

Congress of the United States
Washington, DC 20515

June 5, 2018

The Honorable Jim Mattis
Secretary of Defense
U.S. Department of Defense
1000 Defense Pentagon
Washington, D.C. 20301-1300

Dear Secretary Mattis:

We reject your policy recommendations to the President banning transgender service members “except under limited circumstances” and write to express our deep opposition to the flawed scientific and medical assertions upon which it is based. There is a deep chasm between established medical research and the underlying analysis your Department used to justify this policy, and we call on you to reverse your recommendations. Furthermore, we request that you disclose the individuals on the Panel of Experts and the principal advisors they consulted in drafting the policy recommendations.

The Department of Defense (DOD) report incorrectly asserts that there is “considerable scientific uncertainty” regarding the efficacy of transition-related care. In fact, there is a global medical consensus that such care is effective, safe, and reliable. The American Medical Association, the American Psychological Association, and the American Psychiatric Association each have pointed to the efficacy of transition-related care and have expressed opposition to your discriminatory ban. American Medical Association CEO Dr. James Madara sent your office a letter reaffirming the view that “there is no medically valid reason” to exclude transgender individuals from military service, including those diagnosed with gender dysphoria.ⁱ According to the American Psychological Association, substantial psychological research proves that gender dysphoria is a treatable condition that does not prevent individuals from excelling in the military.ⁱⁱ The American Psychiatric Association has found significant and long-standing medical and psychiatric evidence demonstrating clear benefits of medical interventions for individuals seeking transition, and expressed “strong opposition” to your guidance after it was revealed.ⁱⁱⁱ

We also are concerned with the DOD report’s “cherry-picking” of outdated studies to support its conclusions. The DOD report cites studies showing higher medical comorbidities but fails to cite other, more recent studies that contradict the outdated findings. At one point, the DOD report cites data from the Mayo Clinic that reaches back to 1971, which was years before the medical community had developed standards of care for gender dysphoria. At others, the report cites a Swedish study that includes subjects who underwent gender transition as far back as 1973. Further, the report does not mention that the author of this Swedish study released a subsequent study in 2016 showing, contrary to the research cited in the DOD report, that transgender individuals who obtain adequate care can be just as healthy as their peers.^{iv}

The DOD report also points to hormone therapy as another reason for why transgender service members are medically unfit to serve. This conclusion depends in part on standards of care by the Endocrine Society that recommend one year of monitoring after the commencement of hormone replacement therapy. However, the DOD report fails to mention that the author of these standards, Dr. Wylie C. Hembree, sent an October 2015 letter to the Pentagon's Transgender Repeal Working Group in which he explained, "There is no reason to designate individuals as non-deployable after the commencement of hormone replacement therapy. While individuals might be placed on limited duty until the initial monitoring at the 2-3 month mark, they can perform their jobs overseas in a wide range of deployed setting both before and after the initial monitoring."^v Further, falsely singling out transgender service members as being "undeployable" due to hormone therapy is inconsistent with how DOD treats hormone therapy for cisgender (non-transgender) troops, both male and female. According to a 2014 peer-reviewed study by former Surgeon General Joycelyn Elders in a leading military studies journal, "Military policy allows service members to take a range of medications, including hormones, while deployed in combat settings."^{vi}

The DOD report further argues that an inclusive policy could impair unit readiness and undermine unit cohesion, but the evidence used to reach these conclusions is simply unpersuasive. The report fails to present any evidence showing that transgender service members have or could compromise cohesion, privacy, fairness, or safety and instead relies on scenarios and hypotheticals to make this point. Existing DOD regulation gives commanders simple, specific guidance for balancing readiness, discipline, and privacy concerns under an inclusive policy. Testifying before the Senate Armed Services Committee, Army Chief of Staff General Mark Milley contradicted the DOD report when asked if transgender troops have caused any issues with unit cohesion by responding, "No. Not at all," and that there have been "...precisely zero reports of issues of cohesion, discipline, morale and all sorts of things," due to the service of transgender troops. In fact, all service chiefs, including Marine Corps Commandant General Robert Neller, Chief of Naval Operations Admiral John Richardson, and Air Force Chief of Staff David Goldfein, have testified that they are not aware of any discipline, morale, or unit readiness problems because transgender troops now serve openly alongside their cisgender peers.^{vii}

An additional major flaw in the DOD report is that it does not assess either the benefits associated with inclusive service or the costs of imposing the ban. Instead of evaluating whether transgender personnel are serving successfully, by looking at data points like commendations, promotions, and time-in-service, DOD only focused on the purported costs of transgender military service. Since the repeal of "Don't Ask, Don't Tell," gay and lesbian service members have reported *increased cohesion*, as these service members are now free to be forthcoming about their identity to the peers.^{viii} Instead of affording these freedoms to our brave transgender men and women in uniform, your guidance forces these troops to hide their identity, which studies have shown leads to elevated incidence of depression and anxiety.^{ix}

Today, our military benefits from the service of thousands of transgender troops who fight in defense of our freedoms with honor and distinction.^x Lieutenant Colonel Bryan "Bree" Fram is one of these service members. Lt. Col. Fram is an active duty astronautical engineer in the U.S. Air Force, currently serving as the Iraq Country Director in Air Force International Affairs at the Pentagon where she oversees the Air Force security cooperation and assistance activity for

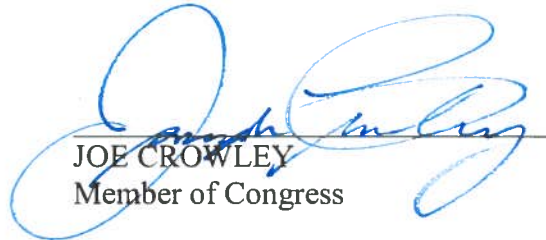
operations in Iraq. Air Force Staff Sergeant Logan Ireland, who deployed to Afghanistan after transitioning gender, was named "NCO of the Quarter," has been awarded the Military Outstanding Volunteer Service Medal and other leadership awards, and is a graduate of the Combat Leadership Course. These service members and others like them are role models who also happen to be transgender. Countless brave men and women like them, including some at service academies right now, will be prevented from following in their paths should your discriminatory policy prevail.

For the foregoing reasons, we reject the evidence used to support the discriminatory ban on transgender service members. This ban, similar to laws against racial integration, gender integration, and service by gay men, lesbians, and bisexual people, is antithetical to our country's and our military's values and belies the extraordinary commitment by our transgender service members. We strongly urge you to reverse your recommendations, and we request that you disclose the Panel of Experts and the principal advisors with whom they consulted.

Sincerely,



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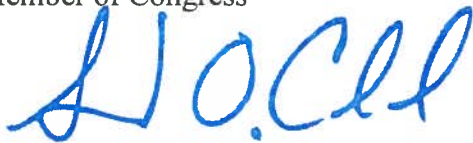
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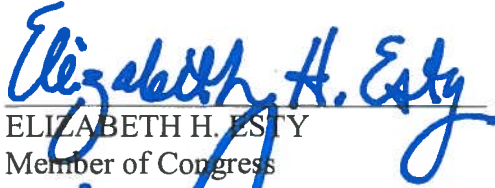
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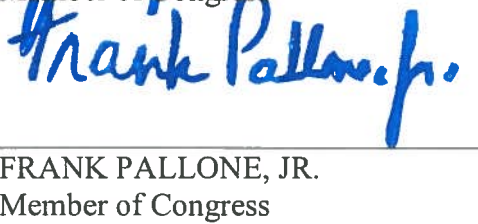
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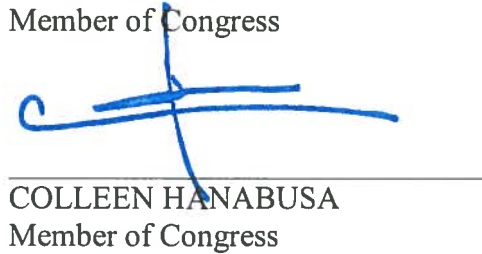

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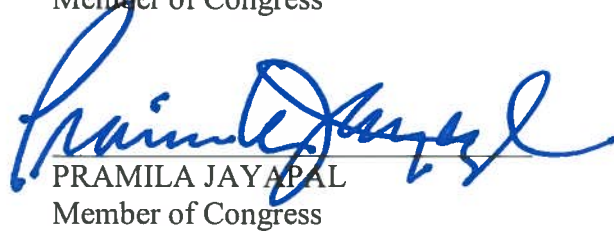

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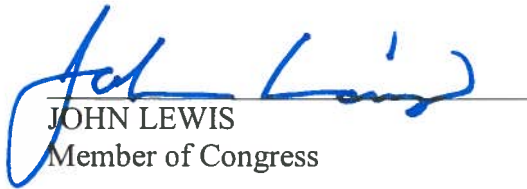

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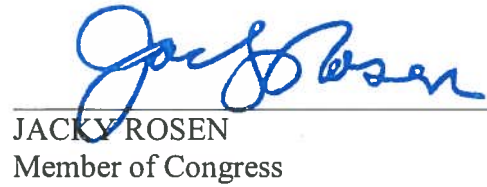

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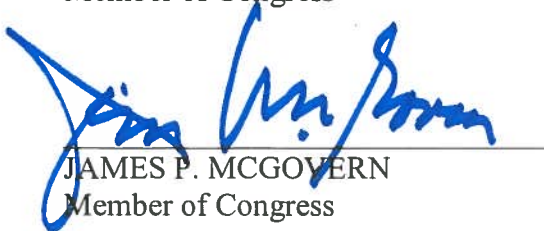

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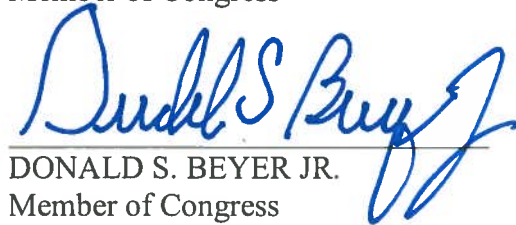
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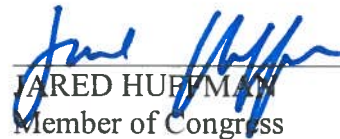
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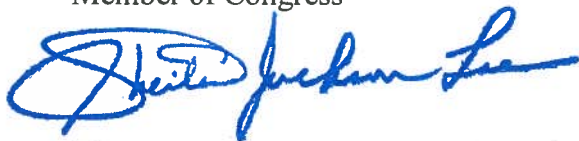
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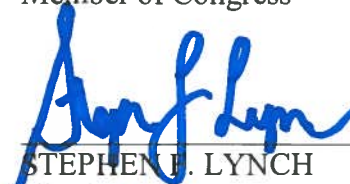
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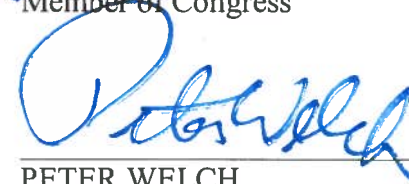
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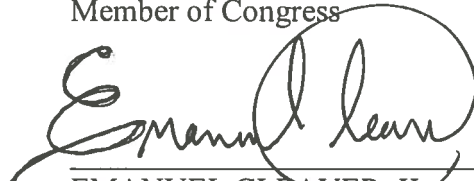
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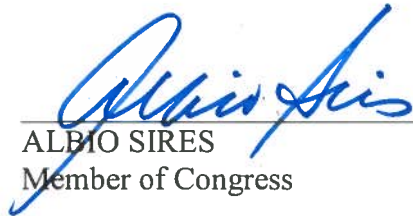
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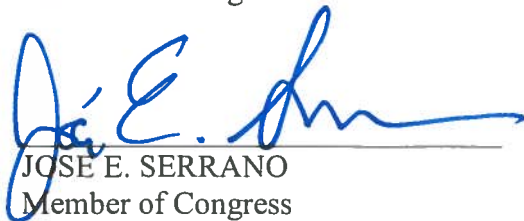
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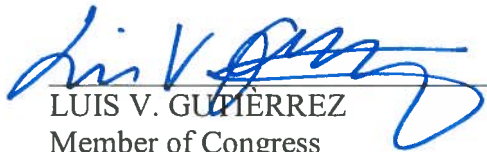
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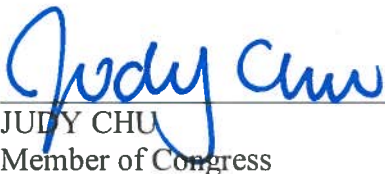
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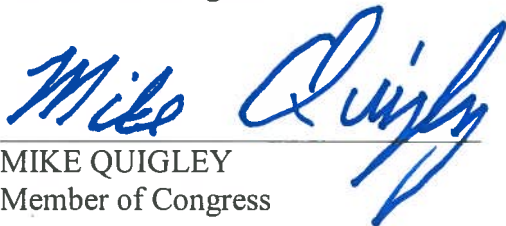
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ⁱ<https://www.politico.com/story/2018/04/04/transgender-troops-mattis-american-medical-association-462582>

ⁱⁱ<http://www.apa.org/news/press/releases/2018/03/transgender-military.aspx>

ⁱⁱⁱ<https://www.psychiatry.org/newsroom/news-releases/apa-reiterates-its-strong-opposition-to-ban-of-transgender-americans-from-serving-in-u-s-military>

^{iv}Cecilia Dhejne, Roy Van Vlerken, Gunter Heylens, and Jon Arcelus (2016), "Mental Health and Gender Dysphoria: A Review of the Literature," *International Review of Psychiatry* 28(1), 44-57.

^vHembree, Wylie C. Received by DOD transgender policy panel, 145 Pascack Road, 25 Oct. 2015, Woodcliff Lake, NJ.

^{vi}M. Joycelyn Elders, George R. Brown, Eli Coleman, Thomas A. Kolditz, and Alan M. Steinman (2014), "Medical Aspects of Transgender Military Service," *Armed Forces and Society*, 41(2), 199-220.

^{vii}<https://www.militarytimes.com/news/your-military/2018/04/24/all-4-service-chiefs-on-record-no-harm-to-unit-from-transgender-service/>

^{viii}http://www.slate.com/articles/news_and_politics/politics/2012/09/study_of_don_t_ask_don_t_tell_repeal_helped_the_military_.html

^{ix}Tobias Barrington Wolff (1997), "Compelled Affirmations, Free Speech, and the U.S. Military's Don't Ask, Don't Tell Policy," *Brooklyn Law Review*, vol. 63, 1141-1211.

^x<http://time.com/4874380/donald-trump-military-transgender-how-many/>