

# **Beauty and the Breast: Mobilizing Community Action to Take on the Beauty Industry**

Case Study by Eric Weinberger for the Strategic Training Initiative  
for the Prevention of Eating Disorders  
*[www.hsph.harvard.edu/stripped](http://www.hsph.harvard.edu/stripped)*

## **TEACHING NOTE by S. Bryn Austin**

This teaching note provides teachers with all the information and guidance needed to adopt this case in your classroom. The teaching note covers background material on the case, including synopsis, explanation of its real-world basis, teaching objectives, target audience, and a list of case materials and required readings for students. It also includes a detailed lesson plan for the teacher that is designed with a 1 hour and 50 minute session in mind. (Teachers can modify the lesson plan to accommodate a shorter or longer class period.) At the end of this teaching note are a written homework assignment, random character assignment worksheet to be filled in by the instructor, and in-class assignment instructions. The written homework assignment and random character assignments should be given to students along with the required reading one week before the class session in which the case will be discussed. The in-class assignment instructions should be handed out to students at the start of the class period dedicated to discussion of this case.

### **A. Synopsis**

How does one learn to become an effective advocate? “Beauty and the Breast: Mobilizing Community Action to Take on the Beauty Industry” tells the story of protagonist Joe Wendell, known as Wendell, an emergency room nurse and widower raising a teenage daughter in Franklin, a largely working class town in the fictional U.S. state of Columbia. One day his daughter announces she would like to have breast implants. The distressing news prompts Wendell into new, unforeseen directions as he learns all he can about implants and surgery, the “beauty culture” permeating society especially in his community, and the psychological development of teenagers. Though relieved to find out that as long as she is a minor she cannot legally obtain the surgery without his consent (and, no doubt, without his cash), Wendell starts to believe that greater protections for teen girls in Columbia are needed. In this effort he is guided by the confident figure of Anna Pinto, director of a community center in an East Franklin neighborhood with a vibrant Brazilian-American community where cosmetic surgery, especially for girls and young women, is something she perceives to be a particular problem and has some ideas about how to address.

Advocacy or even politics does not come naturally to Wendell, who makes some basic mistakes or omissions, like forgetting to ask for support. There is already one bill filed in the state House of Representatives that would ban breast implants surgery for minors; but Pinto calculates that the bill won't have anything near the broad support it needs to pass. Within her own community, and joined by Wendell, she works to extend her coalition and find a sponsor for a second, more limited bill that she

feels would still directly confront the problem. The story ends on the eve of the legislative committee hearing in which both bills will be considered, with testimony for and against still being arranged.

## **B. Real-World Basis**

Societal appearance standards generate enormous pressures on youth and adults, resulting in excessive value placed on body shape and size and driving some to take on dangerous behaviors to achieve these unrealistic ideals. The most pernicious impact falls on adolescent girls, who are crassly targeted in our society's insistence on aligning female worth with physical appearance. In this context, industries marketing procedures for body modification to help people ostensibly become more beautiful have grown rapidly in the past decade in terms of their customer base, procedure volume, and profits. Chief among them is the cosmetic procedures industry, which exceeded \$11 billion in revenue in the United States in 2012 alone. Women make up 91% of the industry's customer basis, and increasingly teens are undergoing cosmetic procedures. Breast implants in particular have become common, and the teen market is expanding. In 2012, almost 300,000 cosmetic breast implant surgeries were conducted across the United States, and over 8,000 were done on teens.

Public health professionals have not adequately responded to the potential public health implications of minors obtaining cosmetic breast implants. In the United States, breast implants are not approved for use in people younger than 18 years, but surgeons are free to implant the devices in minors with parental consent as permissible "off label" use. Yet implants are far from lifetime devices, and the U.S. Food and Drug Administration has released figures indicating that somewhere between 30-40% of breast implants may require repeat surgeries within three years. Should public health professionals, adolescent medicine specialists, and parents be concerned? Is there a public health rationale for placing more restraint on the use of these devices in minors? Or are there already enough legal protections in place to shield young people from harm? If more restraints are in order, how should they be balanced with the rights of a legal industry to do business and the freedom of physicians to offer treatments deemed medically necessary, even if "off label"? For instance, could it not be argued breast implants for transgender young women are medically necessary?

This teaching case is a fictionalized composite of real-world experiences both with public health advocacy and with the cosmetic procedure industry's expansion across the nation in communities diverse in ethnicity, nationality, socioeconomic status, and more. It was developed through extensive background research and original reporting with public health practitioners and community advocates. With realistic story elements and characters, the case allows students to step into the role of a newly minted advocate from the community motivated by personal circumstances to organize for legislative change and, along the way, learn crucial skills and strategies for legislative advocacy on important public health problems.

## **C. Learning Objectives and Target Audience**

The learning objectives of this case include several that are specific to the topic of prevention of health risks resulting from body dissatisfaction and several others that support core competencies for public health education promulgated by the U.S. Council on Linkages Between Academia and Public Health

Practice ([http://www.phf.org/resourcestools/Pages/Core\\_Public\\_Health\\_Competencies.aspx](http://www.phf.org/resourcestools/Pages/Core_Public_Health_Competencies.aspx)). The learning objectives specific to prevention of health risks resulting from body dissatisfaction are: 1) Identify the variety of developmental, medical, and financial reasons why cosmetic breast implants may be inappropriate for minors; 2) Describe the epidemiologic evidence documenting the association between cosmetic breast implants with excess risk of suicide and other causes of death; 3) Evaluate the viable legal options to strengthen protections for minors in relation to cosmetic breast implants; and 4) Demonstrate skills in public health advocacy by crafting expert testimony for a legislative hearing on prevention of health risks associated with body dissatisfaction.

The learning objectives addressing Council on Linkages Between Academia and Public Health Practice core competencies are: 1) Advocates for the use of evidence in decision making that affects the health of a community (Analytical/Assessment Skills competency #1B15); 2) Communicates the roles of governmental public health, health care, and other partners in improving the health of a community (Communication Skills competency #3B8); and 3) Advocates for policies, programs, and resources that improve health in a community (Community Dimensions of Practice Skills competency #5B10).

The primary target audience for this teaching case is graduate students in public health, particularly those in courses focused on public health policy and law, gender and health, adolescent health, legislative advocacy, and health care policy. The case is also suitable for graduate students in other disciplines, such as community health, social work policy, community advocacy, and undergraduate students in similar courses. The case and assignments could be adapted for use with advanced high school students in a course on public health or health law. The teaching case may have its greatest impact when reaching students who are likely to one day work in professional roles where they are involved in health policy or community organizing for legislative advocacy on public health issues.

#### **D. Case Materials**

The complete case study consists of the case study narrative with four sections, a teaching note, which includes a lesson plan, written homework assignment, random character assignment worksheet to be filled in by the instructor, and order of testimony documents for in-class mock hearing activity, plus one companion technical document that is available via the Internet and several required journal article readings.

##### Provided Teaching Case Narrative Document:

- 1) Cover page, plus table of contents, synopsis, and acknowledgments (3 pages)
- 2) Cast of characters and list of committee members and witnesses (3 pages)
- 3) Case narrative “Beauty and the Breast: Mobilizing Community Action to Take on the Beauty Industry” (14 pages)
- 4) Bills H. 110-25 and H. 110-46, focus of committee hearing (3 pages)

*The case narrative (item 3 above) includes concepts from the teaching case companion technical document: Amidei N. (2010) So You Want to Make a Difference: Advocacy Is Key (16<sup>th</sup> edition). OMB Watch, Washington, D.C. (Paperback copy available for purchase used or new via online book sellers*

such as Amazon.com or ebook version via Scribd at <http://www.scribd.com/doc/54807736/So-You-Want-to-Make-a-Difference-2010-Edition>.)

Provided Teaching Note Document: Includes overview material, lesson plan, written homework assignment, random character assignment worksheet to be filled in by the instructor, and order of testimony for in-class mock hearing activity (13 pages)

### E. Required Reading for Students

- 1) Provided case study narrative document with 4 sections
- 2) Companion technical document: Amidei N. (2010) *So You Want to Make a Difference: Advocacy Is Key* (16<sup>th</sup> edition). OMB Watch, Washington, D.C. (Paperback copy available for purchase used or new via online book sellers such as Amazon.com or ebook version via Scribd at <http://www.scribd.com/doc/54807736/So-You-Want-to-Make-a-Difference-2010-Edition>.)
- 3) Journal articles:
  - Zuckerman D, Abraham A. Teenagers and cosmetic surgery: Focus on breast augmentation and liposuction. *Journal of Adolescent Health* 2008; 43: 318-324. Key teaching points from article:
    - Adolescence is a period of high risk for development of body dissatisfaction, especially in young women, and related psychiatric disorders such as eating disorders and body dysmorphic disorder. These psychological problems may contribute to a teen's desire for cosmetic surgery, yet they may resolve on their own through normal healthy development into young adulthood and are responsive to psychological treatment without surgical intervention.
    - Breast implants are associated with multiple risks -- including implant leakage, rupture, contracture, loss of nipple sensation, interference with breastfeeding, and reduction in mammography effectiveness – all of which increase over time. In addition, breast implants carry substantial financial burden for women, with costs rarely covered by health insurance. Implants typically need replacement every 10 years and not uncommonly require repeat surgeries more frequently to address malfunctions and resulting health problems.
  - Lipworth L, McLaughlin JK. Excess suicide risk and other external causes of death among women with cosmetic breast implants: A neglected research priority. *Current Psychiatric Reports* 2010; 12: 234-238. Key teaching points from article:
    - It is well-documented in the epidemiologic literature that women who have received breast implants have an estimated twofold risk of suicide compared to other women. Risk of death due to substance abuse, motor vehicle accidents, and other external causes are also substantially elevated in these women.
    - Some evidence suggests elevated death rates in women with cosmetic breast implants may be associated with excess preexisting psychiatric morbidity in women who seek breast implants, but more research is needed to explain the association.
  - Cooper, KC. Can I see some ID? Banning access to cosmetic breast implant surgery for minors under eighteen. *Journal of Law and Health* 2014; 27(2): 187-214. (<http://engagedscholarship.csuohio.edu/jlh/vol27/iss2/4/>) Key teaching points from article:

- In the United States, parents are granted wide latitude for providing consent for their minor children to undergo medical procedures, with the assumption that parents and clinicians always have the child's best interests in mind. In the case of medically unnecessary breast implant surgery, however, this traditional consent framework may not adequately protect children from harm.
- The author offers a legal rationale in favor of a federal government mandate to set a national minimum age of 18 years for receiving cosmetic breast implants.

### **E. Acknowledgments and Funding**

This teaching case was written by Eric Weinberger for the Strategic Training Initiative for the Prevention of Eating Disorders (STRIPED; [www.hsph.harvard.edu/striped](http://www.hsph.harvard.edu/striped)) under the direction of STRIPED director S. Bryn Austin and co-director Kendrin R. Sonneville. We would like to thank reviewers for this case: Debra Franko, Adrienne Goncalves, Jess Haines, Susan Madden, Susan Paxton, and Katherine Record. We also thank instructors Katherine Record and Maggie Morgan, all the students in their course, Obamacare in America, and the Tufts University Experimental College for their participation in the pilot evaluation of this teaching case. This work was supported by the Ellen Feldberg Gordon Fund for Eating Disorders Research and grants T71-MC-00009 and T76-MC00001 from the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.

## F. Lesson Plan and Discussion Guide

### Lesson Plan (1 hour 50 minutes)

**Note to Instructor:** The written homework assignment and random character assignments should be given to students along with the required reading one week before the class session in which the case will be discussed. The Random Character Assignment Worksheet, which can be found on pg. 12 of this teaching note, should be filled in by the instructor by randomly assigning students to roles (for instance, by drawing the students' names from a hat to assign to each character role). Students must receive their random character assignments at the same time they receive the homework assignment one week before class because the homework is based on their assigned character.

There are 20 roles in the Random Character Assignment Worksheet. For classes with fewer than 20 students, the instructor can reduce the number of committee members from 5 to 4 or 3 and perhaps even 2 if necessary. In addition, the number of witnesses can be reduced for small classes. If reducing witnesses, the most important figures to keep in the in-class activity are the characters named and described in the teaching case narrative.

#### 1. Case Workshop: "Beauty and the Breast: Mobilizing Community Action to Take on the Beauty Industry"

- a) Introduction to Case and In-Class Activity (5 minutes): For this class session, we will tackle two very timely and important public health issues – the rapidly growing cosmetic surgery industry, specifically breast implant procedures in minors, and the power of lobbying for public health causes. With today's case, we will have the chance to immerse ourselves in the topic with all the drama and political strategizing of a real-life advocacy effort.
- b) Constituent Testimony Before the Committee (75 minutes): For the 75 minutes, 15 constituent representatives will deliver testimony before the Columbia General Assembly's Health, Education, and Labor Committee. Each witness will be delivering the testimony s/he wrote for the homework assignment from the perspective of the character s/he was randomly assigned the previous week (*see Random Character Assignment Worksheet to be filled in by the instructor*). **Chairperson Pat Fitzhugh (R-Monroe) will preside over the hearing (in character).**
  - Role of Witness: Each witness will be given **THREE** minutes for her or his testimonial (based on your 1-and-1/3-page testimony homework assignment for today) and **ONE** minute for any follow-up questions from the five committee members (*plus one more minute for transition between presenters, which = 75 minutes for testimony*). For those offering testimony, you can read or paraphrase the testimony that you prepared as your written assignment for class. **You must deliver your testimony in character as the person you were randomly assigned to play.**

- Role of Committee Members: All five committee members should be prepared to ask questions of people testifying during this 75 minute period, though there will be time for only one question per witness (*one minute of questions per witness means both the question and the answer must be succinct or will be cut off by Chairperson Fitzhugh for exceeding time limit*). **You must stay in character.**
  - Begin Testimony: Chairperson Fitzhugh will now call the hearing to order, calling each witness up to present in the Order of Testimony. (*Note: Instructor should give Order of Testimony handout [see pg. 12 in this teaching note] to all students at start of class. Also, course instructor should have a stop watch to make sure each testimony lasts only three minutes and each question period lasts only one minute. Instructor should signal Chairperson Fitzhugh when time is up so the chairperson can cut the presenter off if exceeding the time limit.*)
- c) Open Questions From the Floor (10 minutes): When all 15 members have finished testifying, 10 minutes will be reserved for questions from the floor directed to the witnesses (meaning everyone in class is allowed to ask questions of other witnesses, but still in character). **You must stay in character.** (*Chairperson Fitzhugh still presides over this period of open questioning. Note to Instructor: Though this type of open-floor discussion would not be typical of a real hearing, the purpose of this part of the lesson plan is to give students the opportunity to actively participate and further engage with the issues raised by others in the class from the point of view of their characters.*)

## 2. Reconvene Class for Debrief Discussion and Free Write (20 minutes)

### a) Debrief Discussion Out of Character (10 minutes)

- Have class discuss – *as themselves, so no longer in character* -- their experiences with this mock hearing on a contentious public health issue.

**Q:** What was it like to testify and debate in character? How about for those who disagreed with your character's views? And those who generally agreed with your character?

**Q:** For your testimony, what changes in your writing style did you make to switch from the academic writing that you normally use for class papers to instead write testimony in a style most appropriate for effective communication in a legislative advocacy setting?

**Q:** Now that you've heard all the other students' testimony, what elements or communication techniques in their testimonials did you find most persuasive? Was it data and facts? Anecdotes about personal struggles or those of patients? Creative epidemiology? Analogies? Or something else?

b) In-Class Free Write and Wrap Up (10 minutes)

- Free Write on Application in Professional or Civic Life (5 minutes)
  - First, reflect on the many excellent advocacy techniques described in the book *So You Want to Make a Difference*. Next, think about the topics we covered today or, more broadly, unhealthy behaviors related to body dissatisfaction or eating disorders. Now choose **one issue** important to you -- either professionally in your public health work or in your civic life -- that you feel can be addressed through political action on the city, state, or federal level. **What are three things you can do in the next six months to get involved in policy advocacy on this issue?**
- Discussion of Free Write and Wrap Up (5 minutes)
  - With class together, have students discuss the issues that they feel need political action and the three things they will do in the next six months to get involved in policy advocacy on the issue.

END CASE DISCUSSION

# Beauty and the Breast: Mobilizing Community Action to Take on the Beauty Industry

## WRITTEN HOMEWORK ASSIGNMENT

**Due:** 15 people giving testimony: Day of Class (**BRING SIX COPIES TO CLASS!**)  
Five committee members: One Week Later

**Length:** 1-and-1/3 pages for testimony, with references on separate page

**Format:** Typewritten, double-spaced, 12-point font, one-inch margins

The Columbia General Assembly's Health, Education, and Labor Committee meeting on breast implants in minors is about to begin, and it is your job to help lead this hearing to its conclusion!

Each individual testifying before the committee will be given three minutes for her or his testimonial and one minute to answer a follow-up question from the five committee members. All committee members, therefore, should be prepared to ask questions of people testifying, though we will have time for only one question per witness. For those offering testimony, you can read or paraphrase the testimony that you prepared as your written assignment for class. When all 15 members have finished testifying, 10 minutes will be reserved for questions from the floor (meaning everyone in class is allowed to ask questions of other witnesses, but still in character).

Twenty roles, found in the Cast of Characters page in the case narrative, have been crafted in preparation for this committee meeting, and each member of the class has been randomly assigned to play a part. (See Random Character Assignment handout provided to you by your instructor to find out what character you will play.) Representative Pat Fitzhugh, the chairperson of the committee, will preside over the hearing and call the session to order.

The assigned readings for today, especially the monograph *So You Want to Make a Difference: Advocacy Is the Key* by Nancy Amidei, are crucial to get you up to speed on the topic and on the purpose and process of advocacy. *Be sure you do these readings so you will be well prepared for our live enactment of a legislative hearing in class!*

**Assignment for 15 People Testifying:** The 15 people assigned to testify before the committee need to prepare a three-minute written testimonial that will be turned in for a grade (1-and-1/3 pages, typed, double-spaced, and 12-point font, which corresponds to about three minutes when read aloud, then followed by references on a separate page). As described in the Instructions for Testimony Outline guide that follows this assignment description, the written testimonial text should include an introduction of your randomly assigned fictional character (including name and who you are representing), your position on the issue (for one bill, for the other, for both, or for neither), and the reasons that you or your organization have/has chosen this position. All testimonials must be properly referenced and researched and must be delivered in character during the mock hearing in class in a way that reasonably reflects the character and her/his organization. It can often make for compelling testimony to

incorporate an anecdote or an example of creative epidemiology. For instance, instead of saying X number of people die of Y disease every year, the number of deaths can be illustrated graphically as equivalent to a dozen 747 airplanes crashing. The testimony should also be written for the appropriate audience: state representatives with no medical or public health training. **Note that you do not need to mention your references verbally in your testimony unless you feel that will help your argument; however, the written testimony you turn in must include proper referencing at the end on the sources (minimum of four sources) you used to craft your character's testimony. Your written testimony paper is due in class on the day of the mock hearing.**

**Assignment for Five People on the Committee:** For the five people assigned to be committee members, you will be expected to ask questions in character of witnesses during the hearing in class. Your written assignment will be as follows: Each committee member will need to write a 1-and-1/3 page opinion on what your character thinks the committee should recommend be done with the two bills under consideration. Each committee member may recommend sending both bills, one specific bill, or no bills to the Assembly floor. Your opinion paper needs to include an introduction, your position on the issue, and the reasoning that supports this position. **This opinion should be written from your assigned character's perspective. The paper must be properly researched and referenced (minimum of four outside sources, meaning sources beyond the assigned readings for this session) and must make specific reference to testimony provided to you by the 15 people testifying before your committee in the mock hearing in class. It is not necessary to mention all 15 testimonials, but you must mention the ones that can serve to support your recommendation. Do not plagiarize the testimonials – cite them appropriately. Your written opinion paper will be due one week after the class with the mock hearing.**

Remember, role play can be fun. Draw on your inner thespian and *enjoy!*

### Instructions for Testimony Outline

#### *I. Introduction*

- Greet and thank the members of the committee: Good morning Chairperson Fitzhugh and members of the Committee. (Note: If your legislator sits on the committee, you may want to greet/acknowledge her/him here). Thank you for the opportunity to speak with you today.
- Introduce yourself: My name is \_\_\_\_\_. Tell the committee if you are an expert of some type, professional (give title), credentials, or other points as you wish that make clear your expertise and how this informs your testimony.
- Tell them why you are here: Let the committee know that you are either for House Bill 110-25 and House Bill 110-46, for only House Bill 110-25, for only House Bill 110-46, or neither bill.

#### *II. Here present the problem---this is the most important section---link the problem to the solutions proposed in the legislation*

- Tell the committee what your testimony will focus on: Are you speaking specifically about health and well-being of adolescent girls, beauty industry practices, safety of surgery or implanted devices, insurance coverage, regulation of the healthcare industry, etc.?

- Share your personal experience or experience observed in your family life, clinical situations and clinical, legal, advocacy, and/or academic practice.

### III. Conclusion

- Tell the committee members why they need to agree with your position on the bill: Let them know how your work or personal experience would be different if the bill were passed.
- Remind the Committee: The time to act is now!
- Thank the committee: Thank the committee members for their time and leadership on this important issue!

<h3>General Tips for Testifying</h3>
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Testifying on a bill in front of a legislative committee is a powerful way to influence the lawmaking process. By testifying, you are raising awareness about your view in an organized, public setting. You also have the opportunity to reach a *group* of legislators at once – in this case, the members of the Columbia General Assembly’s Health, Education, and Labor Committee.

- Normally you should arrive early so you can sign up to testify with one of the committee staff, but since this is a class session, we expect you to be here on time.
- Statements presented to the committee should be well organized and should clearly tell your story or represent your views and personal experiences related to the legislation. You will be given 3 minutes to testify with one minute reserved for questions from the committee. You can read the testimony that you have written for the class homework assignment.
- **When testifying, you should have six copies of your testimony: One for each of the five members of the committee and one more that you turn in to the instructor).**
- After you have spoken, members of the committee may ask you for clarification or more information. If they ask a question you cannot answer, be honest and say so. Offer to get the information for them -- and, in the future when you give testimony in real life in a statehouse, on Capitol Hill, at the United Nations, or elsewhere, be sure to follow-up with the information you promised in a timely manner.
- The hearing starts at the beginning of the class session. You will be called to testify based on an order that will not be known to the committee members or witnesses until the start of the session.

\* \* \*

# Beauty and the Breast: Mobilizing Community Action to Take on the Beauty Industry

## RANDOM CHARACTER ASSIGNMENT WORKSHEET

<b>Random Character Assignments for Mock Hearing</b>	
<b>Class Member</b>	<b>Character Role Assignment</b>
	Policy analyst from the Cato Institute, Division of Government and Politics
	Debbie CHANG (D-Madison) – Committee member
	Frank DiCALCIO (D-Hamilton Central) – Committee member
	Dr. Alexander EDMONDS – Professor of Anthropology, University of Edinburgh, author: <i>Pretty Modern: Beauty, Sex, and Plastic Surgery in Brazil</i>
	Maria FERNANDEZ (D-Jefferson) – Committee member
	Rep. Pat FITZHUGH (R-Monroe) – Committee chairperson
	Rep. Louisa HARDING (D-East Franklin) – Sponsor of H. 110-46 – State Representative for Franklin County
	Vice president for public affairs, Mentor Corp., a manufacturer of implants and other devices
	Mariana GONCALVES – Student at Hamilton State University who had breast implants at sixteen
	Anna PINTO – Director of a community center in East Franklin in a predominantly Brazilian-immigrant urban neighborhood
	Dr. Natalie RAAB – Medical director of the Columbia Society for Plastic Surgeons
	Amanda Ribeiro SANTOS – East Franklin middle-school counselor
	Dr. Jacqueline RIBICOFF – A pediatrician in the same practice as Dr. Jim Rosenfeld
	Representative from the Society for Adolescent Health and Medicine
	Rep. Anita SUAREZ (D-Bayside Hamilton) – Sponsor of H. 110-25 – State Representative for Bayside Hamilton
	Dr. Clayton VENISTE – Independent cosmetic surgeon in Hamilton
	Alvaro de Souza VIEIRA – A girls’ soccer coach and father in East Franklin
	Joe WENDELL – A widower and hospital ER nurse, also father to a teenage girl
	Rachel WINFREY (R-East Point) – Committee member
	Dr. Diana ZUCKERMAN – President, National Research Center for Women and Families

**NOTE: You may trade characters with another student in the class if s/he is amenable to the change. Before making a trade, be sure to consider the difference in assignment due date for people who are giving testimony vs. people on the committee!**

# **COLUMBIA GENERAL ASSEMBLY**

## **HEALTH, EDUCATION, AND LABOR COMMITTEE MEETING**

**PAT FITZHUGH, CHAIRPERSON  
RACHEL WINFREY  
DEBBIE CHANG  
FRANK DICALCIO  
MARIA FERNANDEZ**

### **ORDER OF TESTIMONY**

*To testify on the matter of breast implants in minors and proposed House Bills 110-25, 110-46:*

1. Dr. Jacqueline RIBICOFF
2. Dr. Clayton VENISTE
3. Amanda Ribeiro SANTOS
4. Vice president for public affairs, Mentor Corporation
5. Rep. Anita SUAREZ
6. Policy analyst from the Cato Institute, Division of Government and Politics
7. Joe WENDELL
8. Rep. Louisa HARDING
9. Alvaro de Souza VIEIRA
10. Dr. Diana ZUCKERMAN
11. Mariana GONCALVES
12. Dr. Natalie RAAB
13. Anna PINTO
14. Dr. Alexander EDMONDS
15. Representative from the Society for Adolescent Health and Medicine