

PALM CENTER

BLUEPRINTS FOR SOUND PUBLIC POLICY

May 24, 2016

General Mark A. Milley
Chief of Staff, US Army
Department of the Army
200 Army Pentagon, Room 3E672
Washington, DC 20310

Dear General Milley,

According to the *New York Times*, you stated recently that before the military lifts its ban on transgender personnel, “serious significant issues need to be completely vetted and studied.” You then implied that if the military fails to completely vet and study those serious significant issues, the readiness of the armed forces could be compromised. As you know, the Defense Department as well as independent scholars have already studied and vetted every aspect of transgender military service and identified simple, evidence-based best practices that anticipate every possible concern. You are also well aware that at least 77 transgender service members who have identified themselves to commanders are waiting in limbo for the Defense Department to announce new policy, unsure whether they will be fired or allowed to continue to serve their country. Furthermore, you are aware that the American Medical Association passed a resolution that “there is no medically valid reason to exclude transgender individuals from service in the US military” and that “transgender service members be provided care as determined by patient and physician according to the same medical standards that apply to non-transgender personnel.”

Even before a fully-resourced Pentagon Working Group spent much of the past ten months studying inclusive policy, you were briefed about a commission consisting of three retired US Army General Officers (including one of the authors of this letter) and leading scholars and experts who had already studied all aspects of transgender military service (uniforms, hair styles, gender transition, physical standards, and so on) and who concluded after extensive research that “formulating and implementing inclusive policy is administratively feasible and neither excessively complex nor burdensome.”

In addition, it is well known that, at the same time that the Working Group was re-studying implementation issues that had already been researched exhaustively, the Defense Department triple-checked its assessment by asking the distinguished RAND Corporation to complete yet another study of transgender military service. RAND reached the same conclusion as every other study of the topic, namely that inclusive policy would not harm the military.

Finally, it is widely understood that 18 foreign nations including the UK, Canada, Australia and Israel allow transgender personnel to serve openly, that every other federal department and agency in the US, including the CIA and FBI, allows transgender personnel to serve openly, that police

and fire departments throughout the US allow transgender personnel to serve openly, that none of these organizations has reported that inclusive policy undermines effectiveness, and that simple lessons and evidence-based best practices have been implemented successfully.

After extensive deliberations, the Pentagon Working Group seems to have achieved consensus on two of the most important principles: that transgender service members should not be discharged simply for being transgender and that they, like everyone else in uniform, are entitled to medically necessary care, including transition-related care. While consensus has not been achieved on every issue, the obstacle to wrapping up the process is not, contrary to your suggestion, insufficient study or a difficulty in identifying simple solutions. Rather, the only remaining obstacle is a refusal to follow the science and to allow transgender individuals to be treated according to the same standards that apply to everyone else.

For example, even though only a tiny number of post-transition individuals will seek to enlist in any given year, some Working Group participants have been insisting on a two-year waiting period after an applicant has transitioned gender before he or she is eligible to enlist. The thinking appears to be that changing genders requires an unusually long period of medical recovery. But there is no science to back this up, and in fact there is an international consensus that medical aspects of gender transition are no more complicated or risky than similar treatment received for other reasons. The current enlistment regulation already includes standard waiting periods after medical treatment, such as six months following chest surgery. A multi-year wait for a similar procedure for a transgender person would be unprecedented and punitive—and not grounded in medical science. The problem is not that “serious significant issues need to be completely vetted and studied,” but that some military leaders don’t like what the science has already told us.

The same refusal to follow the science blocks resolution of the question of how long transgender service members should be required to wait after enlistment before receiving transition-related care. Non-transgender service members are not typically required to wait for medically necessary care, but some Working Group members insist that without a three-year waiting period for transition-related care, transgender Americans will rush to join the armed forces in order to receive health care benefits, and will experience lengthy career interruptions while they recuperate from surgery. Again, the science and existing regulations provide a clear context for mitigating concerns. According to RAND, approximately 65 service members will undergo gender transition in any year, and there will be almost no effect on availability for deployment even for those who do transition.

What about suicidality? A former US Surgeon General and retired General and Flag Officers studied this question carefully, and they determined that transgender service members are as medically fit as non-transgender personnel. RAND concluded that the transgender ban itself may increase suicidality, and that eliminating it may mitigate risk. Many groups such as gays and lesbians are at higher risk of suicidality, but members of those groups are not banned as a class or subjected to separate standards because enlistment filters that apply to everyone in an even-handed way already disqualify any applicant who has experienced suicidality. A 2015 study found that children of service members were 62% more likely to have attempted suicide in the previous year than non-military-connected children, but recruiters welcome children of military parents, and rely on accessions filters to weed out those who are at risk. As is the case with other

remaining concerns, the problem is not a lack of inquiry or a failure to identify simple, straightforward solutions, but rather, a refusal to assess transgender personnel by the same standards that apply to everyone else.

The refusal to follow the science echoes the sad, distracting and ultimately pointless history of “don’t ask, don’t tell.” During the national conversation about the military’s ban on gay and lesbian service members in 1993, RAND was commissioned to study whether inclusive policy would undermine cohesion and readiness. RAND produced a comprehensive, 518-page study that concluded that repeal would not harm the military, but Pentagon brass disliked RAND’s findings and buried the research as they continued to insist that lifting the ban would undermine effectiveness. Because they let personal opinions trump science, the military was saddled with “don’t ask, don’t tell” for almost two decades.

If Secretary Carter fails to announce a new policy for transgender personnel, the conversation will not go away. And the 77 service members waiting in limbo will continue to suffer. If there are new, honest and evidence-based objections to transgender military service, then by all means please identify those concerns so that they can be assessed and resolved. But to insist that the issue must be studied and vetted when that has already been done (many times) is to compromise core values that have served as the bedrock of military culture throughout our nation’s history.

Very respectfully,

LTG Claudia J Kennedy, USA (Ret.)

MG Gale S. Pollock, USA (Ret.)