

# **Testimony**

**of**

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**House Armed Services Committee  
Subcommittee on Military Personnel**

**U.S. House of Representatives**

**Re: “Transgender Service in the Military Policy”**

**February 27, 2019**

Good afternoon, Chairwoman Speier, Ranking Member Kelly, and Members of the Subcommittee. I am Jesse Ehrenfeld, MD, MPH, and I am pleased to be able to testify today on the important issue of “Transgender Service in the Military Policy.” I am testifying in my personal capacity based on my experience as a combat veteran, having deployed to Afghanistan during both Operation Enduring Freedom and Resolute Support Mission, and my background in military medicine and transgender health.

I divide my time among clinical practice, teaching, and research. I serve as the Joseph A. Johnson Jr. Distinguished Leadership Professor at the Vanderbilt University School of Medicine in the departments of anesthesiology, surgery, biomedical informatics, and health policy. I am also the director of education research for the Vanderbilt Office of Health Sciences Education, director of the Vanderbilt Program for lesbian, gay, bisexual, transgender and queer (LGBTQ) Health, and associate director of the Vanderbilt Anesthesiology & Perioperative Informatics Research Division. I have an appointment as an adjunct professor of surgery at the Uniformed Services University of the Health Sciences in Bethesda, Maryland, and in 2018, received the inaugural NIH Sexual and Gender Minority Research Investigator Award from the NIH Director, Dr. Francis Collins.

In addition, one of the many hats I wear is as Chair-Elect of the American Medical Association’s (AMA) Board of Trustees. I have served on the AMA’s Board since 2014.

Finally, I have served and worked with transgender service members, both home and downrange, and have witnessed firsthand how incredibly courageous, committed, and capable these individuals can be.

#### There is no valid medical rationale for the Administration’s transgender military ban

The Administration’s military transgender policy disqualifies transgender people, who are otherwise capable, from serving. I would like to state unequivocally that there is no medically valid reason—including a diagnosis of gender dysphoria—to exclude transgender individuals from military service. This is the AMA’s position, as well as that of other major medical and mental health organizations, including the American Psychiatric Association, all of whom disagree with the Department of Defense’s (DOD) rationale for a transgender ban. The AMA’s policy also affirms that transgender service members should be provided care as determined by the patient and his or her physician according to the same medical standards that apply to non-transgender personnel.

There is a wide body of peer-reviewed research on the effectiveness of transgender medical care. The medical and scientific evidence is based on tens of thousands of hours of clinical experience, on decades of peer-reviewed scholarly studies using multiple methodologies. There is a global medical consensus about the efficacy of transgender health care. Because of the clear evidence that gender transition is effective in treating gender dysphoria and can improve the well-being of transgender individuals, most third-party payors, including Medicare, provide coverage for these services. We also know that transgender individuals who cannot access treatment for gender dysphoria or who experience unsupportive environments, are more likely to experience health challenges. Like other marginalized groups, including racial and ethnic minorities, the health and well-being of a transgender person can be harmed by discriminatory treatment.

In addition, a [major report](#) by several retired military Surgeons General rejected DOD’s justification for exclusion that claimed that inclusive policy would compromise medical fitness because there is “considerable scientific uncertainty” about the efficacy of medical care for gender dysphoria (incongruity

between birth gender and gender identity), and because troops diagnosed with gender dysphoria are medically unfit and less available for deployment (See [“Department of Defense Report and Recommendations on Military Service by Transgender Persons” \(“Implementation Report”\)](#)). The report by the retired military Surgeons General concluded the Implementation Report “is contradicted by ample evidence clearly demonstrating that transition-related care is effective, that transgender personnel diagnosed with gender dysphoria are deployable and medically fit....” The report also concluded that:

- Scholars and experts agree that transition-related care is reliable, safe, and effective. The Implementation Report makes a series of erroneous assertions and mischaracterizations about the scientific research on the mental health and fitness of individuals with gender dysphoria. Relying on a highly selective review of the evidence, and distorting the findings of the research it cites, the Report inaccurately claims there is “considerable scientific uncertainty” about the efficacy of transition-related care, ignoring an international consensus among medical experts that transition-related care is effective and allows transgender individuals to function well.
- Scholarly research and DOD’s own data confirm that transgender personnel, including those with diagnoses of gender dysphoria, are deployable and medically fit. Research shows that individuals who are diagnosed with gender dysphoria and receive adequate medical care are no less deployable than their peers. DOD’s own data show that 40 percent of service members diagnosed with gender dysphoria deployed to the Middle East and only one of those individuals could not complete deployment for mental health reasons.

The financial costs of transition-related care also do not justify a ban. According to the DOD’s own data, the total cost of transition-related care was only \$2.2 million in FY 2017, which was less than one-tenth of one percent of DOD’s annual health care budget for the Active Component, and substantially less than the \$41.6 million the military spends each year on Viagra. (see Palm Center, and Military Times, February 13, 2015).

The conclusions drawn in the Mattis Report that transgender people are not fit to serve are at odds with the medical and scientific consensus. Transgender individuals are fully capable of serving. There is nothing about being transgender that diminishes a person’s ability to serve in the military. I know this because I have served in the military with transgender people, including in combat. My own personal experience has been that our transgender service members are some of the most qualified, effective, individuals we have serving our Country.

#### There is no military rationale for the ban

Transgender Americans have always served in our military, but have been serving openly, under an inclusive policy, since June 2016. According to the [Palm Center’s analysis](#) of DOD figures, there are currently 14,700 transgender troops serving in the Active Component and Reserves, and DOD data confirm that hundreds of transgender troops have deployed to combat zones. Moreover, transgender troops have served in 18 foreign militaries with no reports of problems with combat readiness.

All five military Chiefs of Staff testified before Congress last year that inclusive policy has caused no readiness issues, with then-Joint Chiefs of Staff Chairman-designate Gen. Mark Milley reporting “precisely zero” problems. In addition, former military Service Secretaries Ray Mabus, Deborah Lee James and Eric Fanning, agreed with the Chiefs of Staff, stating “We presided over inclusive policy for almost seven months, from the lifting of the transgender ban on June 30, 2016 until the January 20, 2017 transition. During that time, there was no indication that inclusive policy compromised cohesion or any

other aspect of readiness.” RAND also studied the issue of transgender military service, and concluded it did not harm readiness.

Contrary to the DOD’s conclusions, the report discussed above by the retired military chiefs of staff concluded that banning transgender troops “harms readiness through forced dishonesty, double standards, wasted talent, and barriers to adequate care” and that a ban’s “requirement to serve in silence effectively forces troops to lie about their identity,” which “compromises military integrity.”

I know this effect all too well. I experienced it myself, as a gay service member who joined the military under the “Don’t ask, don’t tell” policy and was forced to hide my identity from my shipmates. I also experienced this as a military physician, caring for all military personnel, including transgender personnel who were often afraid to share important information with me that had the potential to impact their readiness to fight. In my opinion, the ban on transgender individuals has had the paradoxical effect of actually harming unit cohesion and effectiveness. Transgender personnel must meet strict enlistment and deployment criteria. Anyone who can do so is highly qualified and should not be barred from service because of being transgender.

#### The ban on transgender individuals is discriminatory

No other military policy excludes a class of persons from enlisting or serving in our armed forces. This ban discriminates based on who someone is rather than whether they can do the job, just as previous bans did on African-Americans, women, and lesbian and gay individuals. It will force transgender troops to be dishonest and hide their gender identity to be able to continue their military service or be forced to leave the military to live openly according to their gender identity and receive appropriate and necessary medical care. If the ban is implemented, it will return transgender personnel serving in the military to a “Don’t ask, don’t tell” environment, which would be very unfortunate from both a medical perspective and a human one.

In summary, there is no medical reason, including a diagnosis of gender dysphoria, to exclude transgender people from military service. The AMA has been unequivocal about that, along with all major reputable medical organizations in the United States. Being transgender is not relevant to a person’s fitness to serve. Gender dysphoria is a completely treatable condition, even more so than many other conditions that are not a bar to service. The AMA and all major medical and mental health organizations oppose the ban. Finally, medical science and research establishes that transition-related care is reliable, safe, and effective. Policy decisions impacting our service members should be based on science to ensure the most effective and reliable force. Ignoring the science related to transgender service, only serves to harm our military’s efforts to recruit, train, and deploy the most effective fighting force known to humankind.