

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

AUGUST DEKKER, et al.,

Plaintiffs,

v.

Case No. 4:22-cv-00325-RH-MAF

SIMONE MARSTILLER, et al.,

Defendants.

**DEFENDANTS' RESPONSE IN OPPOSITION TO PLAINTIFFS'
MOTION FOR AN ORDER EXCLUDING TESTIMONY AND/OR
TO DISCLOSE THE IDENTITY OF DECLARANTS AND
INCORPORATED MEMORANDUM OF LAW**

Defendants respond in opposition to Plaintiffs' motion to exclude non-witness declarations. Plaintiffs also moved for an order requiring Defendants to disclose the identity of two declarants (C.G. and Jeanne Crowley) who submitted their declarations pseudonymously, but Defendants hereby withdraw those declarations, rendering that part of the motion moot.

Background

With their response in opposition to Plaintiffs' motion for protective order, Defendants submitted declarations of lay witnesses who have detransitioned after receiving the types of gender dysphoria treatments that are the subject of the rule in question, as well as declarations of parents of individuals who have undergone such treatments. Attached to this response, for this Court's convenience, are those

declarations. Specifically, as to the detransitioners, Defendants elicited the factual testimony of the following witnesses (excluding “C.G”):

1. **Camille Kiefel** (App.878) describes her experience with “female to non-binary” “top surgery” paid for by Medicaid. She documents the complications she experienced as a result of such surgery, as well as her regret for not being able to breastfeed if she has children, as she now desires.
2. **Carol Freitas** (App.885) describes her experience with testosterone, despite having been given any information about potential side effects, and her subsequent decision not to transition.
3. **Chloe Cole** (App.892), who spoke at the Agency for Health Care Administration’s rulemaking hearing on July 8, 2022, describes her experience with puberty blockers and testosterone beginning at age 13 (and resulting side-effects), her experience undergoing a double mastectomy at age 15 (and resulting complications), and her regrets, including potential infertility.
4. **Kathy Grace Duncan** (App.900) describes her experience with testosterone and a double mastectomy without undergoing mental health treatment, as well as her return to female identity.
5. **Sydney Wright** (App.905) describes how she was prescribed testosterone without any questions concerning her medical history or past or present physical conditions or symptoms, as well as the severe complications that resulted from such treatment.

6. **Zoe Hawes** (App.912) is a 23-year-old wife and expectant mother. She stated that she would not be an expectant mother, if Medicaid in her State funded surgical treatment for gender dysphoria. She describes her experience with testosterone beginning at the age of 16 and her improvement after deciding to forego such treatment at the age of 20.

As to the parents, Defendants elicited the factual testimony of the following witnesses (excluding Jeanne Crowley):

1. **Yaacov Sheinfeld** (App.919) describes his experience with a daughter who had a double mastectomy at the age of 19, as well as testosterone treatment. He describes his grief at losing his daughter to suicide, notwithstanding her transition after being diagnosed with gender dysphoria.
2. **Julie Framingham** (App.925), a Floridian, describes her son's gender dysphoria treatment and the consequence of him not being treated for borderline personality disorder.

Argument

Because Defendants withdraw the two pseudonymous declarations, Plaintiffs' motion only concerns the declarations of detransitioners and parents. Plaintiffs seek to exclude these declarations under Rules 402, 403, and 701 of the Federal Rules of Evidence. None of these rules, however, require exclusion.

Rule 402 concerns the relevancy of evidence. Fed. R. Evid. 402. "Evidence is relevant if it has any tendency to make a fact more or less probable than it would be

without the evidence and the fact is of consequence in determining the action.” Fed. R. Evid. 401 (cleaned up). Relevancy is a decidedly “low bar.” *United States v. Chukwu*, 842 F. App’x 314, 319 (11th Cir. 2021) (referencing *United States v. Tinoco*, 304 F.3d 1088, 1120 (11th Cir. 2003)). The declarations easily exceed that bar.

Contrary to Plaintiffs’ arguments, the declarations, as outlined above, consist of first-hand, factual accounts of the declarants’ experience with the gender dysphoria treatments that are the subject of the rule at issue. They are not merely anecdotal, and such accounts have a direct bearing on key issues in this proceeding.

Specifically, the detransitioners’ testimony tends to show that transgender identity is not immutable and, therefore, cannot be the subject of an equal protection claim. *See, e.g., Segovia v. United States*, 880 F.3d 384, 390 (7th Cir. 2018) (holding that the Equal Protection Clause does not protect individuals based on their current geographic location, because the “current condition is not immutable”); *Pemberthy v. Beyer*, 19 F.3d 857, 871 (3d Cir. 1994) (Alito, J.) (holding that the Equal Protection Clause does not generally protect individuals based on their linguistic ability, because “linguistic ability is not immutable”).

Additionally, the testimony of both the detransitioners and parents support one of the key conclusions underlying the rule at issue—that the treatments for gender dysphoria are not effective.

Relevancy does not require all of the declarants to live in Florida. Individuals who suffer from gender dysphoria, who identify as transgender, and who receive

Plaintiffs' preferred treatments for gender dysphoria, live nationwide. Just because they may live in California, Oklahoma, or New Jersey does not mean that their experiences or treatments are unique or differ from those living in Florida. Thus, the declarations are clearly relevant.

Rule 403 allows a district court to exclude relevant evidence "if its probative value is substantially outweighed by a danger of" "unfair prejudice," "undue delay, wasting time, or needlessly presenting cumulative evidence." Fed. R. Evid. 403. That rule is "an extraordinary remedy which should be used only sparingly." *Chukwu*, 842 F. App'x at 319 (cleaned up). The evidence must be viewed "in a light most favorable to its admission, maximizing its probative value and minimizing its undue prejudicial impact." *United States v. Shabazz*, 887 F.3d 1204, 1216 (11th Cir. 2018) (cleaned up). "The balance under" Rule 403 "should be struck in favor of admissibility." *United States v. Norton*, 867 F.2d 1354, 1361 (11th Cir. 1989).

Like Rule 401, Rule 403 is also met here. The declarations cause no prejudice at all to Plaintiffs. Just as the four individual Plaintiffs share their experiences with gender dysphoria, transgenderism, and treatments for gender dysphoria, so do the declarations of the detransitioners and parents. In fact, the individual Plaintiffs' declarations sweep more broadly: they discuss the experiences of transgender individuals throughout the State of Florida and how the rule affects them. *See, e.g.*, Doc.11-6 ¶ 29; Doc.11-7 ¶¶ 18, 21-22; Doc.11-8 ¶ 31.

Finally, Rule 701 is similarly met. It allows a lay witness to offer opinions that are (1) “rationally based on the witness’s perception,” (2) “helpful to clearly understanding the witness’s testimony or to determining a fact in issue,” and (3) “not based on scientific, technical, or other specialized knowledge.” Fed. R. Evid. 701.

These criteria are satisfied here. The detransitioners and parents are speaking about their own experiences with gender dysphoria, transgenderism, and treatments for gender dysphoria—all relevant information in this case. Their testimony is helpful because it shows that gender dysphoria and transgender status is not immutable, and it shows that Plaintiffs’ preferred treatments are not effective. And their testimony is not based on scientific or technical knowledge.

Thus, Rules 402, 403, and 701 do not require exclusion.

Conclusion

Defendants withdraw the two pseudonymous declarations. Even so, the remainder of Plaintiffs’ motion should be denied.

Dated: October 10, 2022

Respectfully submitted,

/s/ Mohammad O. Jazil
Mohammad O. Jazil (FBN 72556)
Gary V. Perko (FBN 855898)
Michael Beato (FBN 1017715)
mjazil@holtzmanvogel.com
gperko@holtzmanvogel.com
mbeato@holtzmanvogel.com
HOLTZMAN VOGEL BARAN
TORCHINSKY & JOSEFIK PLLC
119 S. Monroe St., Suite 500
Tallahassee, FL 32301

(850) 270-5938
*Counsel for Secretary Marsteller and the
Agency for Health Care Administration*

LOCAL RULE CERTIFICATIONS

The undersigned certifies that this memorandum contains 1,196 words, excluding the case style and certifications.

/s/ Mohammad O. Jazil
Mohammad O. Jazil

CERTIFICATE OF SERVICE

I hereby certify that on October 10, 2022, I electronically filed the foregoing with the Clerk of Court by using CM/ECF, which automatically serves all counsel of record for the parties who have appeared.

/s/ Mohammad O. Jazil
Mohammad O. Jazil

2. Florida Administrative Code § 59G-1.050(7), which prohibits Medicaid coverage for medical and surgical interventions meant to “alter primary or secondary sexual characteristics,” is a necessary and potentially life-saving regulation that will protect vulnerable young people from physical and mental harm, irreversible physical changes, and deep regret that I have experienced.

3. The Florida regulation is particularly important to me in that my surgery was paid for by Medicaid. Had a regulation like Florida’s been in place when I sought my surgery, it would have required me to pause before undergoing surgery and perhaps prevented me from the loss of health body parts I now regret.

4. I suffered a series of traumatic events while growing up that distorted my view of the sexes. My parents went through a difficult divorce in which my mom was emotionally dysfunctional and spiteful, while my dad was more stable. In fifth or sixth grade, I began to wear girly preteen fashion and my dad told me how men his age talked about girls my age. My dad told me later that he was concerned about me being promiscuous. Then my friend was raped by her brother and the police interviewed me. I found the whole experience traumatic.

5. I was diagnosed with ADHD and put on medication to which I reacted poorly. That made me further lose respect for my mom because she had put me on the medication.

6. I then began to dress masculine. Previously an avid writer, I developed writer's block. I then focused on Anime.

7. In high school, I changed my diet and stopped eating meat. I started to have depression. There is evidence that suggests a meatless diet can contribute to depression.

8. In college I was ostracized by the "call out" culture, because in that culture if you are not part of a group then you are worthless.

9. I have done all kinds of therapy over the course of 20 years, including talk therapy, hypnotherapy, EMDR (eye movement desensitization and reprocessing), DBT (dialectical behavior therapy), TMS (transcranial magnetic stimulation therapy), Somatic Experiencing, and medications.

10. In 2016, I started seeing a gender therapist and came out as nonbinary.

11. I was still dealing with anxiety and depression and in 2020 I was on my second set of TMS, trans-cranial magnetic stimulation, treatments which helped some but not as much as I felt I needed. So, I turned to top surgery for an answer.

12. I did not want to be a man or a woman but instead wanted out of all sex types. I had a double mastectomy with nipple grafts in August 2020, not to emulate either sex but to be non-binary.

13. I had seen “female to non-binary” “top surgery” on the internet and believed it was an accepted, proven treatment. I did not realize at the time that it is experimental and had discomfort around my breasts due to trauma.

14. I received two letters recommending surgery from two mental health professionals at gender clinics one in May 2020 and the second in July 2020. Although I had a number of mental health issues and years of treatment, these providers did not review or ignored my records nor did they do a psychological evaluation even though they acknowledged that I had trauma.

15. I developed complications from the surgery. I developed “Raynaud's Syndrome” in which one’s capillaries shrink and caused my extremities to get cold and discolored. This caused great discomfort. I also developed a burning sensation in back of my neck, tinnitus (ringing) in my ears, musculoskeletal issues, skin discoloration, most likely bone spurs, and insomnia.

16. My suicidal ideation worsened. I became terribly sleep deprived and my anxiety worsened. I became deeply depressed and distraught over time after the surgery. I knew something was going wrong with my body. My mother had to lay down with me to help me sleep. I had many physical problems and made many trips to the ER. The doctors were stymied. My mother talked to me about psychiatric hospitalization.

17. Rather than fixing my problems, the surgery made my physical and mental health worse.

18. I began to focus on holistic treatments through my own research with the help of a naturopathic doctors, bodywork practitioners, and trained staff certified in functional hyperbaric medicine who did treatments that helped restore balance to my nervous system. The holistic treatments helped me a great deal, and as my physical health improved so did my mental health. I began a slow progression to reconnect with my female body and womanhood.

19. I began looking at different information that offered different perspectives than I had received from internet transgender sources.

20. I detransitioned in 2022 when, after the effective holistic treatments, I was at peace with the realization that I am a woman.

21. I hate that I underwent the surgery. I can never breast feed if I have children. For many years I did not want a family because I felt so poorly physically and mentally. Now I want to marry and have kids. I can't fit clothing the same way again.

22. I believed that I was doing everything I was supposed to do. Now I realize that I was having a number of physical and mental health problems that no professionals investigated or addressed before prescribing a treatment that caused me to lose a part of my body.

23. Surgery is such a drastic, irreversible step. As I experienced, we do not truly know what these surgeries will do to the body – they are experimental. They are doing surgeries for a state that does not exist in nature. Those undergoing the surgeries are putting their bodies at risk and subjecting their bodies to trauma.

24. I am quite concerned that doctors are not running the right lab tests or doing the right holistic medical assessments to find out what is truly causing gender dysphoric patients their dysphoria and the desire to surgically remove parts of their body.

25. I have significant concerns about the experimental nature of the surgery. There is no biological blueprint for the surgery. There are no controlled studies. As I have experienced, because of the experimental and unpredictable nature of these surgeries the medical care one receives afterward is abysmal because they don't know what to do for you. These surgeries should not be funded by tax dollars.

I declare under penalty of perjury that the foregoing is true and corrected.

Executed on October 3, 2022.

/s/ Camille Kiefel
Camille Kiefel

2. Florida's Rule 59G-1.050(7) of the Florida Administrative Code prohibits Medicaid coverage for medical and surgical interventions meant to "alter primary or secondary sexual characteristics." This rule is a much needed regulation that will protect dysphoric young people from focusing on treatments that may ultimately seriously harm their physical and emotional health and that overlook untreated mental health issues and negative social influences and displace other more effective and less intrusive options.

3. As a youth, I was what some describe as "gender non-conforming," but I lived in a household where gender expression was strictly aligned with cultural stereotypes. I was not allowed to wear boys' clothes or play boys' sports.

4. At puberty I realized I was same-sex attracted with crushes on girls. I became depressed and anxiety-ridden as fear what "being gay" might mean to how I lived my life and my family relationships. I later dropped out of high school.

5. At age 20 I began to meet other LGBT youth and my life stabilized. However, I also learned that many masculine females, like me, felt that they were "born in the wrong body" and were transitioning, so I adopted that persona.

6. I went to a gender therapist who diagnosed me with gender dysphoria and told me that transition was the only treatment that would alleviate my discomfort and anxiety.

7. However, at that time there were gatekeeping standards for gender transition, which required that I first live as man for six months, including using a male name, showing a male appearance, and using male spaces. I had very large breasts and could not pass for a male in male spaces, so I did not pursue testosterone at that time. I viewed myself as a male trapped in the "wrong body," but my mental health otherwise was stable.

8. In 2014, I revisited the idea of transitioning, believing it would make me feel better because I was undergoing trauma in various forms. My grandmother who had practically raised me died. I had suffered severe abuse and neglect in childhood, and in retrospect believe I was experiencing symptoms of PTSD from that. I had just become a new mother a couple of months before my brother-in-law committed suicide.

9. I spiraled downward and wanted out. I couldn't commit suicide because I was a mother, so I returned to the idea of transition, believing it would help me feel better. By that time the requirements for testosterone had lessened. I went to Planned Parenthood for testosterone and was given it right away. I was not given any information on uterine atrophy, vaginal atrophy, or other effects of testosterone and the staff did not talk about any of my emotional or mental health issues.

10. Four months after starting testosterone, I went to a plastic surgeon for a double mastectomy. I needed a letter from a therapist and received one from the

therapist who had affirmed me and originally recommended transition. As was true with testosterone, I was not given any information about the procedure. Instead, I had a consultation with the surgeon, who said "this is what we are going to do," drew on my chest, took pictures and asked me what I wanted out of the surgery. He said, "we'll create a masculine looking chest, you'll look great."

11. During the first four months on testosterone menstruation stopped, my sex drive went way up, my voice deepened, and facial and body hair came in. As I continued on testosterone, my personality changed drastically and my verbal abilities declined. Testosterone lowered and muted my emotions and empathy, but also gave me a lot of energy and a sense of a high. My depression and anxiety worsened to the point that I was having such severe panic attacks that I could not leave home. I told my doctors that I thought the testosterone was making the anxiety worse, but they said no.

12. I went to a psychiatrist to deal with the depression and I was provided with an anti-depressant that really worked. I felt mentally stable and able to address the trauma that led me to transition.

13. Within a month of starting the anti-depressant, I realized that I had not needed to transition. It was the biggest mistake I had ever made. I did not detransition for a year because I couldn't believe that it was so easy, i.e., that anti-depressants alleviated my depression and enabled me to think clearly and reason better. This

allowed me to address my internalized homophobia and childhood abuse through therapeutic means.

14. Meanwhile, my health began going downhill. Before going on testosterone, I had no health problems. After being on it for four years, I was pre-diabetic, had high cholesterol, and had a high red blood cell count to the point that doctors were recommending that I donate blood to reduce the volume.

15. I stopped taking testosterone and four months later my blood work was back down to normal. I thought to myself "How do they [doctors] not know about this?" Going off testosterone allowed me to finally sleep. I felt like I never slept all the time that I was taking testosterone. Going off testosterone also helped with empathy and other emotions. My personal relationships, including my relationship with my wife, were better.

16. I believe that healthcare providers did not ask me about mental health issues because they believed that those issues were caused by gender dysphoria and that transitioning would fix the problem. In fact, the opposite was true.

17. Florida's Rule is necessary and essential because it will give gender dysphoric people the chance to work through and address their underlying issues such as depression, trauma, or PTSD effectively without doing their body harm and undermining their health. I would have been spared physical, psychological, and emotional losses if I had received a proper diagnosis and treatment for PTSD and

depression instead of undergoing years of medical and surgical interventions. Prioritizing treatments focused solely on gender dysphoria caused my doctors to miss the real mental health issues that should have been treated by other more effective, less destructive means.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: October 3, 2022.

/s/ Carol Freitas
Carol Freitas

secondary sexual characteristics,” is a necessary and potentially life-saving regulation that will protect vulnerable young people from the heartbreaking regret, irreversible physical changes, and emotional pain that I have experienced.

3. Starting around the age of 12, I began to believe that I was transgender. This belief was not organic. All the media I consumed as a kid showed me how stupid and vulnerable being a girl was. All the sexualized images of women gave me an unrealistic expectation of womanhood.

4. I spent a lot of time online and quickly saw all the praise coming out as “trans” got on Instagram and other social media. I was a bit awkward in school and had some trouble making friends.

5. Like many dysphoric children, I also suffered from a variety of mental health conditions, such as ADHD, so I easily fell prey to the narrative that if I felt different, and did not want to be a highly sexualized girl, that I must be a boy.

6. I obsessed over becoming a boy. I believed that all of my insecurities and anxiety would magically disappear once I transitioned. The mental health professionals did not try to dissuade me of this delusional belief.

7. I was fast-tracked into medical transition after I was diagnosed with Gender dysphoria. In my home state of California, a child can pick their gender identity and a care provider cannot question that choice because it would be regarded as illegal conversion therapy. This wasn’t a misdiagnosis, it was mistreatment.

8. I was diagnosed with gender dysphoria by a “gender specialist” when I was 12. The gender specialist told my parents that children know their gender from a young age, and I know what’s best for myself. The specialist cited the suicide rate and said, “If you don’t affirm your child she will commit suicide.” The specialist asked them, if they would they rather have a “dead daughter or live son.” My parents complied because they were not offered any other treatment solution for my distress. My distraught parents wanted me alive, so they listened to my doctors.

9. I started receiving puberty blockers at age 13. A month later I was put on testosterone. I stayed on puberty blockers for a year and on testosterone for three years. At the time I received the hormones, the endocrinologist cited some of the risks, including vaginal atrophy and inability to have children. However, I did not really understand what that would mean and didn’t realize that could involve other pelvic structures. I was in 8th grade. I had no concept of what it would someday mean to me as an adult to have children. I cannot imagine a doctor asking a child this and expecting them to make a mature judgment.

10. While taking the hormones I began having severe hot flashes, like women in menopause. My entire body got very itchy. After a while I would sometimes hear loud cracks in my neck and back.

11. The hormones caused atrophy of my urinary track. I suffered from urinary track infections and blood clots in my urine. I did not want to discontinue

testosterone because I wanted to continue to be treated as a boy. I also developed digestive problems.

12. I also experienced a very heightened libido which was very difficult to deal with at such a young age. This caused me to make a lot of regrettable sexual decisions.

13. The treatments seemed to worsen my mental health the longer I was on them. My anxiety got worse, and I became prone to making rash and regrettable decisions. And as discussed below, I also became suicidal.

14. I was approved for a double mastectomy at 15. I had been binding my breasts for about two years. I had been groped by a classmate in 8th grade and wanted to make sure that did not happen again. From the time I began seeking a mastectomy to having my breasts removed was only six months. There was no psychological evaluation. I was simply referred to a surgeon by a gender specialist.

15. During the surgery, the nerve endings and blood vessels in my breast tissue were severed and my nipples were removed and grafted onto another part of my chest to make my chest appear more masculine. So I will not have normal sensation.

16. I have had serious complications from the surgery. After 2 years the skin at the surgical site started to regress and the top layer of skin is failing to heal.

The tissue continually emits fluid, such that I have to wear bandages. I was given the impression that the grafts would heal in nine months, but that is not true.

17. The surgery has also affected me mentally as I am really struggling with the fact that I will not be able to breast feed my future children. I was told about this, but no teenager is able to grasp what that means.

18. About 11 months after my surgery I began experiencing grief. I realized this was a mistake, that I had lost a part of my body that will mean that I will not be able to bond in an important way with any future children and might not be able to even have children.

19. I started to become suicidal for the first time. I was not suicidal prior to the treatments. I was beginning to feel growing alienation. I began to experience increasing suicidal thoughts. Although I did not act on them, they were taking a toll on me.

20. I broke down one night as it all came to a head and made the decision to stop the testosterone. I also dropped the male identification and began to identify again as a female.

21. At first some things got worse as I had more UTIs, more blood clots in my urine, and worse digestive issues. I was very emotionally volatile, and my suicidal ideation got worse. I became very sick and lost a lot of weight. My overall

mental health got worse. I had to drop out of school and get a GED because I couldn't perform at school.

22. Over time my body began to readjust. My features resoftened. The fat in my body and body shape began to return to a female form and I have regained the weight.

23. Currently my mental health is stable. The treatments were just band aids for my mental health issues. I still struggle, but my depression and anxiety have improved.

24. At no point in my journey did anyone explore why I did not want to be girl.

25. More and more kids are falling for the false promise of happiness if they transition. Gender clinics in the United States are turning a blind eye to European countries, who are pumping the brakes on this experiment on youth.

26. Fortunately, Florida regulators are not turning a blind eye. Enacting the regulation that bans Medicaid payment for these treatments is an important step in the state doing no harm to its citizens through these treatments. It should not have been an option for me to be prescribed hormone treatments that caused me harm and may have affected my fertility, or to have my healthy breasts removed at the age of 15. This regulation will help decrease the chance that it will be an option for

vulnerable teenage girls in Florida. Taxpayer money should not go toward paying for child mutilation and child sterilization.

27. Even for adults, these treatments are at best cosmetic. They do not enhance function, but actually take away functions from the body. They are elective. The state should not be paying for treatments that actually remove or distort normal bodily functions, and yet do not bring long-term relief.

I declare under penalty of perjury that the foregoing is true and corrected.

Executed on October 3, 2022.

/s/ Chloe Cole
Chloe Cole

Defendants' opposition to Plaintiffs' Motion for Preliminary Injunction and Complaint.

2. Florida's Rule 59G-1.050(7) of the Florida Administrative Code (the "Challenged Exclusion") prohibits Medicaid coverage for medical and surgical interventions meant to "alter primary or secondary sexual characteristics." This Rule is an appropriate and necessary regulation that will protect young people and patients of any age from the regret of false promises, untreated trauma, and irreversible physical changes and lost previously healthy body parts.

3. From a very young age, I was what is called today "gender non-conforming." I preferred male clothing, I thought I was a "boy" and I wanted to live as one.

4. I grew up in a dysfunctional family in which my mother was often the victim of my father's emotional and verbal abuse. As a result I internalized the message that "my dad would love me if I were a boy."

5. Sexual abuse by a family member between the ages of 10 and 12 further convinced me that being a girl meant being unsafe and unlovable.

6. In sixth grade, I learned about female to male transsexuals. I believed that my distress was caused by not having the "right" body and the only way to live a normal life was to medically transition and become a heterosexual male.

7. At age 19, I began living as a man named Keith and went to a therapist who formally diagnosed me with gender dysphoria. I began testosterone and a year later had a double mastectomy. At the time, I believed it was necessary so that what I saw in the mirror matched what I felt on the inside.

8. I never viewed my condition as touching on mental health issues, and neither did the therapist who diagnosed me. The question of whether my self-perception and desire to transition was related to her mental health issues was never explored.

9. After 11 years passing as a man and living what I thought was a relatively “happy” and stable life (which included having a number of girlfriends), I realized that I was living a lie built upon years of repressed pain and abuse. Hormones and surgery had not helped me resolve underlying issues of rejection, abuse, and sexual assault. I came to understand that my desire to live as a man was a symptom of deeper unmet needs.

10. With the help of life coaches and a supportive community, I returned to my female identity and began addressing the underlying issues that had been hidden in my attempt to live as a man. I experienced depression that I had repressed for years and grieved over the irreversible changes to my body.

11. If someone had walked with me through my feelings instead of affirming my desire to transition, then I would have been able to address my issues more effectively and not spend so many years making and recovering from a grave mistake.

12. Florida's Rule is necessary and essential because it will give gender dysphoric young people (and even older adults) a chance to work through their feelings, which can be overwhelming and deeply confusing, and address their underlying issues effectively without being pulled onto the affirmation medical conveyor belt.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: October 3, 2022

/s/ KathyGrace Duncan
KathyGrace Duncan

needed to protect vulnerable young people from being misled and from physical harm like what I experienced.

3. I'm a 23-year-old woman who spent a year as a "transman" after taking mega doses of testosterone at age 18.

4. I began to identify as transgender in 2017 during counseling after reading about transgenderism on the internet. I had not experienced feelings of gender dysphoria prior to this time.

5. A neighborhood boy engaged in sexually touching with me from age 5 to 12. This awakened sexual feelings at too young an age and caused me to feel unsafe.

6. I was very tomboyish growing up and was sometimes bullied. I began having same-sex attractions as a teen. I was raised in a strict religious home, where homosexuality was frowned upon. When my father learned that I had same-sex attractions he kicked me out of his house (my parents divorced when I was 12) and I went to live with my mother.

7. I was first introduced to transgenderism on social media at around age 18. I began to question if I was really a man because I was attracted to girls.

8. I cut my long blond hair, which caused me to look more masculine. This made me want to move quickly through transition.

9. I started seeing a counselor on June 13, 2017. I disclosed to the counselor that I had been sexually molested for years as a child, about my parents' contentious divorce, and about my dysfunctional relationship with both parents. I also disclosed that I was in a dysfunctional marriage to a physically abusive woman who bought and sold drugs.

10. The counselor did not explore how any of this history might be contributing to my dysphoria, but simply asked some questions and diagnosed me with gender dysphoria and gave me a recommendation to a physician for testosterone treatment within five weeks of our first meeting.

11. My frame of mind at the time, at age 18, was that I believed I might have been "born in the wrong body" and needed to correct it. But I was also unsure, confused, and in need of guidance. Had a professional told me the truth and helped me explore why I was distressed by being a girl (and a lesbian) in a nonjudgmental way, I would not have proceeded with testosterone.

12. However, that was not the case, and I met with the doctor in Atlanta Georgia to whom the counselor referred me. The visit lasted about 10 minutes. He asked me for my "hormone letter," but did not open it or read it. He did not ask any questions to confirm that I had gender dysphoria or any questions concerning my medical history or past or present physical condition or symptoms.

13. I told the doctor that I was nervous, and he simply asked, "Do you want to do this?" and told me I could pick up the testosterone that day. I asked the doctor if he would administer the injections in the office. He said no and told me to go home and look on You Tube to find out how to give myself the shots, indicating "There's no wrong way to do it." I later learned that the shots were supposed to be administered intramuscularly after administering them subcutaneously in my stomach which caused pain and bubbles to form under the skin.

14. My voice began to deepen, which I have found out is going to be a permanent, irreversible change.

15. I gained over 50 pounds and became pre-diabetic. When I mentioned this to the physician during a follow up appointment, he just told me to start working out.

16. After about a year on testosterone, test results revealed that my blood was starting to thicken, my red blood cell count was too high, and I was developing a blood disorder that could lead to a heart attack or stroke if not controlled. I did some research and believe this was polycythemia. I began experiencing chest pains and was told I had developed a blood clot in my lungs because of the thickening blood. I also developed tachycardia.

17. I began suffering excruciating and constant abdominal pain and could not eat. Testing did not reveal any disorders. I was later diagnosed with irritable bowel syndrome, which I continue to suffer with.

18. The pain was becoming so excruciating that I became suicidal. My mental health was deteriorating as I was suffering from depression, irritability, insecurity, and exhaustion.

19. The changes brought on by the testosterone caused my family tremendous emotional distress. Finally, my grandfather sat me down with tears in his eyes and asked me to stop what I was doing to myself. That was a saving grace. I would have let the treatment kill me before admitting that I had made a mistake. My grandfather's intervention saved my life.

20. I stopped taking testosterone and resumed living as a female. My physical and mental health have improved, but I continue to suffer adverse effects from the treatments, including a deepened voice and digestive issues that I've been told will be permanent.

21. I also suffer extreme regret for the choices I made as a teenager. I trusted the doctors' advice. They were the experts, who was I as a confused and scared 18-year-old not to listen to them?

22. But telling an 18-year-old girl that mega-doses of testosterone would fix her mental health problems? They didn't even talk to me about other treatment

options. No doctor or therapist suggested I give myself time to grow up, or suggested counseling for what was causing my feelings - no doctor or therapist told me most young people outgrow their feelings of wanting to be the opposite sex. The only advice I got was to take mega-doses of testosterone.

23. Unfortunately, there are more and more young people like me being deceived every day, being told that the solution to their insecurity and identity problems is to get a "sex change." The problem is a person's sex can't really be changed. You can take hormones and have cosmetic surgeries, but that doesn't really change your sex, or solve your problems. I wish I knew that when I was younger.

24. Florida's Rule is a critical and necessary regulation that will help spare Florida citizens from being similarly misled and suffering the distress I am continuing to suffer because of the availability of medical interventions to young people like me. This Rule will save a lot of pain and may even save lives.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: October 3, 2022.

/s/ Sydney Wright
Sydney Wright

Medicaid coverage for medical and surgical interventions meant to “alter primary or secondary sexual characteristics,” is a necessary and potentially life-saving regulation that will protect vulnerable young people from the regret of false promises, deteriorating mental health and loss of life.

3. I'm a 23-year-old wife and expectant mother who would have been deprived of motherhood if state funding of medical and surgical interventions had been available when I was a traumatized teenager looking for a quick fix to relieve my pain.

4. A series of traumatic events, including my parents' divorce when I was 8 years old, my mother's mental health struggles, including her suicide attempts, and being molested by a classmate at school, left me with significant mental health problems by the age of 15.

5. I was diagnosed with major depression, anxiety, complex PTSD and Obsessive-Compulsive Disorder by different doctors at mental hospitals. I saw several therapists and psychiatrists.

6. When I was 16 years old, I was attracted to women and began researching the LGBTQ community online. I came across a book, “Some Assembly Required,” which was a memoir of a female to male transgender young person. I was extremely depressed at the time and immediately resonated with the young person's story. It became the explanation I clung to for the pain in my life.

7. My mom found a gender therapist who did the bare minimum required to be able to write a letter approving me for hormones. I saw her for three months, but she asked me very few questions. I was desperate to get the hormones, so I was willing to say anything to get the letter. I was diagnosed with gender dysphoria and encouraged to pursue medical transition.

8. Once I received the letter from the gender therapist, an Endocrinologist prescribed testosterone for me at age 16 with my mom's consent. At first, my mother did not know what to think, but I was so suicidal that she was willing to go along.

9. I was on testosterone for nearly 4 years. At age 16, I was absolutely convinced that I was a male in a female body, and that transitioning from female to male was the only thing that would bring me peace.

10. My body started to masculinize pretty quickly after I began testosterone injections. I developed a more male musculature. My hips seemed narrower. My jaw seemed more angular. Facial hair grew. Every change in my body that made me appear more masculine made me euphoric. I was quickly able to present socially as male without people recognizing I had been born female.

11. I also became more angry and developed debilitating anxiety while on testosterone. I felt tired and gained a lot of weight. My mental health was

negatively affected by the testosterone. The initial euphoria would wear off and I would still have the same problems.

12. I was introduced to the LGBTQ community. I joined an LGBTQ group for young people in my city, where I was “love bombed” and affirmed in my new identity. The group encouraged me to cut off anyone who did not affirm my male identity, new name, and new pronouns. I followed that advice and became estranged from my father and his family, who would not affirm the male identity. I did not talk to my father’s family for over four years.

13. I was also binding my breasts, which was causing chest pain and headaches.

14. My mental health was terrible while I was on testosterone. I was hospitalized six times while on testosterone and in each case the doctors affirmed my male identity. I was also in outpatient programs multiple times. In 2018, I tried to commit suicide and was again hospitalized. Finally, I began to do the inner work I needed to do to start to heal.

15. At age 20, I stopped taking testosterone and my body began to regain its female characteristics. I am no longer on any mental health medications or receiving therapy. I believe the gender dysphoria was brought on by trauma and culture – by people and medical professionals encouraging me to believe that becoming a man was an option and transitioning would bring me peace.

16. I reconciled with my father's family, who remained an anchor to reality and affirmed me as the woman that I am and who have helped me on the long journey to learn what it means to be a woman, a daughter, and now a wife and mother.

17. At the time that I was taking testosterone, between ages 16 and 20, I desperately wanted gender transition surgeries. I wanted a double mastectomy because I was binding and it was very uncomfortable, so much so that I once had threatened to take a knife to my chest. I also wanted a hysterectomy because at that age I did not want to have to worry about periods or ever getting pregnant.

18. The only reason I did not get the surgeries was that I did not have the money to pay for them. If the state had been willing to pay for them through Medicaid, then I absolutely would have had them, and would have never found the peace with my female body I now enjoy and would not be able to experience being a mother or breastfeeding my son.

19. If access to these treatments is easily affordable, then it could do great damage to a young person that may not be able to be undone.

20. I am convinced that funding these treatments is funding a false chemical or surgical promise – that these chemicals or surgery will bring lasting peace to what is truly causing body dysphoria. This would mask a great deal of

mental illness. It would likely result in increased suicides, as these treatments almost did to me.

21. By not having state funding available for these procedures, I was saved, as was my future child. This regulation will save lives.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: October 3, 2022.

/s/ Zoe Hawes
Zoe Hawes

2. Florida's Rule 59G-1.050(7) of the Florida Administrative Code (the "Challenged Exclusion") states that Florida Medicaid does not cover services for the treatment of gender dysphoria.

3. Florida's Rule will prevent manipulation and coercion on the part of health care providers and from that of their own distressed and confused children to comply with demands for medical and surgical interventions aimed at "affirming" a young person's professed discordant gender identity under threats of alienation or loss of a child to suicide. Most importantly, this law protects vulnerable children and young people from grievous harm and even death.

4. Had a law like Florida's Rule been in effect Massachusetts my daughter might still be alive today.

5. My daughter, S. had been in counseling for depression since age 15, but had never said anything about gender dysphoria to her counselor.

6. At age 17, S.'s mother told me that S. was transgender. I did not think it was a good idea to pursue transitioning, nevertheless, I told S. that I would help her in any other way.

7. S. had suffered a lot of rejection in school and was seeking affirmation. Five of her friends announced that they were transgender. When S. said she was transgender too it was seen as fashionable and she finally had the peer acceptance she had not previously experienced in high school.

8. When S. went to college at age 18, unbeknownst to me, she began taking testosterone. When I met with her at school, I noticed she was very depressed.

9. A social worker who was also present at my meeting with S., Shannon Sennott, told me that S. was going to get a double mastectomy.

10. When I objected to her taking such a drastic step at such a young age, the social worker told me I was an “Israeli chauvinist”, a typical chauvinist male, who doesn’t love his child enough. Her approach was that this is what we’re going to do and you need to just get on board.

11. The social worker assured me that everything would be fine if I just loved my daughter.

12. After this meeting S. refused to talk to me and began threatening that she would kill herself if she did not get the surgery she wanted. She had a double mastectomy at age 19.

13. I witnessed distressing physical and emotional changes in S. The changes in her because of the testosterone were so distressing that I even considered suicide at one time. S. gained and lost lots of weight, had pain all over her body, suffered from mood swings, could not concentrate, and described herself at times as “barely alive.” At one point she was hospitalized in a psychiatric hospital for depression and suicidal thoughts.

14. S. was deeply depressed and taking a significant number of medications along with testosterone. It did not appear any medical professional was monitoring all these medications or even understood their possible interactions. I kept assuring her that I would do whatever I could to help her.

15. S.'s pain became so intense that she began taking Fentanyl.

16. S. was found dead on August 6, 2021 with Fentanyl and alcohol in her system. She was 28. S. had been identifying as a male and taking testosterone for ten years.

17. Florida's Rule and similar laws to not cover services for the treatment of gender dysphoria are critically important because young people, especially those with mental health issues such as S, cannot make clear decisions about their future, particularly when neither they nor their parents are provided with full information about the effects of these interventions. We know from research that the brain is not fully formed until a person reaches her mid-20s, so even a healthy 18-year-old does not have the mental maturity to make life-altering decisions such as taking cross-sex hormones or surgeries that will significantly alter their bodies and impact their mental health.

18. The medical interventions that were promoted to my daughter with a promise that they would relieve her problems, in fact, increased them and led to her death.

19. Parents should not be put in the position to support decisions for their child that can result in infertility or other life-long harms, especially when the young person has mental health issues that are not being addressed.

20. Florida's Rule protects parents from being coerced into supporting these decisions through manipulation and threats like the one leveled at me that my daughter would commit suicide if she did not get the intervention she demanded. Most importantly, it will save the lives of vulnerable young people like my daughter.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: October 3, 2022.

/s/ Yaacov Sheinfeld
Yaacov Sheinfeld

2. Florida's Rule 59G-1.050(7) of the Florida Administrative Code (the "Challenged Exclusion") states that Florida Medicaid does not does not provide coverage for hormonal and surgical interventions to "alter primary or secondary sexual characteristics."

3. Florida's Rule will protect vulnerable young people like my son from grievous harm. This rule will prevent the State from facilitating further harm to vulnerable young people like my son by paying for life-altering and irreversible treatments that will not address their underlying mental health issues and will likely cause such young people to forego needed mental health treatment.

4. My son, T., was an Eagle Scout, martial arts student who at age 22 decided he was transgender. After six years of social transitioning and hormone treatments T. has lost a great deal of weight, is anorexic and extremely underweight, sometimes not eating for days, and has significant mental health problems.

5. T. was depressed as a teenager. He kept his feelings inside and wouldn't see a therapist. T. was not comfortable with his looks and was seen as a geeky, small boy. He showed signs that he hated himself, including refusing to brush his teeth so that they rotted away.

6. There were trans-identified kids at T.'s high school but he showed no interest in them at that time. He attended community college in Tallahassee and

Florida State University, which were very progressive campuses. He was around others who were trans-identifying.

7. At age 19 or 20 T. began wearing girls' accessories. He saw a social worker in Tallahassee for a couple of months, and she gave him information about where to get hormone treatments.

8. He began taking estrogen and spiro lactone (lowers testosterone). He got the prescriptions from an endocrinologist at Tallahassee Memorial Hospital and the FSU medical group. I do not know whether any of the practitioners did a psychological evaluation prior to prescribing hormones.

9. T. was binding his testicles for a time in an effort to appear more feminine. However, he developed health problems related to the binding in that it cut off oxygen and permitted infection to develop. As a result T. stopped binding and began to just wear loose-fitting clothing.

10. T. began seeing a therapist when he was 23. He said the therapist was very helpful with dealing with anxiety, but T. refused to talk with the therapist about this trans identity. T. had spent a lot of time online listening to trans advocates who affirmed his trans identity and he would not stay in therapy.

11. The therapist diagnosed T. with borderline personality disorder. Patients with borderline personality disorder often hate themselves and will engage

in self-harm. She explained that T. had let his teeth rot away because he hates himself.

12. T. has not undergone any surgeries because he hasn't been able to pay them.

13. T. has not received any treatment for his underlying borderline personality disorder. His father and I are concerned that if the state were to pay for surgery to remove his penis and testicles he will not get the treatment he needs for his actual underlying mental illness. That is a great concern because so long as he has untreated mental illness he will continue to engage in self-destructive behavior and to decline. The trans identification and hormone interventions operate as a vehicle for self-harm. Adding irreversible surgery on top of that would only compound the harm.

14. Florida's Rule 59G-1.050(7) will prevent the state from enabling vulnerable young people like my son to receive life-altering irreversible treatments that result in the loss of healthy body parts and bodily functions and yet will not actually treat what is causing their mental health problems. We are concerned that without this Rule underlying mental health issues such young people are experiencing will go untreated.

15. For T. and many others like him, the regulation would very likely save their lives and a life-time of regret.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: October 3, 2022.

/s/ Julie Framingham
Julie Framingham