M.D. – Specializes in endocrinology, transgender health, obesity, and aging; Co-chair of the Endocrine Society Special Interest Group for Transgender Research and Medicine  
Endocrine Society

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**Contacted/No Response**

*Bethel Steindel-Spargo, M.D. – Board certified in pediatrics and pediatric endocrinology, pediatric endocrinologist at Joe DiMaggio Children’s Hospital (invited to 9/30 workshop only)*

WPATH

**From:** [Vazquez, Paul](#)  
**To:** [Washington, Shaila](#)  
**Cc:** [Strickland, Bettye C](#)  
**Subject:** RE: Transcript of BOM meeting August 5  
**Date:** Tuesday, August 16, 2022 10:09:12 AM

---

Thank you.



**Paul A. Vazquez, J.D.**  
Executive Director  
Florida Board of Medicine  
Florida Department of Health  
Phone: 850-245-4130

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**From:** Washington, Shaila <[Shaila.Washington@flhealth.gov](mailto:Shaila.Washington@flhealth.gov)>  
**Sent:** Tuesday, August 16, 2022 9:08 AM  
**To:** Vazquez, Paul <[Paul.Vazquez@flhealth.gov](mailto:Paul.Vazquez@flhealth.gov)>  
**Cc:** Strickland, Bettye C <[Bettye.Strickland@flhealth.gov](mailto:Bettye.Strickland@flhealth.gov)>  
**Subject:** RE: Transcript of BOM meeting August 5

Correct, nothing has been transcribed to my knowledge. I will respond and direct her to the audio. I will also provide with the court reporter information.

---

**From:** Vazquez, Paul <[Paul.Vazquez@flhealth.gov](mailto:Paul.Vazquez@flhealth.gov)>  
**Sent:** Tuesday, August 16, 2022 8:44 AM  
**To:** Washington, Shaila <[Shaila.Washington@flhealth.gov](mailto:Shaila.Washington@flhealth.gov)>  
**Cc:** Strickland, Bettye C <[Bettye.Strickland@flhealth.gov](mailto:Bettye.Strickland@flhealth.gov)>  
**Subject:** FW: Transcript of BOM meeting August 5

Status?



**Paul A. Vazquez, J.D.**  
Executive Director  
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**From:** Vazquez, Paul  
**Sent:** Friday, August 12, 2022 8:50 AM  
**To:** Washington, Shaila <[Shaila.Washington@flhealth.gov](mailto:Shaila.Washington@flhealth.gov)>  
**Cc:** Strickland, Bettye C <[Bettye.Strickland@flhealth.gov](mailto:Bettye.Strickland@flhealth.gov)>

FDOH\_000028162

**Subject:** FW: Transcript of BOM meeting August 5

Shaila:

Nothing has been transcribed, has it? Can't she be referred to the audio on our website?

Paul



**Paul A. Vazquez, J.D.**  
Executive Director  
Florida Board of Medicine  
Florida Department of Health  
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**From:** Rossitto-Vanwinkle, Tari <[ROSSITTO-VANWINKLE.TARI@flsenate.gov](mailto:ROSSITTO-VANWINKLE.TARI@flsenate.gov)>

**Sent:** Wednesday, August 10, 2022 4:47 PM

**To:** Vazquez, Paul <[Paul.Vazquez@flhealth.gov](mailto:Paul.Vazquez@flhealth.gov)>

**Subject:** Transcript of BOM meeting August 5

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Good Afternoon Paul,

Can you please send me a copy of the transcript of the BOM meeting's discussions of Tabs 26 and 39 from August 5, 2022, board meeting. I believe these regard Dr. Ladapo's June 2<sup>nd</sup>, letter and the petition for rule making on the standard of care for minors with gender dysphoria. Thanks.

***Tari Rossitto-Van Winkle, R.N., J.D.***  
***Senior Attorney***  
**The Florida Senate Committee on Health Policy**  
530 Knott Building  
404 South Monroe Street  
Tallahassee, Florida 32399-1100  
(850) 487-5824  
(850) 410-0081 Fax  
e-mail: [rossitto-vanwinkle.tari@flsenate.gov](mailto:rossitto-vanwinkle.tari@flsenate.gov)

**From:** [Hartman, Janet E](#)  
**To:** ["Rossitto-Vanwinkle, Tari"](#); [Vazquez, Paul](#)  
**Subject:** RE: BOM rule on treatment of treatment of Gender Dysphoria in Minors  
**Date:** Tuesday, November 1, 2022 6:24:27 PM

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Good evening Tari. It has been a busy week... Paul may have already reached out, but there was no prepared rule language that came out of the meeting, just a discussion on what should be included. We anticipate language coming out of the meeting on Friday, I will let you know as soon as something is prepared.

J

---

**From:** Rossitto-Vanwinkle, Tari <ROSSITTO-VANWINKLE.TARI@flsenate.gov>  
**Sent:** Friday, October 28, 2022 3:43 PM  
**To:** Vazquez, Paul <Paul.Vazquez@flhealth.gov>; Hartman, Janet E <Janet.Hartman@flhealth.gov>  
**Subject:** BOM rule on treatment of treatment of Gender Dysphoria in Minors

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Paul and Janet,

Can one of you please send me a copy of the rule passed by the Board of Medicine on 10/28/2022 on the Treatment of Gender Dysphoria in Minors. Thanks.

***Tari Rossitto-Van Winkle, R.N., J.D.***  
***Senior Attorney***  
**The Florida Senate Committee on Health Policy**  
530 Knott Building  
404 South Monroe Street  
Tallahassee, Florida 32399-1100  
(850) 487-5824  
(850) 410-0081 Fax  
e-mail: [rossitto-vanwinkle.tari@flsenate.gov](mailto:rossitto-vanwinkle.tari@flsenate.gov)

**From:** [Vazquez, Paul](#)  
**To:** [Rossitto-Vanwinkle, Tari](#)  
**Cc:** [Hartman, Janet E](#)  
**Subject:** RE: Rules 64B8-9.019 and 64B15-14.014  
**Date:** Tuesday, November 8, 2022 1:38:49 PM  
**Attachments:** [Gender Dysphoria \(rule draft 2\) 11-4-22.docx](#)

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Tari:

Here are the draft rules. They have not yet been published.

Paul



**Paul A. Vazquez, J.D.**  
Executive Director  
Florida Board of Medicine  
Florida Department of Health  
Phone: 850-245-4130

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**From:** Rossitto-Vanwinkle, Tari <ROSSITTO-VANWINKLE.TARI@flsenate.gov>  
**Sent:** Tuesday, November 8, 2022 12:52 PM  
**To:** Vazquez, Paul <Paul.Vazquez@flhealth.gov>; Hartman, Janet E <Janet.Hartman@flhealth.gov>  
**Subject:** Rules 64B8-9.019 and 64B15-14.014

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Paul and Janet,

May I please have copies of the rules 64B8-9.019 passed by the Board of Medicine and 64B15-14.014 passed by the Board of Osteopathic Medicine on November 4, 2022. Thanks.

*Tari Rossitto-Van Winkle*  
2483 Shady Rest Road  
Havana Fl 32333  
(850) 545-0205  
[tarivan@aol.com](mailto:tarivan@aol.com)

**From:** [Vazquez, Paul](#)  
**To:** [Dayton, Kristin A](#)  
**Cc:** [Strickland, Bettye C](#)  
**Subject:** RE: 10/28/22 Rulemaking Workshop  
**Date:** Tuesday, October 18, 2022 9:46:06 AM

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Dr. Dayton:

Thank you. We have a robust panel. I'm glad you can participate. I'll be in touch with details.

Paul



**Paul A. Vazquez, J.D.**  
Executive Director  
Florida Board of Medicine  
Florida Department of Health  
Phone: 850-245-4130

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**From:** Dayton, Kristin A <kristinjohnson23@ufl.edu>  
**Sent:** Tuesday, October 18, 2022 8:42 AM  
**To:** Vazquez, Paul <Paul.Vazquez@flhealth.gov>  
**Cc:** Strickland, Bettye C <Bettye.Strickland@flhealth.gov>  
**Subject:** RE: 10/28/22 Rulemaking Workshop

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Paul,

I have been able to clear my schedule for the morning of the 28<sup>th</sup> so I will be able to participate, though it will need to be virtual as I am on call for the hospital that day.

Thanks  
Kristin

---

**From:** Vazquez, Paul <[Paul.Vazquez@flhealth.gov](mailto:Paul.Vazquez@flhealth.gov)>  
**Sent:** Friday, October 14, 2022 12:14 PM  
**To:** Dayton, Kristin A <[kristinjohnson23@ufl.edu](mailto:kristinjohnson23@ufl.edu)>  
**Cc:** Strickland, Bettye C <[Bettye.Strickland@flhealth.gov](mailto:Bettye.Strickland@flhealth.gov)>  
**Subject:** 10/28/22 Rulemaking Workshop  
**Importance:** High

[External Email]  
Dr. Dayton:

FDOH\_000039513

Following up to determine whether you will be able to attend the 10/28/22 workshop and whether you will appear in person or virtually.

Best regards,



**Paul A. Vazquez, J.D.**  
Executive Director  
Florida Board of Medicine  
Florida Department of Health  
Phone: 850-245-4130

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---

**From:** Vazquez, Paul

**Sent:** Thursday, October 13, 2022 12:30 PM

**To:** Dayton, Kristin A <[kristinjohnson23@ufl.edu](mailto:kristinjohnson23@ufl.edu)>

**Cc:** Dr. Diamond <[diamondflbom@gmail.com](mailto:diamondflbom@gmail.com)>

**Subject:** FW: 9/30/22 Joint Rulemaking Workshop - POSTPONED

**Importance:** High

Dr. Dayton:

This is to update you on the 10/28/22 joint rulemaking workshop. We have finalized the details, which are as follows:

**Date:** Friday, October 28, 2022

**Time:** 8:00 a.m. EDT and ending no later than 1:00 p.m. EDT.

**Place:** Hyatt Regency Orlando International Airport  
9300 Jeff Fuqua Boulevard  
Orlando, Florida 32827

In terms of meeting format, subject matter experts will be participating at the beginning of the meeting to make brief presentations and to take questions from and have discussion with the Committee. If you can still attend and need to appear virtually, please let me know.

Please let me know if you have any questions or concerns.

Best regards,



**Paul A. Vazquez, J.D.**  
Executive Director  
Florida Board of Medicine  
Florida Department of Health  
Phone: 850-245-4130

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mail communications may therefore be subject to public disclosure.

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**From:** Vazquez, Paul  
**Sent:** Wednesday, October 12, 2022 12:20 PM  
**To:** Dayton, Kristin A <[kristinjohnson23@ufl.edu](mailto:kristinjohnson23@ufl.edu)>  
**Cc:** Dr. Diamond <[diamondflbom@gmail.com](mailto:diamondflbom@gmail.com)>  
**Subject:** FW: 9/30/22 Joint Rulemaking Workshop - POSTPONED  
**Importance:** High

Dr. Dayton:

I hope you are well. I am reaching out to confirm your availability for the rule workshop that is tentatively scheduled for 10/28/22 in Orlando. If you are still available to attend in person or virtually, please let me know as soon as possible. Thank you.

Best regards,



**Paul A. Vazquez, J.D.**  
**Executive Director**  
**Florida Board of Medicine**  
**Florida Department of Health**  
Phone: 850-245-4130

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---

**From:** Dayton, Kristin A <[kristinjohnson23@ufl.edu](mailto:kristinjohnson23@ufl.edu)>  
**Sent:** Saturday, October 1, 2022 7:31 PM  
**To:** Vazquez, Paul <[Paul.Vazquez@flhealth.gov](mailto:Paul.Vazquez@flhealth.gov)>  
**Cc:** Dr. Diamond <[diamondflbom@gmail.com](mailto:diamondflbom@gmail.com)>  
**Subject:** Re: 9/30/22 Joint Rulemaking Workshop - POSTPONED

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Dr. Diamond and Mr. Vazquez,

I am working to clear my clinic schedule to be available but I am also on call for the hospital that day so I won't be able to travel. I will let you know once I can confirm my availability, but it will need to be virtual if so.

Given that all of the other experts are from out of state and even out of the country, have you considered reaching out to experts outside of our state who provide gender affirming care and conduct research in gender affirming care for youth, in order to obtain a balanced view from both sides of the issue?

Thanks,  
Kristin Dayton

**From:** [Terrell, Danielle](#)  
**To:** [Wenhold, Jennifer](#); [Wilson, John](#)  
**Cc:** [Hartman, Janet E](#); [Vazquez, Paul](#)  
**Subject:** RE: Confirmed Subject matter Experts  
**Date:** Wednesday, October 19, 2022 2:01:27 PM  
**Attachments:** [10282022 Rule Workshop Agenda .pdf](#)

---

I have attached the updated agenda. It will be updated in iviewer and posted on the website tomorrow.

Thanks,

Danielle

---

**From:** Wenhold, Jennifer <[Jennifer.Wenhold@flhealth.gov](mailto:Jennifer.Wenhold@flhealth.gov)>  
**Sent:** Wednesday, October 19, 2022 1:42 PM  
**To:** Terrell, Danielle <[Danielle.Terrell@flhealth.gov](mailto:Danielle.Terrell@flhealth.gov)>; Wilson, John <[John.Wilson@flhealth.gov](mailto:John.Wilson@flhealth.gov)>  
**Cc:** Hartman, Janet E <[Janet.Hartman@flhealth.gov](mailto:Janet.Hartman@flhealth.gov)>; Vazquez, Paul <[Paul.Vazquez@flhealth.gov](mailto:Paul.Vazquez@flhealth.gov)>  
**Subject:** RE: Confirmed Subject matter Experts

Sounds good. Please copy us when the agenda gets posted officially.

---

**From:** Terrell, Danielle <[Danielle.Terrell@flhealth.gov](mailto:Danielle.Terrell@flhealth.gov)>  
**Sent:** Wednesday, October 19, 2022 12:54 PM  
**To:** Wenhold, Jennifer <[Jennifer.Wenhold@flhealth.gov](mailto:Jennifer.Wenhold@flhealth.gov)>; Wilson, John <[John.Wilson@flhealth.gov](mailto:John.Wilson@flhealth.gov)>  
**Cc:** Hartman, Janet E <[Janet.Hartman@flhealth.gov](mailto:Janet.Hartman@flhealth.gov)>; Vazquez, Paul <[Paul.Vazquez@flhealth.gov](mailto:Paul.Vazquez@flhealth.gov)>  
**Subject:** Confirmed Subject matter Experts

Good afternoon,

Attached is the latest list of confirmed subject matter experts for the 10/28 workshop. It appears that we have seven confirmed– 4/3 in favor or limitations on treatment the best we know.

Thanks,

**Danielle Terrell**  
**Executive Director**

*Department of Health | Division of Medical Quality Assurance | Bureau of Health Care Practitioner Regulation*

Boards of Osteopathic Medicine, Massage Therapy, Acupuncture, Speech Language Pathology and Audiology, and Council of Licensed Midwifery

4052 Bald Cypress Way Bin C-06

Tallahassee, FL 32399-1708

Phone: (850) 245-4162

FDOH\_000035604



**From:** [Vazquez, Paul](#)  
**To:** [Terrell, Danielle](#)  
**Cc:** [Hartman, Janet E](#); [Strickland, Bettye C](#)  
**Subject:** RE: Agenda Updates  
**Date:** Tuesday, October 18, 2022 10:17:39 AM  
**Attachments:** [SMEs 10-3-22.docx](#)

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Danielle:

We have seven confirmed SMEs now – 4/3 in favor or limitations on treatment best I know. I have one more Florida physician I could invite (Steindel-Spargo), but seven already seems like a lot – that’s seventy minutes if they each take a full ten minutes for a presentation. Plus, the detransitioner – who will really throw things out of balance and potentially add another 10 minutes. Have you been able to communicate with the detransitioner? Are they going to be appearing in person? Think I should invite the last Florida physician? That would potentially make nine SMEs (90 minutes before questions and discussion with the Committee).

Paul



**Paul A. Vazquez, J.D.**  
Executive Director  
Florida Board of Medicine  
Florida Department of Health  
Phone: 850-245-4130

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**From:** Terrell, Danielle <[Danielle.Terrell@flhealth.gov](mailto:Danielle.Terrell@flhealth.gov)>  
**Sent:** Tuesday, October 18, 2022 9:56 AM  
**To:** Vazquez, Paul <[Paul.Vazquez@flhealth.gov](mailto:Paul.Vazquez@flhealth.gov)>  
**Cc:** Strickland, Bettye C <[Bettye.Strickland@flhealth.gov](mailto:Bettye.Strickland@flhealth.gov)>  
**Subject:** Re: Agenda Updates

Nothing besides the names.

Danielle

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---

**From:** Vazquez, Paul <[Paul.Vazquez@flhealth.gov](mailto:Paul.Vazquez@flhealth.gov)>  
**Sent:** Tuesday, October 18, 2022 9:53:51 AM  
**To:** Terrell, Danielle <[Danielle.Terrell@flhealth.gov](mailto:Danielle.Terrell@flhealth.gov)>  
**Cc:** Strickland, Bettye C <[Bettye.Strickland@flhealth.gov](mailto:Bettye.Strickland@flhealth.gov)>  
**Subject:** RE: Agenda Updates

Danielle:

FDOH\_000039521

What's changing besides the names?

Paul



**Paul A. Vazquez, J.D.**  
**Executive Director**  
**Florida Board of Medicine**  
**Florida Department of Health**  
Phone: 850-245-4130

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---

**From:** Terrell, Danielle <[Danielle.Terrell@flhealth.gov](mailto:Danielle.Terrell@flhealth.gov)>  
**Sent:** Monday, October 17, 2022 6:56 PM  
**To:** Strickland, Bettye C <[Bettye.Strickland@flhealth.gov](mailto:Bettye.Strickland@flhealth.gov)>  
**Cc:** Vazquez, Paul <[Paul.Vazquez@flhealth.gov](mailto:Paul.Vazquez@flhealth.gov)>  
**Subject:** Agenda Updates

Cherise,

I will get with you in the morning regarding some agenda updates.

Thanks,  
Danielle

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