

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF FLORIDA  
Tallahassee Division**

JANE DOE, individually and on behalf  
of her minor daughter, SUSAN DOE,  
et al.,

*Plaintiffs,*

v.

JOSEPH A. LADAPO, M.D., *in his  
official capacity as Florida's Surgeon  
General of the Florida Department of  
Health*, et al.,

*Defendants.*

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

**DECLARATION OF GLORIA GOE IN SUPPORT OF  
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

I, Gloria Goe,<sup>1</sup> hereby declare and state as follows:

1. I am over the age of 18, of sound mind, and in all respects competent to testify. I have personal knowledge of the information contained in this Declaration and would testify completely to those facts if called to do so.
2. I am a plaintiff in this Action and I am the parent and next friend of my minor child, Gavin Goe, who is also a Plaintiff in this action.

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<sup>1</sup> Because of concerns about my child's privacy and safety, I am seeking to proceed in this case under a pseudonym. *See Motion to Proceed Pseudonymously*, filed concurrently herewith. In addition, contemporaneous with signing this declaration, I have signed with my legal name a separate copy of this declaration. My attorneys have a copy of that separate declaration.

3. I am a resident of Florida. I live in Lee County with my four children and my husband.

4. I was born and raised in the Midwest, where we all lived until 2021. I have extensive experience in the insurance sales industry, and my husband works as a supervisor at a large business services company.

5. My husband and I have known each other since grade school and we have been married since 2007. We have four children.

6. Two years ago, my husband and I decided to move from the Midwest to Florida in pursuit of our dream to raise our children in a warm location near the ocean.

7. My youngest son, Gavin, who is also a Plaintiff in this action, is an eight-year-old boy who is transgender. He is in second grade.

8. Gavin has known that he was a boy from a very young age. He consistently wanted short haircuts and masculine clothing, and also asked why he could not have a boy's name. He often told us he would grow up to "look handsome like daddy."

9. For some time, my husband and I thought Gavin was a "tomboy" who simply did not enjoy feminine things. Incrementally, we came to understand and accept his desire to appear less feminine.

10. Gavin, who has always been incredibly self-assured and often seems wise beyond his years, began asking searching questions several years ago that reflected a sense of distress, including, “Mommy, why does nobody believe I am a boy?” He also sought out photographs of boys to show us how he wanted to look. Eventually, we came to understand that Gavin is transgender.

11. While we experienced a sense of grief that our child was no longer our daughter, we also wanted Gavin to thrive and we learned, with the support of other parents, how essential it is that we support him and love him exactly as he is. During his pre-K and Kindergarten years of school in the Midwest, we began allowing him to wear boys’ clothes to school and to use male pronouns and, eventually, a male name.

12. Gavin is a great student. He performs above his grade level in reading, math, and other subjects. He enjoys school and his teachers enjoy teaching him and having him in the classroom.

13. Gavin is very spirited and social. He makes friends easily and he participates in all activities available to him. He seeks out any opportunity to experience joy with other people.

14. While his school principal, his counselor, and his teacher know that Gavin is transgender, his classmates do not know. Gavin does not want his peers to

know that he is transgender. If Gavin were to develop secondary sex characteristics associated with his birth sex, his classmates would know he is transgender.

15. Gavin was diagnosed with gender dysphoria in 2021 by a pediatrician. In 2022, he saw another pediatrician who assessed him to determine if he was approaching the onset of puberty. After examining him and considering that his older sister had begun puberty at age nine, the pediatrician recommended that he see a pediatric endocrinologist. (Attached as Exhibit A, Letter by Dr. Nicole M. Bruno).

16. Even though he was still young, the pediatrician said, given his family history, it was important that Gavin be assessed regularly for puberty blockers because they need to be initiated very soon after puberty starts. If he does not receive them at that time, he will likely be deprived of the medical benefits they confer.

17. Based on that referral, I made an appointment for Gavin with Dr. Suzanne Jackman at Johns Hopkins All Children's Hospital in St. Petersburg, Florida for March of 2023.

18. I believe, based on what I know about my son, and based on my discussions with his pediatrician, that the onset of endogenous puberty will likely be extremely distressing for Gavin. As puberty progresses, if he cannot receive puberty blockers, not only will he begin developing characteristics that will irreversibly identify him by his birth sex, his peers will learn that he is transgender. Puberty

blocking medication could prevent these irreparable harms, but *only* if he receives them early after the onset of puberty.

19. The morning of the scheduled appointment, before driving two hours to the clinic, I called to confirm the appointment. At that time, I was told that the clinic was no longer seeing new patients because the Florida Boards of Medicine and Osteopathic Medicine had issued new rules governing medical care for transgender youth.

20. This information was shocking to my husband and me. We had not known it was possible that doctors would be prevented from assessing and prescribing medical treatments our children may need.

21. Immediately, I sought out another clinic in the hope that Gavin could be assessed for treatment. The earliest appointment I could get for Gavin is September of 2023 at a clinic in New England. But I have been told that the appointment is tentative pending a recommendation by that clinic's legal counsel regarding the risk associated with seeing a patient who lives in Florida.

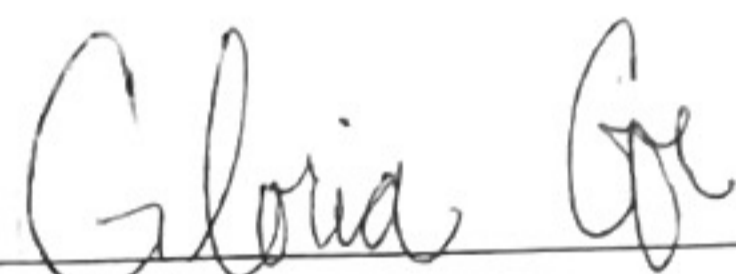
22. My husband and I are concerned that our son will begin puberty and will be unable to get the treatment he needs for his gender dysphoria to prevent the development of secondary sex characteristics associated with his birth sex.

23. The actions by the Florida Boards of Medicine and Osteopathic Medicine threaten the health, safety, and wellbeing of my son and other transgender children in the state of Florida.

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

Executed this 13<sup>th</sup> day of April 2023.

Respectfully Submitted,

  
\_\_\_\_\_  
Gloria Goe

# **Exhibit A**



April 17<sup>th</sup>, 2023

To: [REDACTED]

RE: [REDACTED]



# Island Coast PEDIATRICS

Martin J. McKenna, MD  
Jose V. Padilla-Lopez, MD  
Thomas L. Seitz, MD  
Wilfred K. Lee, MD  
Nicole M. Bruno, DO  
Luke J. McKenna, MD  
Teresa F. Stevens, MD  
Marcia E. Antigua-Lee, MD  
Ashton M. Rety, DO  
Vincent S. Munizza, MS, PA-C  
Terry L. Warren, PA-C  
Tara J. Heroux, APRN

Holly Velez, RN, BSM  
**Practice Administrator**  
Sandra Rosalez  
**Administrative Manager**  
Megan Hansen  
**Clinical Manager**  
Elizabeth Bentley  
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I am writing on behalf of the above mentioned patient of Island Coast Pediatrics. I am licensed to practice medicine in Florida by the Florida Board of Medicine. I am a physician working in a medical practice known as Island Coast Pediatrics. I see patients at all of our office locations.

[REDACTED] also known as Gavin Goe, has been a patient under the care of my practice for two years. He is eight years old.

In my professional opinion, the patient meets the clinical criteria for a diagnosis of gender dysphoria which another member of my practice diagnosed the patient with in 2021. For patients with gender dysphoria, the onset of puberty can cause or exacerbate distress arising from the incongruence between their birth sex and their gender identity. That distress may require medical treatment by a specialist in endocrinology.

Among the treatments available to minor patients experiencing gender dysphoria, puberty suppressing medication (commonly known as puberty blockers) can delay the onset of puberty if intervention is timely. Puberty blockers for a transgender patient should not be initiated before puberty has begun. Puberty blockers may be ineffective; however, if treatment is initiated too late in the patient's pubertal development, puberty blockers cannot reverse pubertal changes a patient has already experienced.

Specialists in pediatric endocrinology are best situated to assess an individual patient's need for puberty blockers and to determine the correct timing for administration of medication. If timely administered, puberty blockers can alleviate the symptoms of gender dysphoria. In 2022, after examining the patient and considering his family history, it was my opinion that the patient would be approaching the onset of puberty now or within the next few years. In my professional opinion, the patient has a need for assessment and treatment from a pediatric endocrinologist because he has a limited window of time to get the full medical benefit of puberty blockers.

In my professional opinion, it was appropriate to refer the patient to a specialist in pediatric endocrinology. On or about June 24, 2022, I referred the patient to a pediatric endocrinologist, Dr. Suzanne Jackman, at Johns Hopkins All Children's Hospital in St. Petersburg, Florida. It is my understanding based on my referral; the patient scheduled an appointment with a pediatric endocrinologist for March of 2023 and it was cancelled by the clinic because of new rules issued by the Florida Board of Medicine and the Florida Board of Osteopathic Medicine, which prohibit doctors from treating transgender patients with puberty blockers.

Respectfully Submitted,

Nicole M. Bruno, D.O.