

July 25, 2017

President Donald J. Trump  
The White House  
1600 Pennsylvania Ave., NW  
Washington, DC 20500

Dear President Trump:

We are retired flag-rank officers who would like to thank you for your clear interest in preserving the war-fighting capabilities of the United States. The fruits of your efforts to alter the ethos of the military are plain for all to see in the recapture of Mosul and sustained, annihilatory campaign now being waged against ISIS in Syria and pockets of Iraq.

With that in mind, we note that administration officials have discussed military readiness as a key component of the need to preserve and enhance the combat effectiveness of the armed forces. We feel the elimination of longstanding medical exclusions, in order to permit those who identify as transgender to serve in and join the military, will degrade readiness in several ways. First, the dollar costs of the military transgender policy that pays for the transitioning process while allowing enlistment of those who are transgender would be very high – between \$1.9 and \$3.7 billion over ten years depending on how one calculates the costs.<sup>1</sup> Second, an open enlistment allowing transgender individuals to enlist will act like a magnet for those transgender persons who hope to wait for a period of time and have the taxpayers pay for this elective surgery.

Mr. President, these effects will be particularly onerous, given that the scientific evidence that such procedures are “medically necessary” is lacking. Just last year, the Centers for Medicare & Medicaid Services declined to mandate federal payments for gender reassignment surgery under Medicare, declaring that “there is not enough high quality evidence to determine whether gender reassignment surgery improves health outcomes for Medicare beneficiaries with gender dysphoria.”<sup>2</sup> It was heartening to hear that there is presently some understanding of this in the DOD, when Joint Chiefs Vice Chairman Gen. Paul Selva testified on July 18 that the 6-month delay that Defense Secretary James Mattis announced in the accession of those who identify as transgender was a result of “disagreement on the science.”<sup>3</sup>

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<sup>1</sup> Peter Sprigg, “Transgender Policy Could Cost Military Billions over Ten Years,” Family Research Council (Washington, D.C.: July 2017)(IF17F01): 6.

<sup>2</sup> *Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N)*, Centers for Medicare & Medicaid Services, August 30, 2016; online at: <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=282>

<sup>3</sup> Rebecca Kheel, “Top general: Transgender delay due to 'disagreement on the science,’” *The Hill*, July 18, 2017; online at: <http://thehill.com/policy/defense/342500-top-general-transgender-policy-delay-due-to-disagreement-on-the-science>.

Even if it could be shown that gender reassignment procedures provide medical benefit to some individuals, there would still be serious concern about the impact of such procedures on the deployability of service members, and therefore on the readiness of the force. According to DoDI 6130.03, “Medical Standards for Appointment, Enlistment, or Induction in the Military Services,” April 28, 2010, it is DoD policy to

“ensure that individuals under consideration for appointment, enlistment, or induction into military services are medically adaptable to the military environment without the necessity of geographic area limitations.”<sup>4</sup>

Yet both hormone therapy and gender reassignment result in a need for specialized medical care which may not be available in all geographic locations.

Finally, aside from the time lost due to the non-deployability of the person transitioning, one must also consider the time taken away from commanders for transgender case management. The detailed assessment and management of cases, including the training of subordinates, by commanders will be substantial. Needless to say, that is time not being spent training or thinking about how to engage and defeat one’s enemies in combat. The elimination of CO time and focus will be a real detriment to military effectiveness.

In closing, the complexities of proceeding with the current transgender policy were apparently of such great concern that several service chiefs approached Secretary Mattis in late June seeking much longer delays in its implementation – in one case reportedly a two-year delay.<sup>5</sup> We are not surprised by this and strongly urge the administration to pause this whole personnel policy change until proper feasibility studies are performed by objective analysts who have the combat effectiveness of the military as their highest priority.

Thank you for your time and consideration.

Signed:

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<sup>4</sup> Cited in: *Assessment of DoD-Provided Healthcare for Members of the United States Armed Forces Reserve Components*, Inspector General, U. S. Department of Defense, p. 17; online at: <http://www.dodig.mil/pubs/documents/DODIG-2015-002.pdf>.

<sup>5</sup> Lolita C. Baldor, Military Times, “Military Chiefs Seek Transgender Enlistment Delay,” (June 23, 2017) ([http://www.military.com/daily-news/2017/06/23/military-chiefs-seek-delay-transgender-enlistment.html?ESRC=dod\\_170623.nl](http://www.military.com/daily-news/2017/06/23/military-chiefs-seek-delay-transgender-enlistment.html?ESRC=dod_170623.nl)).

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