1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
3 HUNTINGTON DIVISION
4 ---
5 Christopher Fain, individually and on behalf of all
6 others similarly situated, et al.,
7 Plaintiffs,
8 vs. CIVIL ACTION NO. 3:20-cv-00740
9 William Crouch, et al.,
10 Defendants.
11 ---
12
13
14 REMOTE VIDEOTAPED DEPOSITION OF DR. STEPHEN LEVINE
15
16
17
18 DATE: April 27, 2022
19 TIME: 8:00 a.m. CST
20 PLACE: Veritext Virtual Videoconference
21
22 Pl. Trial Ex. 086
23
24 REPORTED BY: KELLEY E. ZILLES, RPR (Via Videoconference)
25 JOB NUMBER: 5176996

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1 of your career, right?
2 A. Yes.
3 Q. Okay. You listed 23 separate pharmaceutical
4 company grants to study various pro-sexual medications,
5 right?
6 A. Yes.
7 Q. Were any of these 23 grants related to the
8 treatment of gender dysphoria in transgender people?
9 A. No.
10 Q. And were any of the grants related to the
11 treatment, any kind of treatment of prepubertal children
12 with gender dysphoria?
13 A. No.
14 Q. Or adolescents with gender dysphoria?
15 A. No.
16 Q. You also list in that same section in your
17 report, Dr. Levine, that you received a U.S. National
18 Institute of Health grant for the study of sexual
19 consequences of systemic lupus erythematosus and that
20 you were a co-principle investigator. Does that ring a
21 bell, is that accurate?
22 A. It is accurate.
23 Q. Okay. And did this grant have to do with the
24 study of anything related to gender dysphoria?
25 A. No.

1 A. Only to the extent that the grant helped us to
2 set up the Center For Marital & Sexual Health. The
3 Center For Marital & Sexual Health had a program called
4 the Case Western Reserve Gender Identity Clinic, and so
5 this was, this was not a grant for research, this was a
6 grant for the establishment, the administrative
7 establishment of our center that dealt with many sexual,
8 all sexual things including trans phenomenon. We didn't
9 in those days call it so much trans phenomenon, but we
10 called it gender identity problems.
11 Q. Right. So one of the grants was used to start
12 the Center for Marital & Sexual Health, but those five
13 separate grants were not for the study or, or direct
14 treatment under the Sihler Mental Health Foundation?
15 A. That's correct.
16 Q. Okay. But the Center For Marital & Sexual
17 Health, as a clinician there you saw a wide range of
18 patients there, right?
19 A. Yes.
20 Q. With a variety of problems related to sexuality
21 or sexual well-being?
22 A. Yes.
23 Q. Okay. And did you treat any children with
24 gender dysphoria at the Center For Marital & Sexual
25 Health?

1 A. If I can clarify your question, by you do you
2 mean me personally or do you mean under me as the
3 supervisor of people who did that?
4 Q. Let's start with you personally.
5 A. Yes, I have only on a rare occasion personally
6 treated or directly or indirectly treated a child. My
7 center, however, over the years has, has seen children
8 and, and I've been involved in the, the treatment as a
9 supervisor of those children.
10 Q. Okay. So you've reviewed their cases by way of
11 your supervision of clinicians at the center, but not
12 individually?
13 A. That's right.
14 Q. Okay. And is that the same for any adolescents
15 with gender dysphoria who were seen at the center? In
16 the early years I'm talking about now, not in recent
17 times.
18 A. Well, in the early years I occasionally saw
19 personally an older teenager, older adolescent, but in
20 the early years you must understand most of the patients
21 were adults.
22 Q. Okay. So to your knowledge, Dr. Levine, have
23 you received any grants to study the treatment -- I'm
24 sorry, excuse me. Have you received any grants to study
25 treatment for adults with gender dysphoria?

1 April 27, 2022. We're going back on the record at
2 10:36 a.m.
3 BY MR. CHARLES:
4 Q. Okay. Dr. Levine, talking about your writing
5 credentials, you've testified previously that you were
6 involved in drafting portions of the WPATH standards of
7 care Version 5, right?
8 A. Yes, I was the chairman of that group.
9 Q. And besides that, have you developed -- let me
10 back up. Have you helped to develop treatment
11 guidelines for the treatment of children or adolescents
12 with gender identity issues?
13 A. If you mean have I been part of a national or
14 international group that tried to, to publish, that
15 published guidelines about the treatment of these
16 individuals, the answer is no. But in my November of
17 2021 article I gave, I offered my opinions about what
18 the evaluation of adolescents and children ought to
19 consist of. In that sense I'm hoping that would
20 influence the guidelines of those committees who might
21 function in the future.
22 Q. I see. When we spoke in September of 2021 for
23 the Kadel vs. Folwell deposition, you said that you were
24 working with SEGM to develop some treatment guidelines.
25 What, what happened to those?

1 Q. Yes, Exhibit 01.
2 A. Would you give me the pages again.
3 Q. Sure, Page 2, Paragraph 3, so that will be the
4 top of Page 2, the paragraph does begin on Page 1.
5 A. Yeah.
6 Q. Okay. So in that paragraph your report states
7 that, "During this era an occasional child was seen."
8 By this era do you mean from around 1974 to 1993?
9 A. Yes.
10 Q. Okay. And by occasional do you mean infrequent?
11 A. Infrequent is a good word.
12 Q. So is it fair to say during that period your
13 clinic did not see many children with gender dysphoria?
14 A. It's fair to say that.
15 Q. And in your deposition on March 30th you
16 estimated that over the course of your career you've
17 probably only seen regularly six prepubertal children,
18 right?
19 A. It's an estimate, yes.
20 Q. And around 50 adolescents, give or take?
21 A. Give or take an unknown number, yeah, ten, 12,
22 five.
23 Q. Sorry, so you --
24 A. I've had extensive experience talking to
25 adolescents over the course of my career, adolescents

1 A. Page 51.
2 Q. Okay. Can you please scroll to Page 55.
3 A. I'm there.
4 Q. Okay. So at line 13 on Page 55, "Question,
5 okay, and I'm sorry, just by recent, when was the last
6 time you wrote a letter of authorization for a gender
7 affirming surgery for an adult? Answer, probably
8 12 months ago." So have you written a letter of
9 authorization for a gender affirming surgery in the last
10 seven months, Dr. Levine?
11 A. I think the last letter -- you, I need to, I
12 need to help you qualify your question. I have in the
13 last seven months given my, my approval to several
14 letters for bilateral mastectomies for members in Mass
15 at Framingham, the correctional institution in
16 Massachusetts. I don't know if that would number two or
17 three, but since September the 10th I believe at least
18 two and possibly three letters. I haven't personally
19 written the letter, but I am the consultant to a group
20 of team that approves such surgeries, and so the answer
21 to the question is yes.
22 Q. Okay. Thank you. And to your recollection,
23 any, any such letter outside the, outside of that
24 context?
25 A. Since September the 10th?

1 Q. That's correct, yes.
2 A. Yes, I think the answer is that, no, but I
3 believe at our center someone else has written one
4 letter for bilateral mastectomies.
5 Q. Okay. Thank you. Dr. Levine, are you familiar
6 with the, the exclusion for gender affirming surgical
7 care in the West Virginia Medicaid Program that's at
8 issue in this case?
9 MR. DAVID: Objection to form.
10 Q. You can answer.
11 A. I'm vaguely familiar that surgical care is
12 excluded currently, but endocrine care is not excluded.
13 Q. Have you reviewed any documents that, that show
14 that exclusion or was that information just communicated
15 to you by counsel?
16 A. Verbally communicated.
17 Q. Okay. And so you're aware that there are
18 categorical exclusions, which means that the exclusions
19 prohibit surgical care related to the treatment of
20 gender dysphoria regardless of a West Virginia Medicaid
21 member's need for it or appropriateness for such
22 intervention?
23 MR. DAVID: Objection to form.
24 Q. Let me simplify my question.
25 A. Thank you.

1 Q. The categorical, the exclusion does not
2 investigate or contemplate whether someone receiving
3 West Virginia Medicaid needs or is an appropriate
4 candidate for such intervention, it just prohibits it,
5 period?
6 MR. DAVID: Objection to form.
7 A. The categorical exclusion would include surgery
8 for teenagers and surgery for adults, so it would cover
9 removing the breasts or removing the scrotum of a
10 15-year-old who feels like --
11 Q. Not my question, Dr. Levine. Let me, let me
12 rephrase again. The, the West Virginia Medicaid Program
13 and the exclusion it maintains, which excludes surgical
14 care for members for whom it is appropriate, it, it just
15 excludes it, you're, you're aware it just excludes it,
16 there's no, there's no conditional considerations or any
17 investigation done into the member's health at all, it
18 just, there's no coverage for that care, you understand
19 that?
20 A. I, I --
21 MR. DAVID: Objection to form.
22 A. I think that's what categorical means, so I
23 think the answer is I understand that at the moment,
24 yes.
25 Q. Okay. But you don't view your testimony here in

1 your expert report as being in support of that exclusion
2 or whether it should exist, right?
3 A. Yeah, it's my understanding that, that the
4 lawyers who hired me wanted me to testify to the state
5 of science in this field, and, and so I have not been
6 involved with the legal questions, per se, or giving an
7 opinion about those matters. As I sort of indicated to
8 you before, I don't really feel that the, my expertise
9 extends to how the insurance industry works and how
10 governments and legislatives works and so forth. So I,
11 I think the answer to the question is that I'm not
12 considering myself to be expert on the question that
13 you're asking me.
14 Q. Right. So you're, you, you are an expert about
15 what your testimony is about though, right, and you're
16 saying your testimony is not about whether or not that
17 exclusion should exist?
18 A. Yes, I'm not offering an opinion about pro or
19 con about that question.
20 Q. I see. Because you're, you're, as you say,
21 you're not a politician or a law maker?
22 A. Or an insurance expert.
23 Q. Right. Or a public health expert, right?
24 A. Well, I'm a little more ambivalent about public
25 health matters, yeah. I'm not as, I'm not, I really

1 think that public health is the issue here and so I, I
2 don't want to say I'm not an expert. I'm not an expert
3 in public health, but I do have opinions about the
4 long-term public health of people who are prematurely
5 having their bodies changed because I do think this has
6 public health implications for the future of each of
7 these, these adolescence children and young adults.
8 Q. Understood.
9 A. And adults as well.
10 Q. And you, generally speaking, don't advocate to
11 deny all forms of medical intervention to people with
12 gender dysphoria though, right?
13 A. That's right.
14 Q. Okay. I'm going to introduce another exhibit,
15 Dr. Levine, give me just a moment.
16 (Exhibit 6 marked for identification.)
17 Q. Okay. It should be now or shortly visible, you
18 might need to refresh.
19 A. I now have Exhibit 6 here.
20 Q. Okay.
21 MR. CHARLES: So I'm showing Dr. Levine
22 what has been marked as SL06.
23 Q. Dr. Levine, this is a short document, please
24 just take a minute and scroll through it.
25 A. Okay, I, I've scrolled.

1 (A break was taken at 11:33 a.m.)
2 VIDEO TECHNICIAN: We're going back on the
3 record at 12:34 p.m.
4 MR. CHARLES: Okay. So I'm showing Dr.
5 Levine what has been marked as SL09, an article from
6 Society for Evidence Based Gender Medicine entitled,
7 "One year since Finland broke with WPATH standards of
8 care."
9 BY MR. CHARLES:
10 Q. Dr. Levine, do you see the date of publication
11 in the left corner of that first page?
12 A. July 2nd.
13 Q. And, and the year is 2021, right?
14 A. Yes.
15 Q. So looking at the first paragraph there, I'm
16 just going to read that, "A year ago the Finnish Health
17 Authority (PALKO/COHERE) deviated from WPATH standards
18 of care 7 by issuing new guidelines that state that
19 psychotherapy rather than puberty blockers and cross sex
20 hormones should be a first line treatment for gender
21 dysphoric youth. This change occurred following a
22 systematic evidence review which found a body of
23 evidence for pediatric transition inconclusive."
24 And then the next paragraph, the first sentence,
25 "Although pediatric medical transition is still allowed

1 in Finland, the guidelines urge caution given the
2 unclear nature of the benefits and the interventions,
3 largely reserving puberty blockers and cross sex
4 hormones for minors with early onset gender dysphoria
5 and no co-occurring mental health conditions." Did I
6 read that correctly?
7 A. Yes, you did.
8 Q. Okay. So as this article states, medical
9 interventions are still available in Finland for youth
10 experiencing gender dysphoria, right?
11 A. On a case-by-case basis I think.
12 Q. And --
13 A. I should say on a case-by-case basis and two
14 research centers as opposed to in any practitioner's
15 office throughout the country.
16 Q. Right. But it's, it's not been completely
17 prohibited is what I'm asking?
18 A. Oh, it's been, it's been, the brakes have been
19 put on.
20 Q. But it's not been completely prohibited is what
21 I'm asking?
22 A. That's what you and I have agreed on, yes.
23 Q. So it's not been completely prohibited, right?
24 A. Right.
25 Q. So then in the third paragraph beginning with,

1 "The qualifying criteria for gender reassignment of
2 youth articulated in the 2020 Finnish treatment
3 guidelines are consistent with the original Dutch
4 protocol, but represent a significant tightening of the
5 more recent practices promoted by WPATH." So the
6 article describes it as a tightening of the standards
7 which WPATH allows for, right?
8 A. Yes.
9 Q. So you, you've talked about in your report an
10 idea of rapid affirmation treatment where you allege
11 that diagnoses of gender dysphoria are being made in an
12 hour and then, and then prescriptions provided for
13 medical interventions, right?
14 A. Yes.
15 Q. Do you have, or I should say, your evidence for
16 that is anecdotal in nature, right?
17 A. My evidence for that is what has been told to me
18 by parents, what has been told to me by patients and
19 what this, what the third paragraph of this document
20 says.
21 Q. Right. So --
22 A. So I don't really think the answer is simply
23 anecdotal, it's based upon a considerable consistent
24 range of, of experiences, both of my personal
25 experiences, of my patient's personal experiences, and

1 paragraph -- actually, hang on a second. Dr. Levine,
2 let's go ahead and go to Page 26 of your report,
3 Exhibit 1.
4 A. Okay. Let me, I have to scroll back. Did you
5 say page or Paragraph 26?
6 Q. That would be Page 26.
7 A. Okay, I'm on Page 26.
8 Q. Okay. Okay. So, Dr. Levine, you've testified
9 previously that you generally provide care along some of
10 the same guidelines as WPATH, right?
11 A. In a general way, sure.
12 Q. And the difference from your view is that you
13 require psychotherapy for some not necessarily
14 predetermined length of time for patients that you see
15 before you will authorize any kind of like medical
16 intervention, right?
17 A. I don't want to answer that question right or
18 wrong because embedded in the question is the word
19 psychotherapy and I don't know what you understand by
20 psychotherapy, I mean, you're a lawyer and I'm a
21 practitioner of psychotherapy. And I think when a
22 lawyer uses psychotherapy it is a certain concept about
23 I'm trying to achieve a certain aim, you see. And in
24 the context of the question that you've asked, you could
25 substitute an extended period of time with the patient

1 working with patients.
2 Q. Okay. So back to my question. On some, on some
3 level that that is, that universe of care that you are
4 providing, which again, I think I'm still going to call
5 it psychotherapy, but I understand your explanation that
6 it is, that encompasses a lot that you do in your, in
7 your clinical practice, but again, the difference for
8 you between the Levine way, if we can shorthand, and
9 WPATH is that you cultivate, you engage in that process
10 as a requirement before you will authorize any kind of
11 medical intervention for a patient for the treatment of
12 gender dysphoria?
13 A. That's true.
14 Q. Okay. Thank you. But even still as a part of
15 your practice as we discussed earlier, you still
16 occasionally write letters of authorization for medical
17 interventions, like endocrine treatments or surgical
18 interventions?
19 A. Yes.
20 Q. Okay. Okay. Let's go back to your report,
21 please, to Page 35.
22 A. I am there.
23 Q. Okay. And looking at Paragraph 70, let's start
24 with Paragraph 70. I take that back, let's go with
25 Paragraph 71 at the bottom of the page, "In recent years

1 WPATH has fully adopted some mix of the medical and
2 rights paradigm discussed above. It has downgraded the
3 role of counseling or psychotherapy as a requirement for
4 these life-changing processes. WPATH no longer
5 considers pre-operative psychotherapy to be a
6 requirement. It is important to WPATH if the person has
7 gender dysphoria, the pathway to the true, the
8 development of this state is not. Cited Levine,
9 Reflections, at 240. Two separate evaluations, one from
10 Canada and one from the UK reviewed WPATH's guidelines
11 and found them untrustworthy."
12 So for that footnote 113 you've cited the Dahlen
13 study which we talked about and then there's also a
14 citation here that says, "See also," and then there's a,
15 a Web address, do you see that, the very last line?
16 A. Yeah, yeah, right.
17 Q. It says, "Gender report, CA"?
18 A. Yeah.
19 (Exhibit 13 marked for identification.)
20 Q. Okay. There should be another exhibit there for
21 you, Exhibit 13. Just let me know when you can see
22 that.
23 A. Okay. Okay.
24 Q. Okay.
25 A. Yeah, okay.

1 Q. Have you, have you seen this article before
2 either on the Internet or printed out perhaps?
3 A. The reason I cited it is that I had read it
4 before.
5 Q. Okay. And this is not a peer reviewed journal,
6 is it?
7 A. This is a journalist, but if you look very
8 carefully at the, its length and its content, it's very
9 impressive.
10 Q. Okay. Is this the review from Canada that you
11 were talking about in that sentence --
12 A. Yes, yes, it is.
13 Q. Okay. But it's, it's not a systematic review
14 like the one from the UK?
15 A. It's not systematic in that it wasn't done by a
16 community of scientists, a committee of scientists.
17 Q. Okay. And the --
18 A. It is systematic and it is a review, but it's
19 one person's review.
20 Q. Right. So it's more, we were discussing the
21 difference between systematic reviews earlier today,
22 it's a, it's, it's not a scientific committee that's
23 done in a, in a formal way that we were discussing, it's
24 more akin to that latter one person reviewing things
25 kind of --

1 A. It's an investigative report by a journalist.
2 Q. Right. And you see in the first page, Dr.
3 Levine, it says, "The following investigative report was
4 developed by @LisaMacRichards (a pseudonym)"?
5 A. Yeah, okay, right.
6 Q. Okay.
7 A. I see I'm wrong, she wasn't the journalist.
8 Q. So we, you don't know who this author is, right?
9 A. Well, her real identity?
10 Q. Correct, yeah.
11 A. No, I don't know who Lisa Mac Richards really
12 is.
13 Q. Okay. So it's hard to know if she's an actual
14 person?
15 A. If she's an actual person, is that what you
16 said?
17 Q. What I mean to say is, because she's using a
18 pseudonym, you can't confirm her identity is what she
19 represents it is, right?
20 A. Well, she says it's a pseudonym, so I presume
21 the rest of the paragraph is correct, that she works at
22 a Canadian hospital and holds a master's of science
23 degree and, yeah.
24 Q. But what I mean is there's no way to confirm
25 that because we don't know what her name is?

1 A. It could be written by a man, I don't know, it
2 could be written by a committee, I have no idea.
3 Q. Okay. Okay. So going back to what we were
4 talking about just a few minutes ago, Dr. Levine, about
5 your approach versus WPATH. You, you've said before,
6 not, not necessarily today, but you've testified in
7 other depositions that your approach has the limitation
8 that there's not any scientific evidence or long-term
9 studies to support it, right?
10 A. I think in particular what I said is that, that
11 the status of the outcome, the outcome status and the
12 methodologic status of psychotherapy as a first line
13 approach to the trans adolescent has, does not have a
14 firm evidence base just as trans affirmative care does
15 not have a firm evidence base.
16 So oftentimes that's, that's, I get a question
17 just like you ask, you just posed sort of implying that
18 there's no evidence that my, my recommendations have a
19 scientific proven basis to it. And that is correct,
20 except that all other psychiatric difficulties are
21 treated with, in our society both European and American
22 and Asian societies by a psychotherapeutic extended
23 evaluation and treatment approach before, with or
24 without psychiatric medications, you see.
25 And so we are trying to make a, you, some people

1 centers have cropped up that are providing affirming
2 care in one hour, again, we talked about the 35 parents
3 you had talked to, you've mentioned a couple of patients
4 you've talked to, but you don't have, or I should say
5 what evidence can you provide me today that is, is
6 scientific peer reviewed published data showing that
7 this is actually what's happening in these clinics?
8 A. Well, if I look at Exhibit 6. Do you know what
9 the, the first name for this center was and the name of
10 so many of the 50 or so centers are? And it has the
11 term gender affirming care, the clinic, you see. If you
12 look at all of the materials in Exhibit 6, it's about
13 support and affirmation, it's not about investigation,
14 it's not about psychotherapy. And, and you see, gender
15 affirming care has been taken over, it's been taking
16 over the world's sensibilities without any scientific,
17 first demonstrating its efficacy with scientifically
18 respectable methods.
19 Q. I understand that, Dr. Levine, but that's not my
20 question. My question is, what evidence can you point
21 to that these kinds of interactions are happening in
22 clinics? Is your basis that the, are you basing that on
23 the way these centers are named?
24 A. I'm basing it on what they're named and I'm
25 looking at the document that you are, are talking about.

1 friendly especially designed specialty clinic. Those
2 clinics exist to take care of trans people, to give them
3 hormones and to get them surgery, that exists.
4 Q. But what you're describing --
5 A. It exists to do psychotherapy.
6 Q. Okay. And what you described, Dr. Levine, is
7 the basis for your, for this opinion, right?
8 A. The basis for my opinion is my collective
9 experience of dealing, watching, participating in the
10 evolution of the study of transsexual care over, over
11 since 1974.
12 Q. Okay. So your report states that you were
13 involved with WPATH before it was called WPATH, when it
14 was called the Harry Benjamin --
15 A. Can I help you?
16 Q. Yes. Harry Benjamin?
17 A. International Gender Dysphoria Association.
18 Q. Thank you. And you were involved around 1999
19 when the 6th version of the standards of care was
20 released, right, we talked about that?
21 A. Yes.
22 Q. Okay. And it's, it's true that you helped to
23 draft portions of that version, right?
24 A. Actually, my report misstates me as the
25 co-chair. If I remember correctly, I was the chairman.

1 Q. The chairman of that committee, okay. Thank
2 you.
3 A. And most, with very little exception I had a
4 significant editorial role in creating every sentence in
5 that 21-page document.
6 Q. Okay. And you've testified in other depositions
7 that even though the, there have been changes made to
8 the standards of care in subsequent versions, you still
9 continue to see your work reflected in those versions,
10 right?
11 A. Yes, my language.
12 Q. Yes, mm-hmm.
13 A. Yeah, my language, right. In fact, the next
14 version which came out I think three years later or two
15 years later I think was pretty much word for word except
16 for a requirement for one letter for endocrine treatment
17 rather than two, which is what my committee of eight
18 people recommended.
19 Q. Okay. And you've testified before that even
20 Version 7, which is, you know, one more, obviously one
21 more removed from Version 6, that that, as you read it
22 much of the language you had actually still, it was
23 still reflecting your language in that version even,
24 even though it's a much longer document?
25 A. Well, yeah, I think the introduction section

1 about what guidelines were and, and the problems of
2 cross culture, cross country rules affecting the laws
3 are different and the, that we wanted this to be a
4 information guide for, for patients and parents and
5 wives and husbands and so forth.
6 I think, you know, once, once we got, I mean, I
7 don't have it in front of me and I'm not sure I could
8 recognize every sentence I wrote anyway, but, but they
9 did, they did continue to use some of my sentences, some
10 of my concepts. It was my concept that there is a
11 difference between readiness criteria and eligibility
12 criteria, that was one of my contributions
13 Q. Thank you. And, and I think also you testified
14 in the Soneeya trial that you had asked to be involved
15 in helping to write standards of care 8 but were told
16 that you, in order to do so you had to be a WPATH
17 member, right?
18 A. Yes.
19 Q. And looking back at your report -- actually,
20 give me just a minute here. Actually, Dr. Levine,
21 let's --
22 MR. CHARLES: Sorry, Kelley and Kraig, can
23 we go off the record real quick.
24 VIDEO TECHNICIAN: We're going off the
25 record at 2:26 p.m.

1 be trans boys or trans males.
2 The historic pattern throughout most of the
3 world was 3.5 to 4 biologic males who wanted to be women
4 to biologic females who wanted to be men dominated
5 dramatically for decades in the '70s and the '80s and
6 the '90s and the early 2000s. But since 2005 there's
7 been a growing incidence of request for services and
8 particularly request for services from girls assigned at
9 birth who wanted to be males.
10 Some of us have come to in recent years call
11 this delayed or pubertal or rapid onset of gender
12 dysphoria, meaning it's a pubertal phenomenon because
13 there was no evidence prior to that except in the
14 retrospective subjective histories given by these kids
15 that they had any indication, parents and themselves,
16 had no behavioral indications that they were trans
17 identified or even sort of leaning in that direction.
18 Q. I understand that, Dr. Levine, and I'm not
19 talking necessarily about the, the increase in
20 referrals, I'm talking about this phenomenon that you
21 referenced called rapid onset gender dysphoria. So not
22 just adolescent onset gender dysphoria, which I
23 understand you're saying has somewhat increased since
24 2005, but rapid onset gender dysphoria. And I'm
25 specifically asking what peer reviewed studies, what

1 papers and what research would you refer me to or is
2 referenced in your report as evidence that this
3 hypothesis actually exists or that there's any
4 scientific study to support it?
5 A. No. 1, this is not a hypothesis, this is a
6 demonstrated fact.
7 Q. Okay. Based on what, Dr. Levine, that's what
8 I'm asking, what are the peer reviewed studies?
9 A. If you look up the presentations of Kenneth
10 Zucker, if you look at papers, I can't give you the
11 authors at the moment from Europe, this has been
12 documented by DiAngelo I believe in Australia, by
13 Clayton in Australia.
14 It seems to me there is no disagreements about
15 this except I've heard the cynical response that what
16 rapid onset gender dysphoria really means is that the
17 parents have suddenly discovered that their kids have
18 been transgender, meaning to deny the parental reports
19 that the children were not cross gender identified prior
20 to that, even though the kids say, well, I was never
21 comfortable with being a boy or a girl.
22 Q. Okay. So you, for this contention in your
23 report you cite one thing and that is Midgen A.
24 Hutchinson and her study is entitled, "In support of
25 research into rapid onset gender dysphoria." So that

1 was published in 2020 and I don't, I'm not seeing here
2 any of the other --
3 A. One, one of the reasons you're not seeing it is
4 that I assume that everyone understands that this is
5 true.
6 Q. Well, Dr. Levine, this is an expert report and
7 you have to include all of your expert opinions, and
8 you're also required under Rule 26 to disclose all of
9 the data and research that you considered for those
10 opinions. That's the purpose of our deposition today is
11 for me to understand and to have you put on the record
12 what you relied on to establish your opinions, so that's
13 what I'm trying to get at. And, and I understand what
14 you're saying that from your vantage point as a
15 clinician outside of the legal sphere that there are
16 things you think are givens, but we can't operate like
17 that unfortunately. So I need to, I need to understand,
18 and all I see here is the Midgen A. Hutchinson study
19 that's asking for support of, that's offering that she
20 wants to support research into this phenomenon, not that
21 the phenomenon has been evidenced to exist. Does that
22 make sense?
23 A. Yes. May I comment on that?
24 Q. On Hutchinson, yeah. Let me pull it up
25 actually.

1 makes reference to it as well. This is not to be
2 denied.
3 So if you're questioning whether, whether this
4 is really true, I think you're just simply wrong, but
5 you're not, you may not be questioning that. I'm wrong
6 and I didn't document adequately that sentence and I
7 apologize, I stand corrected.
8 Q. Okay. So let's turn in your report, Dr. Levine,
9 here to the following sentence which says, "There is
10 also no chapter on detransition despite the evidence
11 that a growing number of young people regret transition
12 and wish to reverse it," do you see that, are you still
13 on Page 38 there?
14 A. I do.
15 Q. Okay. So for this sentence here you have
16 provided a couple of citations. The first is an article
17 by Vanderbussche I believe, if I'm pronouncing it
18 correctly, and then a second article by Littman. So
19 let's, let's take each of those in turn. And I'll just
20 introduce the Vanderbussche exhibit, give me just a
21 moment.
22 (Exhibit 14 marked for identification.)
23 A. Is it up now?
24 Q. Let me know when you can see it.
25 A. This will be 14?

1 Q. Yes, correct.
2 A. Okay. All right, I see it.
3 MR. CHARLES: So this is, for the record
4 I'm showing Dr. Levine what has been marked as
5 Vanderbussche article entitled, "Detransition related
6 needs and support: A cross-sectional online survey, by
7 Elie" -- oh, excuse me, it's Elie Vandenbussche, not
8 Vanderbussche.
9 Q. And, and you've seen this article before, Dr.
10 Levine?
11 A. Yes.
12 Q. Okay. Scroll please to the, the first page of
13 text. Let me know if you can see that or if you need a
14 minute to zoom in.
15 A. You mean, "Introduction"?
16 Q. Yes, it has, it's the page that has introduction
17 on it, yes.
18 A. Okay.
19 Q. So from the abstract, the first sentence, the
20 abstract is in a, set off in a blue box there at the
21 top?
22 A. Yes, yes.
23 Q. It says, "The aim of this study is to analyze
24 the specific needs of detransitioners from online
25 detrans communities and discover to what extent they are

1 being met. For this purpose a cross-sectional online
2 survey was conducted and gathered a sample of 237 male
3 and female detransitioners. The results showed
4 important psychological means in relation to gender
5 dysphoria, co-morbid conditions, feelings of regret and
6 internalized homophobic and sexist prejudices. It also
7 found that many detransitioners need medical support
8 notably in relation to stopping/changing hormone
9 therapy, surgery/treatment complications and reversal
10 interventions." So the aim of this study as outlined
11 here in the abstract is to analyze the specific needs of
12 detransitioners, right?
13 A. Yes.
14 Q. Okay. Not to demonstrate that there is a
15 growing number of young people who regret transition or
16 wish to reverse it, right?
17 A. It's true. But you see, you're, you're taking
18 the reference out of that sentence and missing the first
19 phrase of that sentence. This sentence that you're
20 drawing attention to is that WPATH's standards of care
21 draft did not have any section on the phenomenon of
22 detransition.
23 Detransition exists and detransition is a
24 reflection of those adolescents or people, or adults who
25 have at one time in their lives thought that they needed

1 this care and then after they lived following the care
2 they decided that their problems have not been solved
3 and they decided to return to the gender expression --
4 Q. I understand that, Dr. Levine, and I'm not
5 actually contesting the assertion in your, in your
6 report that detransition exists at all.
7 A. All right.
8 Q. What I'm asking about is your assertion in the
9 latter half of that sentence that says that there is a
10 growing number of young people who regret transition and
11 wish to reverse it. Again, I'm just trying to
12 understand what you're saying here and on what basis you
13 are making those assertions.
14 So I'm not asserting whether or not
15 detransitioning exists, my question is, this study did
16 not look at how many detransitioners are there now as
17 opposed to any other time in history, it was not a
18 qualitative or quantitative analysis. It was a study
19 according to the abstract here, and I'm just asking you
20 to confirm that, about the specific needs of
21 detransitioners, both psychological, medical, other
22 kinds of support, right? So that's what I'm saying is
23 this study is not, the aim is not to quantify the number
24 of, whether the number of detransitioners is growing or
25 shrinking or staying the same, right?

1 A. Yes, I can answer to your question, correct.
2 Q. Okay.
3 A. But it doesn't mean that -- I think you're
4 missing the point. And, and by, by having me say yes,
5 that it doesn't quantify the incidents of detransition,
6 it's missing the point.
7 Q. I understand that, Dr. Levine. But if your
8 point was, if your point in your report was detransition
9 is a thing and here are the psychological supports that
10 these people need, that's what you should have written,
11 but that's not what you wrote. You wrote that a growing
12 number of young people regret transition and wish to
13 reverse it.
14 So my question to you about the article you rely
15 on for that contention is, this article doesn't say
16 that, this article is not a study of the growing numbers
17 or small or diminishing numbers or staying the same
18 numbers of people who detransitioned. That's what I'm
19 asking you to confirm.
20 A. What I am confirming is that this particular
21 paper talks about 237 people who have detransitioned and
22 that WPATH has no serious discussion of detransition,
23 there's no chapter on this, on this phenomenon which is
24 extremely relevant to the care of transgender people,
25 especially transgender young people.

1 The reason I cited this is 237, and the reason,
2 the next thing, Littman is another additional 100
3 people. And if you, if you read closely some of the
4 references in this particular article, there is
5 Exposito-Campos' article talking about subreddit and the
6 number of people who were discussing detransition.
7 So what I'm saying if WPATH is responsible for,
8 for providing a scientific basis for affirmative care,
9 they must talk about the error rate as represented by
10 detransitioned people. And four years ago we had no
11 idea about the, the rate of detransitioned people and
12 today we have two studies that have been published from
13 the UK that begin to give us a rate of detransition.
14 And so to me you are making the wrong point and
15 that I have not been in error. You just have
16 misunderstood the difference of why I cited these
17 particular papers. These particular papers just
18 demonstrate that detransition is a real problem and, and
19 it is a moral and ethical and scientific problem. And
20 that WPATH if it's going to deal with the science of
21 transition, it has to deal with the error rates and what
22 happens to people who detransition, you see. And so I
23 don't, I don't have nothing more to say about that, I
24 just think your point is quite irrelevant.
25 Q. Okay. Well, I'm going to continue to ask you

1 about evidence that you cite in your report that you use
2 as support for assertions you're making, so I'm just
3 going to flag that for you now. And again, this --
4 let's actually, let me, let me just ask one more time.
5 This study does not speak to the numbers of people who
6 have detransitioned now as opposed to any other time in
7 history, right?
8 A. As far as I remember this paper, the answer to
9 your question is right.
10 Q. Sorry, the answer to my question is -- okay,
11 right, okay. So let's actually now that you mention it,
12 let me just pull up really quickly the Littman study
13 that you mentioned.
14 (Exhibit 15 marked for identification.)
15 Q. This will be Exhibit 15.
16 A. Okay.
17 Q. Okay.
18 MR. CHARLES: So for the record, I'm
19 showing Dr. Levine what has been marked as SL15,
20 "Individuals treated for gender dysphoria with medical
21 and/or surgical transition who subsequently
22 detransitioned, a survey of 100 detransitioners by Lisa
23 Littman, received," well, published online 19 October
24 '21.
25 Q. Okay. So looking at the abstract again, the

1 first sentence, "The study's purpose was to describe a
2 population of individuals who experienced gender
3 dysphoria, chose to undergo medical and/or surgical
4 transition, and then detransitioned by discontinuing
5 medications, having surgery to reverse the effects of
6 transition, or both. Recruitment" -- oh, wait, let me
7 stop there, just a second. And then the last sentence
8 of the abstract -- oh, wait, hang on. So then actually
9 if you'll look please to page -- okay, go to two pages
10 down, Dr. Levine, it's going to be numbered Page 3355 in
11 the upper right-hand corner.
12 A. Okay, I'm on the page.
13 Q. Okay. In the left-hand corner the paragraph
14 starts on that page with, "Individuals," but I'm going
15 to start reading from the second to last sentence. It
16 begins, "This study does not describe the population of
17 individuals who undergo medical or surgical transition
18 without issue, nor is it designed to assess the
19 prevalence of detransition as an outcome of transition.
20 Instead, the goal was to identify detransition reasons
21 and narratives in order to inform clinical care and
22 future research."
23 So again, my question here, Dr. Levine, is this
24 study by design and by the admission of Lisa Littman is
25 not about assessing the prevalence of detransition or

1 whether or not the numbers of detransitioners are
2 growing, right?
3 MR. DAVID: Objection to form.
4 A. You know, I, I don't know if I should just
5 repeat what I said before. Detransition is a
6 phenomenon, science is only now beginning to get, we
7 have two studies that were published within the last I
8 think four months or five months.
9 Q. Okay. So, Dr. Levine, are you refusing to
10 answer my question because --
11 A. Not at all, I'm answering your question, I'm
12 answering.
13 Q. No, you're not.
14 A. Well, then ask me the question again. I'm
15 sorry, I apologize. You want to confine me to an answer
16 and so, so set me up for the answer you want, please.
17 Q. Okay. What I'm asking is, this sentence by the
18 admission of the author was not designed to assess the
19 prevalence of detransition?
20 A. That's true.
21 Q. Okay. Instead the purpose of this study was to
22 identify detransition reasons and narratives in order to
23 inform clinical care and future research, right?
24 A. Correct.
25 Q. Okay. Thank you. Okay. Let's, I'm going to

1 A. This is --
2 Q. Well, let me just ask you, Dr. Levine, you don't
3 speak Finnish, do you?
4 A. I'm an American, which means I have one
5 language.
6 Q. Okay. Okay.
7 A. I only speak English.
8 Q. Okay. Are you saying you have read a
9 translation of this document at some point?
10 A. Yes.
11 Q. And do you know if it was an official
12 translation, a certified official translation?
13 A. I don't know if it was a certified one. I think
14 I, I accessed it through SEGM.
15 Q. Okay. All right. Let's go, let's go back to
16 your report, Exhibit 1.
17 A. God, I'm having the same damn problem again.
18 All right. Exhibit 1, I'm going to get there. All
19 right, here I am.
20 Q. Okay. And you, you said earlier that the UK was
21 also changing some of their guidelines with regard to
22 medical interventions for the treatment of gender
23 dysphoria, right?
24 A. Yes.
25 Q. Give me just a second here. But the UK has also

1 not completely banned all medical interventions, right,
2 they're just adjusting them?
3 A. That's correct, you're correct.
4 Q. And then are you aware of the Cass review?
5 A. Yes.
6 Q. That the UK is doing?
7 A. Yes.
8 Q. Okay. And, and as a part of that review you're
9 aware that the, that the national, what do they call it,
10 the National Health Service acknowledges that some
11 children do experience gender dysphoria and will need
12 clinical support and interventions?
13 A. Yes.
14 Q. Okay.
15 A. That's the clinical perception around many
16 people, yeah.
17 Q. Okay. All right. Let's take a look, hopefully
18 you still have it up, Page 51 of your report,
19 Paragraph 103.
20 A. Getting there. Okay, I'm here.
21 Q. Okay. So in Paragraph 103 you're talking about
22 a review by Professor, excuse me, Professor Carl
23 Heneghan, the editor of the British Medical Journal.
24 And the citation provided to that review is at the end
25 of the paragraph, do you see that, footnote 165?

1 (Exhibit 23 marked for identification.)
2 Q. Okay. Dr. Levine, you talk in your report,
3 let's see here, it's going to be Page 42 of your report
4 about, "That many professionals are unfamiliar with
5 these 11 research studies indicating a high natural
6 resolution rate of gender dysphoria," I think that's
7 supposed to say gender dysphoria in children, but it
8 just says, "gender dysphoria children by late
9 adolescence," do you see that?
10 A. I don't see it, but I don't think I want to go
11 to the report.
12 Q. Okay.
13 A. It just takes time.
14 Q. Okay. That's fine. I'll just represent to you
15 that's where I'm reading that from. And your citation
16 is to this study here, or this article rather by James
17 M. Cantor.
18 MR. CHARLES: And for the record, I'm
19 showing Dr. Levine what has been marked as SL23,
20 "Transgender and gender diverse children and
21 adolescents: Fact checking of AAP policy."
22 Q. And the 11 studies you mentioned, Dr. Levine,
23 are included by Mr. -- I'm sorry, I don't know if it's
24 Dr. Cantor, is it Dr. Cantor, do you know?
25 A. Yeah, I definitely know, it's Dr. Cantor.

1 Q. Okay. Thank you. The 11 studies are referenced
2 by Dr. Cantor in this article in an appendix, but let me
3 point you to the sentence where he says that. So
4 it's --
5 A. I have the appendix in front of me.
6 Q. Okay, perfect. Let's just look at that. Okay.
7 So looking at that list of studies, the, the, how do I
8 say this, the, the oldest study is listed first, so
9 that's a study by P.S. Lebovitz published in 1972, do
10 you see that?
11 A. Yes.
12 Q. Okay. And then the second study by B. Zuger?
13 A. Yes.
14 Q. Published in 1978. A study by J. Money and A.
15 Russo published in 1979?
16 A. I see all those.
17 Q. Okay. I just, I'm just confirming the dates of
18 publication. So C.W. Davenport was published in 1986;
19 R. Green was published in 1987; it looks like R.J.
20 Kosky was published in 1987; Cohen-Kettenis and M.
21 Wallien was published in 2008; Drummond, et al. was
22 published in 2008; Singh, unpublished doctoral
23 dissertation was published in 2012; and lastly the
24 Steensma, et al. was published in 2013, right?
25 A. That's, although you didn't ask, I should tell

1 you that the Singh, et al. article, this 2012, has been
2 published now that it's, there's more years, it was
3 published in Frontiers of Psychiatry in April 2021.
4 Q. Okay.
5 A. And so, you know, that's --
6 Q. I'll, I'll, thank you for that, I'll turn to
7 that in a minute. So I just want to confirm, these
8 studies were all published, with the exception of
9 Steensma, they were all published before 2013, right?
10 A. Yes, these were follow-up studies, these are
11 long-term follow-up studies.
12 Q. And the datasets, none of the data that was
13 collected in any of these studies was collected after
14 2013, right?
15 A. Even after the DSM-V criteria.
16 Q. None of them, none of the data was collected
17 after 2013, right?
18 A. None of the original.
19 Q. Which, which data of any of these studies was
20 collected after 2013?
21 A. Oh, I see what you mean.
22 Q. Yeah.
23 A. I see. All right.
24 Q. I, I agree with you they are follow-up studies,
25 they, they follow youth sometimes as far back as the

1 late '60s all the way through as I understand it the
2 latest was corrected in 2011. So I just, I'm confirming
3 that that's your understanding of the scope of the
4 follow-up studies as well?
5 A. Yeah, I confirm.
6 Q. Okay. And the, let me, the Singh dissertation
7 which was later published in the Frontiers of
8 Psychiatry, that did not include any data that was
9 collected after 2013, right?
10 A. I don't remember one way or the other.
11 Q. Okay. Let's, I'll just, we'll just take a look
12 really quickly.
13 (Exhibit 24 marked for identification.)
14 Q. Okay. That should be available to you, Dr.
15 Levine --
16 A. Okay.
17 Q. -- as a new exhibit, it will be Exhibit 24.
18 A. The Singh article.
19 Q. That's correct, yeah, from Frontiers of
20 Psychiatry.
21 A. Oh, good.
22 Q. Okay. And you can see that now?
23 A. I do.
24 Q. Okay. So then just looking at the first page.
25 A. The abstract or the instruction?

1 Q. It's, I don't see a label abstract, but I'm
2 assuming that's what it is, just that intro paragraph on
3 the first page.
4 A. Mm-hmm.
5 Q. Okay. So I'm assuming, Dr. Singh, et al. is
6 writing this. And, let's see, we've got, okay. So,
7 "This study reports follow-up data on the largest sample
8 to date of boys clinic-referred for gender dysphoria
9 (n=139) with regards to gender identity and sexual
10 orientation. In childhood, the boys were assessed at a
11 mean age of 7.49 years with a range of 3.33-12.99 at a
12 mean year of 1989 and followed up at a mean age of 20.58
13 years with a range of 13.07-39.15 at a mean year of
14 2002." Do you see that, have I read that correctly?
15 A. You did.
16 Q. Okay. Let's go to page -- give me just a minute
17 here.
18 MR. CHARLES: Kraig, let me go off the
19 record real quickly.
20 VIDEO TECHNICIAN: Okay. One moment,
21 please. We're going off the record at 5:04 p.m.
22 (A break was taken at 4:04 p.m.)
23 VIDEO TECHNICIAN: We're going back on the
24 record at 5:08 p.m.
25 BY MR. CHARLES:

1 Q. Okay. So, Dr. Levine, back to the Singh
2 article. And if you would, please, scroll to Page 4,
3 and you're looking for the heading, "Method."
4 A. I'm there.
5 Q. Okay. So there in the first paragraph, "The
6 participants were 139 boys ('birth-assigned males') who
7 in childhood had been referred to and then assessed in
8 the Gender Identity Service, Child, Youth and Family
9 Program at the Centre for Addiction and Mental Health
10 (CAMH) in Toronto, Ontario between 1975 and 2009 (mean
11 year of assessment, 1989) and were adolescents or adults
12 at follow-up (mean year at follow-up, 2002)"
13 Continuing on there to the second paragraph,
14 "Participants entered the follow-up study through two
15 methods of recruitment. The majority of participants
16 (77%) were recruited for research follow-up. There were
17 two main waves of participant recruitment through
18 research contact, from 1986 to 1993 (n=32), and then
19 from 2009 to 2011 (n=71)."
20 So just, I just wanted to confirm with you
21 that's the, that's the same dataset that Dr. Singh, then
22 Ph.D. candidate Dr. Singh, presented in the dissertation
23 as well. So there, there was a, a follow-up collection
24 period from 2009 to 2011, but nothing beyond 2011, is
25 that, that's your understanding there of that, of those

1 sentences?
2 A. So isn't it -- let's see. During the period of
3 data collection 32 patients recontacted service for
4 clinical reasons and they were informed about the
5 opportunity to participate in a follow-up site. Okay.
6 So some were purely research, they agreed to
7 participate, and some asked for various services from
8 CAMH again.
9 Q. Right. And that collection in total, both the
10 initial contacts that was either patient initiated or
11 follow-up research requested, that all happened before,
12 collectively before 2013?
13 A. Yep.
14 Q. Okay. And let's take a look at one more article
15 here.
16 (Exhibit 25 marked for identification.)
17 Q. This should be available, Dr. Levine, if you
18 refresh your screen.
19 A. Are we done with the Cantor article?
20 Q. Oh, yes, you can put that to the side. Thank
21 you.
22 A. Okay. Okay.
23 Q. And do you see what's been marked as SL25?
24 A. Yes.
25 Q. Okay. And this article is entitled, "Gender

1 dysphoria in childhood, Jiska Ristori and Thomas D.
2 Steensma, published 2015." Oh, sorry, published, yes,
3 published online January 2016, accepted October 2015.
4 You cite this and the Singh article we just looked at in
5 your report for the, for the proposition that, "The
6 majority of children," and you put in parentheses,
7 "between 61 and 98 percent of them who identifies
8 transgender will reidentify with their sex before
9 reaching maturity absent interventions." So I just
10 wanted to locate that in context, in the context of your
11 report. So let's take a look at this article. Okay.
12 So if you would scroll to page, it's the third page of
13 this article, but it's numbered Page 15.
14 A. Okay, I'm on Page 15.
15 Q. Okay. And you'll see that the, this study is
16 listing the follow-up studies it's referencing in the
17 Table 1 at the bottom right-hand corner, do you see
18 that?
19 A. Yes.
20 Q. Okay. And do you see any overlap between the
21 studies cited in Dr. Cantor's article and this table
22 here in terms of on the left-hand side the, the names of
23 the authors and the year of publication?
24 A. Well, the Bakwin, was the Bakwin article in
25 Cantor?

1 Q. Now that you mention it, I don't think it was.
2 A. Yes.
3 Q. Okay.
4 A. And, and what about the Davenport?
5 Q. Yeah, Davenport was there, that was the
6 follow-up study of ten boys.
7 A. Yeah, I see. Of course Green was, yeah, and the
8 girls weren't in there because, yeah, all right.
9 Q. Okay. So is, is it your understanding that this
10 study is also looking at that, again that historical
11 dataset that begins back in the late '60s, early '70s
12 and continues through at the latest point 2011, right,
13 for the follow-up?
14 A. I'm going to trust you on that.
15 Q. Okay. Okay.
16 MR. CHARLES: Kraig, can we go off the
17 record.
18 VIDEO TECHNICIAN: Yeah, one moment please.
19 We're going off the record at 5:15 p.m.
20 (A break was taken at 4:15 p.m.)
21 VIDEO TECHNICIAN: We're going back on the
22 record at 5:25 p.m.
23 EXAMINATION
24 BY MR. DAVID:
25 Q. Dr. Levine, I'm going to be as brief as I

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