Allan Josephson, gender theory dissenter, files lawsuit over firing by University of Louisville

Madeline Kearns
National Review
Fri, 12 Jul 2019 14:39 UTC

© National Review

Dr. Allan Josephson

Dr. Allan Josephson discusses academic freedom, child welfare, gender ideology, and the price he has paid for his principles.

Allan M. Josephson is a distinguished psychiatrist who, since 2003, has transformed the division of child and adolescent psychiatry and psychology at the University of Louisville from a

struggling department to a nationally acclaimed program. In the fall of 2017 he appeared on a panel at the Heritage Foundation and shared his professional opinion on the medicalization of gender-confused youth. **The university responded by demoting him and then effectively firing him.**

Now he is fighting back. *Josephson v. Bendapudi* has been filed in the U.S. District Court for the Western District of Kentucky.

Here Josephson discusses his case, gender dysphoria, academic freedom, and the medical harms of gender ideology for children with *National Review*'s Madeleine Kearns. (Note: This interview has been edited for clarity.)

Madeleine Kearns: This all started after you appeared on a panel at the Heritage Foundation, a conservative think tank. Were you speaking there as a conservative or as a medical professional?

Allan Josephson: Oh, I was speaking as a medical professional, clearly. And I was chosen because of the perspective that I would give. I had been directing the division of child and adolescent psychiatry at the University of Louisville for 15 years. I had been successful there and was asked to give a speech off campus and on my own time. It was not a university event, and I was speaking in my individual capacity.

MK: So what happened?

AJ: Shortly after that speech, it became clear that a few on my faculty were upset with some of the things that I'd said. Within a few short weeks — it was stunning how quickly it occurred — I was removed from my leadership position and then, within the next year, subjected to fairly hostile work-environment situations and, finally, not that long ago, informed that my contract

would not be renewed when it ended on June 30.

MK: So this is because of your expressed professional opinion on gender dysphoria in young people. I assume you knew, going to the Heritage Foundation, that this is a very hot topic politically. And yet you felt compelled to speak up. Why?

AJ: Well, I was asked by people that I respected. Their concern was that we hear all kinds of information from one perspective. And the leaders of the seminar recognized that not all voices were being heard. I had given a couple of talks in other places. So, they invited me, and I was aware of the potential controversy. But I also had things I needed to say because I felt they were clinically true and appropriate and because this is a perspective that more people need to hear.

MK: How stressful has this ordeal been?

AJ: It has had various phases. The first phase was "this just can't be happening to me." I was very successful and very well liked. I built my division up from a few people to probably 15 and we had a clinic of almost 30 people. I was banned from faculty meetings. I was banned from certain kinds of interactions with staff and told what I could and couldn't say to people. And this was a place that I built, you know. And then the stress of one's personal relationships. My family worried about me, friends worried about me. It was probably was six months before I felt comfortable and was sleeping again. You know, the personal stress is pretty enormous, but then I decided to do something.

MK: You mentioned earlier about the politicization of this particular field of medicine more generally and gave the example of the American Academy of Pediatrics, which last year issued a widely criticized policy statement endorsing "gender affirmation" [psychological, medical, and surgical sex-change treatments for minors]. You said something very interesting: that for

people who aren't familiar with this process, this could seem like there's a medical consensus, when actually, it is a very small number of people driving this change.

AJ: It's a political process: correct. And the way committees are formed, various people who have various interests get on them. They do intense work, and sometimes very good work, but it often doesn't meet the scrutiny of a scientific statement. **An organization affirming a position is not necessarily science, but it is a group of people agreeing to say something.**

MK: So is what you're saying that, within the profession, a lot of people agree with you in your assessment of this issue?

AJ: Well, it's hard to know what "lots of people" means. I think it could be that there's a silent majority. I think there are a lot of people who agree with me: There's no question. And I've spoken with colleagues on various campuses who have had similar situations where someone will come into their office, close the door behind them, and say something to the effect of, "You know, I really agree with you, but for various reasons I can't speak out." So whether it's intimidation, fear of bullying, it's hard to know how big that number is. But I can assure you since the Heritage Foundation, I've had many supportive calls from parents of children experiencing gender dysphoria, etc.

MK: Interestingly, I've also had emails and calls from AAP members and pediatricians saying pretty much what you said and asking to remain anonymous.

AJ: Interesting.

MK: The other thing you mentioned is that — to those outside this world — it can seem as though there are only a handful of doctors expressing your view, which makes them much

easier to dismiss as crackpots or whatever.

AJ: I think it takes a certain academic perspective and knowledge of the field to say something. It can be lonely. For me, it was really three things.

First, it was a conviction that I had been wronged. It was just this moral sense. You don't do this to someone who had worked this hard for university and in a few weeks get rid of them for expressing a view, which is really part of your job description. So there was a kind of a righteous indignation.

Second, I saw parents and children being hurt by this. These kids are, for the most part, very vulnerable people. You can see that when you spend time with them. Certainly, the teenagers have multiple problems. Most of the time, 60 or 70 percent of the time, depression, anxiety, substance abuse, they're hurting people. And parents are confused because they're basically getting one message from medical and mental-health professionals and that is "Affirm people." And so I have encouraged people to explore before prescribing treatment, specifically to consider other developmental factors, family factors, that have gone into the insecurities that are associated with this.

And, and then finally, I spoke up because I'm at the end of my career. I have accomplished a lot professionally and had an established reputation. If someone like me can be demoted, harassed, and then effectively fired for expressing my views, think of what an intimidating effect this has on younger professionals, who are not yet established in their careers. And that should not be how academics proceeds or how science proceeds. We think together, we reason together, we talk together. My colleagues couldn't do that. And I think we see that nationally as well.

MK: And gender dysphoria is just one of many things that you have contributed to

professionally, isn't it?

AJ: Oh, absolutely. I have a broad range of interests and still do.

MK: [Laughs] I'm glad to hear it. Conversely, for a lot of activists, it would seem that this is all they think about. They have a certain kind of single-mindedness. Whereas, for most people who have weighed in on this issue in any way, it's really one of many, many things going on in their lives. It's just that they feel it's necessary — given what's at stake, given what's happening to kids — to respond.

AJ: That is a very, very perceptive comment. I have kind of a joke with some of my family and friends. One of the ways that you diagnose transgenderism, according to the lingo, is that if a child is "persistent, consistent, and insistent" in the demand that they are the gender opposite to their biological sex, then it must be true. When I saw that, my knee-jerk response was, "Do these people have children?" Because in the process of raising children, they insistently, persistently, consistently demand lots of things that are not good for them, whether it's turning off the computer, eating your own food, staying up too late, and it's the parents' job then to guide them to say, This is what you need to do to be healthy.

And, and of course, in a loving relationship, kids may test that a little bit, but they accept it. That's what's been the most amazing thing about this. **These people are uni-focused and often don't have children, and don't understand children. And they are often not scientists. So it's an interesting group that fuels this.**

MK: What's it going to take for this environment to change so that young medical professionals are able to say what they really think about this issue?

AJ: I think it would take a return to basic principles. **There are a lot of things that are just**

amazing. Like why this phenomenon is so widespread now, when it virtually was unheard of ten years ago. It has to be a social, cultural phenomenon. We need to understand those factors and think about it. But what we're hearing right now is just to keep quiet and keep your head down. And that's not how science advances. That's not how we best serve our patients.

MK: Your particular case really relates strongly to academic freedom. But there is another concern I think many people are having — coercing clinical practice.

Recently in the U.K., a doctor was fired for refusing to call trans patients by their preferred pronouns. The particulars of that case notwithstanding, I think what a lot of people don't realize is that treating a child as if they were the opposite sex is a form of social psychological treatment, one that could lessen the likelihood that that child will psychologically realign with their body by the end of adolescence.

There seems to be an outsourcing of this kind of psychological evaluation, diagnosis, and treatment to teachers, parents etc., so this is an issue related to not just to academic freedom but to clinical practice at the culture at large. Do you agree with that?

AJ: Yes. The lack of thorough evaluation is a huge problem. Most clinicians or most places won't say that they don't evaluate people, but I've sat through some situations where it was stunning, the cursory nature of the evaluation, and then after that time the patient gets hormones. I mean, it is, it is a knee-jerk response in many clinics, and I think you used the word "appropriate" in "evaluation." What is going on? Why should a child declare that there's something that they're biologically not? That's a fascinating intellectual question in what is going on here. But there's a shutdown of any investigative kind of thinking. That's a real problem.

MK: Do you worry about the kind of global direction of this? I'm thinking specifically about the World Health Organization, which recently removed gender dysphoria from its list of mental disorders. Some worry that future editions of the DSM [the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders] might do the same. **Is it possible that we will get to a situation where a child comes into a clinic, diagnoses themselves, and prescribes their own treatment, and clinicians are powerless to do anything but go right ahead?**

AJ: **We are very close to that now.** There are now over 50 gender clinics in the United States. These were unheard of seven or eight years ago. And they're set up real, almost like — if I may use a crude analogy — a restaurant where a person comes in and orders a treatment. Doctors have always said — you give me the symptoms, and I'll help you with what I think is going on for the diagnosis. But that basic process is being short-circuited by a "this is my diagnosis; this is what I have" approach. And literally they're asking for hormones. And amazingly, doctors are going along with it in many cases. I think it's a travesty of our profession.

MK: What would you want to say to a medical professional reading this who might be feeling scared and worried, but who shares your concerns?

AJ: I think it just has to be a groundswell of discussion and seeing the activist tactics for what they are. The other side is bullying, intimidating. It's such a nonacademic approach to things. Academia — the marketplace of ideas, the sharing back and forth, the refining of ideas, testing of ideas — is now being replaced by activist approaches.

So I think we need to talk together. We need to support each other. I field all the phone calls I get. I've had people, mostly parents of children suffering from gender dysphoria, but also professionals, after some interactions, say, "Well, thanks, doctor. You've given me hope again."