[H.A.S.C. No. 116–8]

TRANSGENDER SERVICE IN THE MILITARY POLICY

HEARING

BEFORE THE

SUBCOMMITTEE ON MILITARY PERSONNEL

OF THE

COMMITTEE ON ARMED SERVICES
HOUSE OF REPRESENTATIVES

ONE HUNDRED SIXTEENTH CONGRESS

FIRST SESSION

HEARING HELD
FEBRUARY 27, 2019

U.S. GOVERNMENT PUBLISHING OFFICE
36–234 WASHINGTON : 2020

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HOUSE OF REPRESENTATIVES,
COMMITTEE ON ARMED SERVICES,
SUBCOMMITTEE ON MILITARY PERSONNEL,
Washington, DC, Wednesday, February 27, 2019.

The subcommittee met, pursuant to call, at 3:53 p.m., in Room 2118, Rayburn House Office Building, Hon. Jackie Speier (chairwoman of the subcommittee) presiding.

OPENING STATEMENT OF HON. JACKIE SPEIER, A REPRESENTATIVE FROM CALIFORNIA, CHAIRWOMAN, SUBCOMMITTEE ON MILITARY PERSONNEL

Ms. SPEIER. The subcommittee will come to order. Good afternoon. Welcome everyone to the Military Personnel Subcommittee of the Armed Services Committee.

I want to thank the Active Duty transgender service members who are with us today. Being here in the same room as senior Defense Department officials, in front of the Congress, representing yourselves and your fellow transgender service members, even in your civilian capacities, takes tremendous courage.

Somehow testifying in front of Congress is not close to the most courageous thing you have done. From a young age you have made a series of difficult choices in order to live in a way that honors yourselves, your communities, and your country. Despite living in a nation where many discriminate against you, you made a choice that fewer and fewer Americans make, you joined the military and risked your lives and your families' well-beings for our safety.

And how has the administration thanked you? By treating you like a liability, not an asset; by maliciously jeopardizing your careers and trivializing your sacrifice. Fourteen thousand seven hundred transgender individuals continue to serve ably. They are exceptional but also exceptionally normal. Like their fellow soldiers, sailors, airmen, and Marines, they proudly serve the Constitution, our nation, and the Commander in Chief.

Our five witnesses today have shown uncommon bravery making choices throughout their lives, and today Lieutenant Commander Dremann, Captain Stehlik, Captain Peace, Hospital Corpsman Third Class Wyatt, and Staff Sergeant King have made the courageous choice to come advocate for themselves and their peers.

I cannot tell you how much I appreciate your courage, your sacrifices, and your presence here today. Your examples inspire all of us.

I feel strongly that any transgender person who can meet occupational standards should be allowed to serve in our Armed Forces. I believe that the transgender service ban is discriminatory, uncon-

stitutional, and self-defeating. Open transgender service the last 2½ years has been an unequivocal success. When asked by Congress, the five service chiefs indicated that open service has not caused unit readiness or cohesion problems. Let me repeat that, when the chiefs were asked this question, they made it clear that unit readiness and cohesion were not impacted by the service of transgender service members. Instead, discharging transgender service members would hamper unit readiness, robbing formations of needed security personnel, intelligence officers, and leaders, without warning.

Not allowing transgender service members to join the military would cost us recruits at a time so few Americans are willing to serve. Telling transgender service members they can serve but not fully express their identities would represent a return to the fraught paranoia of Don't Ask, Don't Tell. Transgender troops have the right to serve as their full selves and shouldn't have to live in fear of being found out.

Our five witnesses and their peers deserve better than to have bias, misconception, and ignorance end or limit their careers. Let me tell you a little more about the five witnesses joining us today. They are subject-matter experts who have lived open transgender service and best understand how it affects our unit readiness and cohesion.

Lieutenant Commander Blake Dremann, I think we are going to see a photograph, there she is. There he is. Lieutenant Commander Blake Dremann, has served in the Navy for over 15 years since joining in 2003. He has been recognized for his exemplary service as the recipient of the USS *Maine* Logistics Excellence Award and the 2015 Vice Admiral Robert F. Bachelder Award. Thank you.

Captain Olivia Stehlik, her picture in uniform, has been serving in the Army for over 10 years since commissioning out of West Point as a second lieutenant in 2008. She served as an infantry officer and completed the Ranger Course. Captain Stehlik deployed to Afghanistan with the Stryker Brigade Combat Team. Her personal awards include the Bronze Star Medal and the Meritorious Service Medal. Thank you.

Captain Jennifer Peace has served for over 15 years since first enlisting in the Army in 2003 and commissioning as an officer in 2009. Through numerous combat deployments to Iraq and Afghanistan and positions of command she has excelled as an intelligence officer. Now selected for promotion to major, Captain Peace's awards include the Meritorious Service Medal and the Joint Service Commendation Medal. Thank you.

Hospital Corpsman Third Class Akira Wyatt emigrated to the United States from the Philippines at age 15. She has served over 7 years since enlisting in the U.S. Navy in 2011 and continues to serve as a corpsman with Marine infantry units. She has deployed numerous times across the globe. Her personal awards include the Navy-Marine Corps Achievement Medal. Thank you.

And Staff Sergeant Patricia King, a combat-tested infantry soldier who has served 19 years in the United States Army. She has deployed to Afghanistan 3 times and has served across the globe. Her awards include the Combat Infantryman's Badge and the Bronze Star. Thank you.

Thank you all for your contributions to our nation and to our military. You are the first five transgender service members ever to testify openly in front of the House of Representatives, the very first five and how fitting that you do it not as individuals but as a team; how just that you can at last represent yourselves and your peers in front of this body.

My colleagues and I need to hear from you, understand your stories, and appreciate what you have done. We have the opportunity to pass legislation such as the bill I introduced earlier this month that would allow transgender service members to join and also serve openly. Congress cannot let the administration's discriminatory impulses win out. Before we make that decision, we need to meet you face-to-face, to look you in the eye, to affirm that service by openly transgender troops is normal, it is necessary, and it is just.

Today is an opportunity for all of us and the Department to learn about why you are serving and what you have accomplished. This is time to learn and not to peddle in misconceptions, bad science, and bias. So let us dispel the phony myths, there is simply no rigorous evidence that transgender service members hamper unit cohesion or readiness.

A consensus of top medical and psychological bodies including the American Medical Association and the APA [American Psychiatric Association] have concluded that gender dysphoria does not pose a barrier to service. Transgender service members are deployable and effective. Their sense of duty, patriotism, and courage is no different from the other service members they stand shoulder to shoulder with. Those are the facts. Our witnesses will be able to illustrate them with their stories and their expertise.

Also joining us is Dr. Jesse Ehrenfeld, the Joseph A. Johnson, Jr., Distinguished Leadership Professor, that is a mouthful, at the Vanderbilt University School of Medicine. He was elected to the American Medical Association board of trustees in 2014. He is a combat veteran who has deployed to Afghanistan. Dr. Ehrenfeld has worked for years to capture and support the lives of LGBTQ [lesbian, gay, bisexual, transgender, and queer] people. Thank you.

Before hearing from our first panel let me offer our Ranking Member Kelly an opportunity to make his opening remarks.

[The prepared statement of Ms. Speier can be found in the Appendix on page 53.]

STATEMENT OF HON. TRENT KELLY, A REPRESENTATIVE FROM MISSISSIPPI, RANKING MEMBER, SUBCOMMITTEE ON MILITARY PERSONNEL

Mr. KELLY. Thank you, Chairman Speier.

And I want to thank the three witnesses who came by my office earlier and met with me and told me your stories in person, out of the view of a camera. I want to thank you for doing that. And I want to thank all of you for being here on this panel today and for your service to this great nation, to our great nation.

I wish to welcome both of our panels in today's hearing. The House Armed Services Committee has tirelessly focused over the past several years on rebuilding the readiness of our Armed Forces after years of demanding cuts. An integral part of rebuilding and

maintaining readiness is recruiting and retaining qualified, effective, and able-bodied service members. To me personnel is the key—equipment can always be replaced but personnel is the key cornerstone in all military operations.

One of the strengths of our military is that we draw from a diverse group of individuals from varied backgrounds and experiences. As former Secretary of Defense Mattis made clear, it is a bedrock principle of the Department of Defense [DOD] that any eligible individual who can meet the high standards for military service without special accommodations should be permitted to serve. In other words, the focus should remain on individuals' capabilities rather than establishing blanket policies for certain groups.

In reading through the written statements of our first panel of currently serving transgender service members and also my meeting earlier, it is clear that you have all earned the respect and support of your commands, you have achieved much, and you continue to serve honorably. One common theme throughout all of your statements and our meeting earlier is that you all met, meet, or exceed the standards for accession and retention in the military and that you did not ask for nor would you have wanted reduced standards or special treatment.

The transgender service policy must, like the medical accession standards for all recruits, include all individualized assessment of the recruit's medical and behavioral health to determine whether they are fit for service. It is when we put in place categorical exceptions for certain groups that we undermine our military's readiness.

I look forward to hearing from our first panel about their experience in the service. Through your written statements and in the office, you indicate that you generally have supportive leaders throughout your transitions. I look forward to hearing your recommendations for how the services can improve their support.

I am also interested to hear from our second panel about the differences between the current transgender service policy and the policy established by former Secretary of Defense Mattis. In reviewing that policy, it seems to me that it eliminates categorical distinctions between different groups of people in favor of individual assessments of a recruit's medical readiness based on standards applicable to all. I look forward to hearing the current status of that policy.

It is an unfortunate reality that not every person who desires to serve in our military meets the stringent medical and behavioral health standards needed to maintain a ready and resilient force; however it only makes sense that any individual who can meet these standards be allowed to serve, be ready to fight, and be ready to fight tonight. It is all about readiness and deployability.

With that I look forward to hearing from both of our panels.

And I yield back, Chairman.

Ms. SPEIER. Thank you, Mr. Kelly.

I ask unanimous consent to allow members not on the subcommittee to participate in today's hearing and be allowed to ask questions after all subcommittee members have been recognized.

Without objection so ordered.

Each witness will have the opportunity to present his or her testimony and each member will have an opportunity to question the witnesses for 5 minutes. We respectfully ask the witnesses to summarize their testimony in 5 minutes or less. Your written comments and statements will be made part of the hearing record.

With that let us begin with Commander Dremann, you have your opening statement.

STATEMENT OF LCDR BLAKE DREMANN, U.S. NAVY

Commander DREMANN. Madam Chairwoman, Ranking Member Kelly, members of the committee, thank you for the opportunity to testify today about our experiences contributing to the readiness and lethality of our Armed Forces.

I am Lieutenant Commander Blake Dremann and I am currently assigned as a supply chain manager for the DOD's nuclear enterprise. I have served in the Navy for 13 years and I have deployed 11 times, including 5 patrols on the USS *Denver,* 1 year in Afghanistan with the 101st Airborne, and 5 strategic deterrent patrols onboard USS *Maine,* a ballistic missile submarine. I have been told three times that something other than my capability to do the job was the reason I wasn't worthy of an opportunity, first from my gender assigned at birth, second from my sexual orientation prior to transition, and third for my gender identity.

In 2010, the Navy changed the policy preventing women from serving on submarines and in 2011, Congress repealed Don't Ask, Don't Tell. This opened the opportunity for me to be selected as one of the first women to integrate submarines and for the first time I did not have to hide my sexual orientation.

Each time a mission- or a capability-irrelevant barrier was removed, I rose to the occasion. I succeeded as a submariner, and was ranked the top supply officer out of 14 supply officers in the squadron. However, despite all of my success, there was still something that needed to change. I began my transition in 2013, 2 weeks prior to my fourth patrol and before policy had changed for transgender service members.

The next year I was a more confident officer, a better leader, and a better shipmate. It culminated in my ship being named the top boat in the squadron—and in 2015, I won the Navy League's Vice Admiral Batchelder Award given to the top five junior officers for their contributions to the operational readiness of the fleet. Recently I have served on the Joint Staff at the Pentagon, and now I am at the Joint Logistics Command.

I have continually exceeded expectations and met all the requirements to be fully deployable. Open service afforded me the opportunity to not only be who I am but also act as an educator and an advocate on behalf of my service members.

In my personal capacity as President of SPART*A [Service Members, Partners, Allies for Respect and Tolerance for All], a nonprofit that supports and educates on behalf—and advocates on behalf of over 800 service members who happen to be transgender, it is my responsibility to know and understand the policies of all five armed services. My team and I have coordinated with policy experts and commanders from each service when there are delays or issues to help them be solved as quickly as possible. We have worked to

eliminate any confusion in the transgender policy, providing practical implementation solutions and emphasizing that good leadership is the key to success.

It was the same with women on submarines. It was the same with Don't Ask, Don't Tell. Good leaders can take a team and make it work. Great leaders mold their teams to exceed expectations because it doesn't matter if you are female or LGBT. What matters is that each member is capable and focused on the mission.

Each time the military has incorporated a minority group, it was met with the same resistance, citing fears about mission accomplishment, unit cohesion, and morale. Each time it was forecast that sexual harassment charges or privacy issues would be rampant. For me, whether it was because of my sex at birth, my sexual orientation, or my gender identity, each accusation has been found completely without merit.

We have busted myths that women can't be submariners, that gays and lesbians will be a detriment to unit cohesion, and that trans service members are incapable of service. Readiness and lethality of our military cannot be maintained by closing the doors to the best and brightest our country has to offer. It just so happens that some of the best and brightest we have to offer happen to be transgender.

[The prepared statement of Commander Dremann can be found in the Appendix on page 56.]

Ms. SPEIER. Thank you very much.

Captain Stehlik.

STATEMENT OF CAPT ALIVIA STEHLIK, U.S. ARMY

Captain STEHLIK. Ma'am, sir, good afternoon; members of the committee, good afternoon. My name is Captain Alivia Stehlik. Ever since I was a kid, I wanted to be in the Army. In 2004 I followed in my dad's footsteps and went to West Point. I graduated from the United States Military Academy in 2008 and commissioned as an infantry officer. I spent nearly 6 years as an infantry officer, as both a platoon leader and a staff officer, and during that time I discovered I had a passion not just for the Army but for taking care of soldiers.

I decided to become an Army physical therapist because I believe that soldiers deserve medical providers who have walked in their shoes, who understand what their life is like and who have lived it. I have.

I have led the long ruck marches. I have spent the long nights out in the field, in the rain, in the cold. I have endured weekend training. I have also earned my Ranger Tab and my Expert Infantry Badge as well as my Airborne and Air Assault Wings. I have lived a soldier's life.

I graduated from the Army's physical therapy program in 2016 and was assigned to the hospital at Fort Carson in Colorado. A year later, I heard that a brigade at Fort Carson would be deploying to Afghanistan and that their current physical therapist wouldn't be able to go because she was pregnant. We had a short discussion and a short time later, we switched places so that I could go to Afghanistan with the unit. The unit otherwise wouldn't have had a physical therapist for that deployment.

Despite my desire to return to an infantry unit, I had some concerns. I had excelled as an infantry officer, earning top marks from my commanders, but I never quite fit in. In 2016 when the ban on transgender service was lifted, I took steps to change that and began my transition. Given that my profession now is one in which I touch every person I meet, I was concerned that my transition might be a problem, that I might be less effective if people were uncomfortable with my life.

This really brings me to the crux of today's hearing, what is the value of having transgender people in the military? Based on my experience both as a combat arms officer and as a medical provider in the United States Army, the answer is unequivocally that my transition, as well as those of so many others, has dramatically increased the readiness and lethality of every branch of the Armed Forces.

I was mentally, emotionally, and physiologically stable throughout my transition and my work performance improved. Within my first 2 months of having a full patient case load as a new therapist, I was exceeding productivity standards for a seasoned therapist. I had only been out and on hormone replacement therapy for 6 months when I attended my branch's Captain's Career Course. Per Army regulations at that time, I passed the PT [physical training] test on male standards, graduated eighth out of 107 and was asked to come back and teach as a guest instructor.

More recently I served as the physical therapist for the Eastern Region of Afghanistan where I treated over 1,700 patients. My care resulted in a less than a 1 percent medical evacuation rate within my brigade from musculoskeletal injuries.

It is clear that my presence in Afghanistan dramatically improved the readiness of my unit, but more than the numbers, I am proud that my soldiers trusted me and knew that I would go out of my way to take care of them. Soldiers matter to me, and they are the ones who will suffer if medical providers and leaders like me are banned from service.

Has my transition made soldiers uncomfortable? Absolutely not. On the contrary, during my recent deployment to Afghanistan, soldiers opened up. They talked to me and told me things they never would have before, things that they said they have never told other people. I asked them why and the consistent answer was that they valued my authenticity, my courage in being myself; it allowed them to do the same thing.

You can imagine how valuable that is both as a consultant to the commander and as a medical provider. I got the ground truth on what was going on both in their personal lives, their medical conditions, as well as the whole of the unit, and was able to relay those things to the commander as well as make better medical decisions for soldiers.

While I was concerned that my presence might feel invasive to other women, I can tell you that they welcomed me into their lives, all of them, and into their living spaces with open arms; I was family.

I returned to the United States from Afghanistan just over a month ago. My experience in Afghanistan has only confirmed what I already knew, that I am a more effective soldier, officer, and

physical therapist having gone through transition. I belong in a combat arms unit taking care of my soldiers. I worked tirelessly to ensure that nothing could jeopardize that, and I continue to do so.

It might be tempting to say that I am the exception but that is simply not true. Transgender service members around the world have done the same thing, add to the readiness and lethality of the United States military. Transgender people should be allowed to join the military. People who are in the military should be allowed to seek health care for whatever issues they might have, whether it is trans related or not, and those of us who are serving openly should be allowed every professional opportunity that every other soldier is.

Thank you for your time and I look forward to your questions.

[The prepared statement of Captain Stehlik can be found in the Appendix on page 63.]

Ms. SPEIER. Thank you, Captain.

Captain Peace.

STATEMENT OF CAPT JENNIFER PEACE, U.S. ARMY

Captain PEACE. Chairwoman Speier, Ranking Member Kelly, and members of the committee, thank you for your time this afternoon. My name is Captain Jennifer Peace. I am a military intelligence officer currently assigned as the executive officer for the Iranian Division of the Defense Intelligence Agency at Joint Base Anacostia-Bolling. I have been in the military for 15 years, 5 of those as an enlisted service member and almost 10 years as a commissioned officer after going through the Officer Candidate Course in 2009.

I was a Noncommissioned Officer of the Year in 2008 at Fort Huachuca, Arizona, and I was the Distinguished Honor Graduate for the Military Intelligence Captain's Career Course. I've had a number of accolades throughout my career but as Captain Stehlik said, I don't consider myself to be an exception—rather, a prime example of what any other transgender service member could do.

My most recent assignment was as a company commander built upon years of experience through deployments to Baghdad, Iraq; Kandahar, Afghanistan; Malaysia; Japan; South Korea; and other locations across the world. When I took command of the Headquarters Company, 189th Infantry Brigade, my brigade commander was asked, is this a social experiment, making a transgender person a company commander? My brigade commander, an infantry colonel, very clearly stated, I do not experiment with command positions. They are too important.

I served as a company commander for 18 months, leading soldiers across the United States to train National Guard and Reserve units for preparing to deploy overseas. I went to the field with my unit. I trained with my unit. We were out for extended time periods in the field, in the deserts of California and the forests of Wisconsin. There were never any issues that arose due to being transgender, and between the time of the initial announcement of open service and in the tweets by the Commander in Chief, the fact that I was transgender never came up. It wasn't something that needed to be discussed and it is only since this issue has arisen again that it has even been talked about in my unit.

I can certainly understand the issues of readiness as a company commander. Readiness and morale were two of my primary concerns as a company commander and what I can tell you is that no one cares about readiness more than a company commander. I will be the first person to kick out a transgender service member if they aren't able to meet the standards, if they are unable to deploy, engage, and destroy the enemies of the United States.

There should be absolutely no adjustment of standards, no different standards for trans people than anyone else in the military; all we are asking for is the opportunity to meet and be held to those exact same standards.

I think it is also important that we disabuse ourselves of the fact that this policy only impacts those who would like to join the military, that it doesn't affect Active Duty trans service members. The first thing that will happen is all those who are currently serving will be locked into their career where they can no longer advance. Enlisted soldiers cannot become warrant officers, they cannot become officers in the United States military. If you are required to leave service for any period, you will not be allowed to rejoin. If there are any programs that you are attempting to get into, such as going to college, that will require you to exit and leave the military even for a period of minutes in order to rejoin and reaccess, you will no longer be allowed to.

But then you also have to look at the fact that now the Commander in Chief, the Vice President, the Secretary of Defense, and the Secretary of State have all said that I am not qualified to serve the United States Army despite my 15 years.

If I am sitting on a board looking at evaluations for promotion, for schooling opportunities, or to invest additional resources into a transgender soldier, am I going to do that knowing that the chain of command at the highest levels had said this person shouldn't be in the military? If I know that the President of the United States is making a concerted effort to kick this member out, am I going to continue to invest my limited time, energy, and resources in allowing this soldier to continue to serve or am I going to let their careers languish as I focus on those who I know will be around tomorrow, due to no fault of their own, due to no limitations that they possess but through the choices of the President of the United States.

I think it is also important to look at how this is going to affect the broader population. Whether deserved or not there is a hero culture that has arisen in the military over the last decade; all of us get thanked for our service and called heroes almost every day that we go out amongst the public.

Officers and noncommissioned officers in the military are regularly rated as some of the most respected professions in the United States, so now if transgender people can no longer join the military, if they can't be awarded Meritorious Service Medals, Purple Hearts, if they can't deploy around the world, if they are told they are not good enough to serve the United States military, then now the entire United States sees trans people as somehow less.

I think it is unfortunate that we are not able to appear in uniform today so that you can see us testifying with our rank and our accolades and speaking from a position of authority in the uniforms

that we wear every day. I think it is unfortunate that we are here in civilian clothes testifying on our own, while the Department of Defense speaking on authority to kick out 15,000 transgender service members, is appearing in those uniforms.

As the executive officer of the Iranian Division I look every day at the threats coming not only from Iran, Russia, North Korea, ISIS [Islamic State of Iraq and Syria], and other non-state actors, China, the numerous threats we face around the world and I know that the Army missed its recruiting goal by 11,000 soldiers across the Reserves, Active, and National Guard last year alone. The Marines, the Navy, and the Air Force barely met their recruiting goals.

I am not sure that this is the time, as we face potential adversaries across the world, that we should be limiting our talent pool to a significant portion of the population who serves at twice the rate as their counterparts.

Thank you for your time this afternoon and I look forward to your questions.

[The prepared statement of Captain Peace can be found in the Appendix on page 71.]

Ms. SPEIER. Thank you, Captain.

Staff Sergeant King.

STATEMENT OF STAFF SERGEANT PATRICIA KING, U.S. ARMY

Sergeant KING. Chairwoman Speier, Ranking Member Kelly, and members of the committee, thank you for being here today. My name is Staff Sergeant Patricia King. I have served in the Army for 19 years, deployed to Afghanistan three times, the first time in 2001 as part of the initial invasion force while participating in Operations Anaconda, Harpoon, and Glock. Over these combat deployments I have earned the Combat Infantry Badge, a device that is highly esteemed within the Army, for actions taken in the Shah-i-Kot Valley, and the Bronze Star during my third deployment for completing 12 months in deployment as a platoon sergeant with no incidents or loss of life. In that time, I led or planned over 400 missions outside the wire as the PSD [personal security detachment] platoon sergeant for the RC [Regional Command] South Region.

I began my gender transition in 2015 and came out to my leaders that March. Since transition, I have served as a squad leader, a platoon sergeant, a division plans NCO [noncommissioned officer], and an operations NCO. In June of 2016 I took control of a Stryker squad at Fort Lewis, Washington. When I first arrived to my platoon, there was no issue of me being transgender; rather, the fact that I was a female was more noticeable. In 2016, I was one of only two women in all of the United States Army infantry. My building, 50 years old and still having asbestos removed at the time, had been built without women's restrooms, much to the chagrin of any spouse that might have visited their soldier during the workday.

Being the creative thinkers that we are, we quickly made flip signs that had a blue male on one side and a pink female on the other. Since I was the "only," the onus was on me to flip the sign when I needed to use the restroom. That pink female sign kind of represented my first few weeks there—wherever I went, I was the pink sign in the room. When I would come in, there would be a

hush that fell over the room for fear of saying the wrong thing. However, it didn't take long before my peers saw past my gender and the only thing that mattered was that I could do my job. I have been an infantryman for over 15 years, I was one of them, I just happened to be a girl.

From the get-go, none of that mattered to the soldiers in my squad. Most of them were 21 years old or younger. People in Generation Z simply aren't worried about trans very much. Much like their iPhones or Facebook, they grew up with trans people in their lives, they watch I Am Jazz, their generation has trans prom queens from Missouri, Florida, and Wisconsin, just to name a few. Laverne Cox is a household name for Generation Z much like we grew up with Laverne and Shirley.

My squad quickly gave me the nickname Squad Mom. For us this was a term of endearment; there had never been a squad mom in the infantry before this. I was given an old Stryker, it happened to be one of the oldest in the Army and one of the worst maintained in our battalion when I received it, and a hodgepodge squad of soldiers, each with different backgrounds from around the world and around the country. But we quickly became a team and I let them know that they were my soldiers and as my mother always says, I only work with stars.

Within a month we made our Stryker the best in battalion. We lived in the motor pool because the Stryker is how we get to work, and as it became the best in battalion, my squad became the most cohesive as we worked together. This is because each of us felt able to bring our whole self to work. There were no secrets, there was no false bravado, there was no hiding. My authenticity inspired that of my soldiers along with strong leadership and hard work and solid training. We built cohesion in a way that I have never seen in my 19 years of service.

That is the value of inclusion, that is the value of having open trans service. From austere conditions in the field to deployed conditions in combat, to life in the barracks, I have witnessed firsthand that troops want strong leaders, leaders who care about them, leaders who can inspire them. They don't care if that soldier is trans; they don't care if the leader is gay or bi, white or black, male or female; and they don't care which bathroom or shower you use. The question that resounds in their mind are, can you do your job and accomplish your mission? Can you put rounds on target in the heat of battle? Can you look out for your troops' best interests? If a soldier-leader can do those things, everything else really doesn't matter.

Thank you for the opportunity to provide my perspective and I look forward to any questions you have.

[The prepared statement of Sergeant King can be found in the Appendix on page 79.]

Ms. SPEIER. Thank you, Staff Sergeant.

Now we are going to hear from Hospital Corpsman Third Class Akira Wyatt.

STATEMENT OF HOSPITAL CORPSMAN AKIRA WYATT, U.S. NAVY

Corpsman WYATT. Good afternoon Chairwoman Speier, Ranking Member Kelly, and members of the committee. My name is Akira Wyatt. I have served in the Navy for 8 years and I am a hospital corpsman third class, Fleet Marine Force, currently stationed at the USMC [United States Marine Corps] Camp Pendleton, California.

I grew up in the Philippines and migrated to the U.S. at the age of 15. My father, a retired U.S. Marine, and my mother showed us that freedom fosters a person's chances for success and in bringing us here, gave us the greatest gift, a chance to achieve high goals and to contribute to society.

The Navy and my Marines has now become my extended family. For the entirety of my service, neither my sexuality nor my gender identity has led to any disruption among my comrades and peers, in fact there has been nothing but positivity. Living our truth has made us all stronger, fully engaged, and more devoted to our duty.

Though I hadn't yet been afforded the opportunity to transition, there was a moment in 2014 that rocked me to my core and at the same time reaffirmed my commitment to serve. In October 2014, PFC [Private First Class] Joseph Scott Pemberton committed a brutal murder of Jennifer Laude when he discovered she was a transgender woman. At that time my ship was docked in Subic Bay contributing to the joint training exercises with Philippine forces. I was briefed that PFC Pemberton was to be escorted to the ship for follow-up on care while in custody of the Philippines police. I had only heard the headline, Marine kills transgender Pinay, and I didn't think much of it.

I was pretty naive until I saw him face-to-face. During his workup, I looked into his eyes and it shook me. As cliché as it may sound, I saw darkness. He felt cold and was without remorse for what he had done. In his presence, I thought it could have been me. I felt the painful moments before Jennifer's death. Regardless, I had a mission, a mission to do as this Marine's corpsman. It doesn't matter who I am, I am here to treat everyone with dignity, respect, and give them the medical care they need. My duty is to be my Marines' doc and that is what I will always do.

Ironically, after the encounter I decided to transition, regardless of the senseless violence that could be directed at me for who I am. I told myself I will transition and I won't be afraid to, even if I might face the same circumstances as Jennifer did that night, even if it comes from the hands of my Marines.

I medically and socially transitioned in 2015. That year I was—I was honored to be hand-selected as one of the two corpsmen to provide high-risk medical care at the 1st Marine Reconnaissance Course. During a field exercise, my 1st Reconnaissance staff sergeant said, "I have never met anyone who has more balls than you, Wyatt. I will deploy to the sands with you and I would trust you with my life." I had enormous support from my superiors and peers. I was described in a fitness report as a sailor who is mission-oriented, focused, and is an inspiring leader, motivator, and is focused on team goals.

My experiences with my Marine and Navy comrades show that unit cohesion and readiness aren't adversely impacted by having a transgender service member included. I formed incredibly tight bonds with the people I have worked with and I would follow them to the ends of the Earth to ensure that they get the critical battlefield care they need from their corpsman to continue to fight. And lastly, Semper Fi and Semper Fortis.

[The prepared statement of Corpsman Wyatt can be found in the Appendix on page 86.]

Ms. SPEIER. Thank you.

Dr. Ehrenfeld.

STATEMENT OF DR. JESSE M. EHRENFELD, MD, MPH

Dr. EHRENFELD. I think I am on. Very good.

Good afternoon Chairwoman Speier and Ranking Member Kelly, members of the subcommittee. It is such an honor to be here today to testify. My name is Dr. Jesse Ehrenfeld. I am a physician testifying in my personal capacity based on my experience as a combat veteran and my background in military medicine and transgender health. I am also the chair-elect of the American Medical Association and the director of the LGBTQ Health Program at the Vanderbilt University School of Medicine in Nashville, Tennessee.

The administration's military transgender policy disqualifies and discriminates against transgender people who are otherwise capable from serving. I have served and worked with transgender members both home and downrange. I have seen firsthand how incredibly courageous, committed, and capable these individuals are. I would like to state unequivocally for the record that there is no medically valid reason, including a diagnosis of gender dysphoria, to exclude transgender individuals from military service. This is the position of most major medical organizations, including the American Medical Association and the American Psychiatric Association, all of whom disagree with the Department of Defense's rationale for a transgender ban.

There is a global medical consensus about the efficacy of transgender health care based on a wide variety and body of peer-reviewed medical research on the effectiveness of transgender medical 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 payers, including Medicare, provide coverage for these services.

A major report noted by Chairwoman Speier earlier by several retired military Surgeons General rejected the Department of Defense's rationale for exclusion concluding that the Department of Defense's 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 Department of Defense's report's conclusions that transgender people aren't fit to serve contradicts 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 today serving our country.

All five military service chiefs of staff testified last year that inclusive policy has caused no readiness issues, rather banning transgender troops harms readiness through forced dishonesty.

In my opinion, the ban on transgender individuals actually harms unit cohesion and effectiveness. This ban discriminates based on who someone is rather than what they can do in their job; it will force transgender troops to be dishonest and hide their true selves and their gender identities.

Policy decisions, which is your responsibility, impacting our service members should be based on science to ensure that the most effective and reliable force is out in the field. There is simply no medical reason, including a diagnosis of gender dysphoria, to exclude transgender people from military service.

Thank you very much.

[The prepared statement of Dr. Ehrenfeld can be found in the Appendix on page 93.]

Ms. SPEIER. Thank you, Doctor.

Again, thank you all for being here today and for sharing your stories with us. They are truly remarkable. And I would like to start by asking each of you, many of you have been deployed multiple times, you have indicated as such in your testimony. Can you tell us some of the highlights of your deployments?

Commander DREMANN. Yes, ma'am. One of my highlights was my second patrol on the USS *Maine* in qualifying as the second qualified female naval officer to qualify in submarines, that moment right there, there is literal blood, sweat, and tears in those dolphins that I proudly wear on my chest every day and those are the highlights. My transition is a backdrop of anything regarding my 11 deployments, whether it is trips to the Philippines, trips to Hong Kong, or just camaraderie of spades in Afghanistan—every Friday night for about 3 hours and a pack of cigarettes. So those are the highlights of my deployments, ma'am.

Ms. SPEIER. Captain Stehlik.

Captain STEHLIK. Ma'am, I was sitting in my desk one day and I—my clinic NCOIC [noncommissioned officer in charge] came over and said, Captain Stehlik, we got a call from some guy out in western Afghanistan, and so I went to answer the phone and the first question I asked was, how do you even know who I am? It turns out it was a Ranger medic assigned to some special forces unit who had heard about me from his friends at a different special forces outpost that I had been invited to, to go take care of those folks. And he said, we heard great things about you and we want you to come take care of us.

I was kind of floored, right, because I came to this deployment wondering how my transition would affect my relationships with soldiers and with command and to have somebody who didn't know me, didn't know my unit, had never met me, and ostensibly knew that I was trans because he found out about me from folks that I had worked with, found my phone number and got a hold of me

to say, can you please come take care of us. That was a pretty remarkable thing to me and while I didn't end up going because it wasn't the most effective use of resources, there was another physical therapist going that way, it was pretty remarkable, and working with soldiers across that country in a deployed setting was absolutely amazing.

Ms. SPEIER. Thank you.

Captain Peace.

Captain PEACE. Ma'am, so my first deployment to Iraq, I actually wasn't called upon to deploy. I had been stationed at Fort Huachuca for a number of years and not deployed yet so I went to our operations and I said, How can I get to Iraq? And the only position that they had open at the time was, I was an electronics maintainer, and this was for instructor of the new intelligence system, the Distributed Common Ground Station for the Army.

And so I went to a school, I learned the system, and I deployed working directly for the Multinational Forces Iraq G2 [intelligence] out of the Perfume Palace, and spent many a night briefing both her and then updating slides for General Odierno at the time to ensure that they knew how the application of the systems was working out in the field with the program manager.

The second deployment, I was stationed in the Arghandab River Valley which is just northwest of the city of Kandahar. We had an IED [improvised explosive device] cell that was emplacing Russian PMN mines—they're small pressure plated mines, they're antipersonnel—they had been modifying them with nails in order to get them to detonate with lower pressure, and we had seen them appearing for weeks and we eventually detained a few people. Myself and one of my soldiers, I was a lieutenant, stayed up for, it must have been 24 hours, working on translating some documents, going through some of the evidence that we had and some of the collection that we had requested and over the next 2 weeks myself and this specialist had gathered up enough intelligence to provide to the infantry soldiers to essentially dismantle an insurgent cell that was operating within northern Kandahar and the Arghandab River Valley, that had already taken life and limb from a number of our soldiers and after those few nights, we never saw any more in our area.

And I think as an intelligence officer, having that kind of impact on those who are out there every day is one of the greatest feelings you can have.

Ms. SPEIER. Thank you.

Staff Sergeant King.

Sergeant KING. In 2002, during the operation that I had mentioned previously, Operation Anaconda, we were waiting for the opportunity to go out and to do our job. When you are an infantryman, it is kind of like being a concert pianist, you spend all of your time practicing—and hoping, in this case, that you never have to go to the concert—but you are ready and you are prepared. Finally, we found out that there had been some issue with some special forces and some Rangers and they needed help from conventional forces so we kitted up and we hopped into a Chinook.

Operation Anaconda took place on the side of mountains and we couldn't be dropped off at the top because it wouldn't be safe, so

the helicopters backed up to the side of the mountain, it is one of the most amazing things you have ever seen, we slid off the back of a helicopter and onto a mountain and then hope you don't fall down. We walked up and down mountains for a couple of days. I remember one of the more surreal moments was we had realized that the Air Force have been dropping some cluster bombs and as a result, as it got dark one night we had to stop where we were, we couldn't afford to move around, we didn't want to step on the wrong rock, if you will.

So I grabbed a rock as a pillow and I made myself comfortable. We took turns pulling security and as I lay down that night, we had a Spectre gunship, which is a big C–130 gunship, circling around, these low, left-hand turns, real slow, and you can hear the engines from it and that was our lullaby, this Spectre gunship, these Air Force pilots who were going to stay and they were going to circle overnight, all night, to keep us safe so that the next morning we would be able to get up and climb back up the mountain again, find more caves, find more of the bad guys to make sure that we would be able to go home and wouldn't have to worry about another 9/11.

More recently, I was asked to be a squad leader in a PSD, a personal security detachment. It didn't take long before downsizing caused me to have to be a platoon sergeant and then halfway through my deployment, we had even more downsizing and I was asked to be the platoon leader; our platoon leader had to leave so I was the platoon leader and platoon sergeant for a 34-soldier personal security detachment, leading 400 missions.

And one of the craziest parts was that it was to protect folks like yourselves. When you are in the PSD for an RC it is so that the generals there and visiting leaders from within Congress and the DOD can come and be safe, so it was one of the biggest responsibilities that I found myself in because every one of those missions was to make sure that people like yourself came home safe but also make sure that my soldiers were. At the end of 400 missions, I have to attribute every bit of the success that we had after that year, to the vigilance of the soldiers that I had and the team that we were able to build over that year, to come home in 2002 after having dealt with the trauma that we had in Operation Anaconda and to compare it to 2014 where we were able to have so much success, it feels good to lead those soldiers and to be so successful.

Ms. SPEIER. Thank you.

Hospital Corpsman Wyatt.

Corpsman WYATT. First of all, Madam Chairman, the opportunity for me to serve with the 1st Marine Division, specifically 2/1 [2nd Battalion, 1st Marine Regiment] and 3/5 [3rd Battalion, 5th Marine Regiment], those are the best highlights of all in my career, and to be able to be a line corpsman for my Marines and to be able to work with Naval Special Warfare Reconnaissance Course, and SOI [School of Infantry] Camp Pendleton.

Ms. SPEIER. Thank you.

Last question, Dr. Ehrenfeld, did I say that right? Thank you.

Can you explain how an individual's transgender status impacts medical readiness and ability to meet standards?

Dr. EHRENFELD. Certainly. It is a wonderful question. Scholars, medical experts, all agree that transition-related care is reliable, safe, and effective, and unfortunately if you read the Department of Defense's Implementation Report there are a number of erroneous assertions and mischaracterizations about the scientific research on mental health and fitness of individuals with dysphoria.

I didn't get a chance to answer my favorite part about deployment but I will tell you a story which is that when I was in Afghanistan toward 2014, serving as a division officer at the Role 3 in Kandahar, I got a call from an Air Force colonel who said, We have a service member I need you to take care of. I said, No problem, ma'am, what is the issue? And she said, Well, the issue is, he is transgender. And I said, Not a problem, we will take care of it. And the thing about that is I was surprised to find a transgender service member deployed with us, given the current policy at that time didn't allow for open service and yet here was this person.

We took care of that individual. He did fine and was able to continue onward but what I will say from that experience is that it is consistent with the Department's own data that 40 percent of service members diagnosed with gender dysphoria deployed to the Middle East, are able to serve and don't have any limitations because of their transgender identity.

Ms. SPEIER. Thank you.

Ranking Member Kelly.

Mr. KELLY. Thank you, Chairman.

And thank you to each of you witnesses for your testimony, again. I had the opportunity to meet with three of the panelists today, and during that meeting we discussed the importance of every service member being able to deploy and Captain Peace I don't know that I can say it any better than you said it, you want your folks to go downrange and when you gave your opening statement earlier, I don't know that I can say it any more succinct so thank you for that statement and I know that you meant it from our earlier discussions and I really appreciate that.

I am hoping that each of you can explain what impact your transition had on your deployability and what your expectations are for other soldiers who are doing the same.

And we'll start with you, Lieutenant Commander.

Commander DREMANN. Yes, sir. So my non-deployability time, during my transition, was at 7 weeks over the course of 3 years and that only includes three medical procedures, none of which happened during a training event, one of which happened in between patrols and before our pre-deployment training time on the submarine. That is less time than a shoulder surgery that is usually elective. They can go on deployment with—needing a shoulder surgery and get it when they come back.

My transition has had zero impact on any deployments, any readiness issues. I have always been available for training, leading my teams, either as a dive officer which I wasn't very good at but they tried to make me good at and or various other training events; I have never missed a single one.

Mr. KELLY. Captain Stehlik. And I am sorry about pronunciations, you know, I don't do those well.

Captain STEHLIK. You are just fine, sir.

Sir, I can tell you that my transition has had absolutely no effects, not only in my ability to deploy, but also in my ability to get work done. When I had to go to therapy for instance as a matter of kind of routine course of care, I was able to rearrange my work schedule to still cover the same number of patients in a week. When I was required to go to an Army school, I managed to do the same thing and do that without having any effect on the timing of that school, and when it came time for me to deploy, there were no issues there, I did all the legwork beforehand to make sure that that wouldn't be a problem and actually sought out the deployment that I wouldn't necessarily have been part of.

Mr. KELLY. Captain Peace.

Captain PEACE. Sir, throughout my transition which was really over a period of 3 years, and this is isn't something that I normally speak about but I think it is important, I had 4 medical procedures and my total non-deployability time was right around 4½ months, 2 months of that over the course of those 3 years was taken on personal leave.

It is important to remember that a single pregnancy from a female averages around 16 months of non-deployability and that can occur multiple times throughout 20 years or more of honorable service.

I think what is important is that it is medical professionals and patients who decide what the most appropriate care and treatment is, but the commanders are brought in to ensure that the treatment occurs when it lines up with unit readiness and mission responsibilities. Things like medical treatment or surgical procedures can absolutely wait until returning from the field, returning from a deployment, occur over holiday leave. There are certainly a lot of accommodations that could be made to ensure that service members are not going and having surgery just before deployment or before a field training exercise to avoid it, but that it is ensured to line up with mission priorities just like we would do from LASIK [eye surgery] or anything else that may put a soldier down for an extended period of time.

Sergeant KING. Ranking Member Kelly, thank you for this question.

My experience is something that highlights how well this can go when leadership, a service member, and a medical team work together. I have had 3 procedures that have been done through the military as part of my transition. The first one was the DOD's first ever vocal feminization surgery and the doctor that did the surgery said, In my opinion this is medically necessary, and in my opinion this is a procedure that I think that we should be able to perform. So he did the first procedure of that kind in the DOD.

I went to my unit and I said, Hey, when is the right time to do this? My commander and I spoke and what we determined was, this procedure that was going to have me unable to speak for about 4 weeks and unable to go to work for about 2, the best time that I could do it that made sense for us was for me to do it right before Christmas time.

As you know, sir, most of the time we have Christmas exodus so by doing this, I shortened the time that I was going to be down because I couldn't speak over Christmas leave, I just used a white-

board to talk to my kids and then the end of January, I was ready to go the field with my unit when we deployed to the field.

Mr. KELLY. You did very well.

Sergeant KING. Yes. Oh, I am sorry, I have just one more example. In the summertime that same year I had a facial feminization surgery. Again, the first one done in the DOD. One of the great things about this is that the doctor afterwards said that this procedure enabled him—he had never done it before and it enabled him to do other procedures after the fact because of the technique he learned.

I did it in the summertime right before our summer block leave. I took 2 weeks of summer vacation and I came back and the week afterwards, I deployed to the field for 45 days.

Mr. KELLY. And I apologize for interrupting you. You can't pause too quick around me, I am pretty, yes, pretty fast moving.

HM3 [Hospital Corpsman, Third Class] Wyatt.

Corpsman WYATT. Thank you, sir. Basically, I was on light duty for 7 days basically, less than what you would get time off for an ankle sprain, and I had my orchiectomy and pretty much I expect the same for everyone, trans service members, that it is mission first and for both future and current service members.

Mr. KELLY. Now, I think it is important, deployability, so I am going to ask you this question, in context and we talked about this with the 3 people who were in there earlier. You know, I still take my PT test in front of my troops because it is important that they see that I either pass or fail—I did a 282 on my last APFT [Army Physical Fitness Test]—but it is important to do that in front of soldiers, it is important to be ready and so I want to ask you, do you agree or disagree—because different medical things, whatever they are, it doesn't matter whether you are talking about a back and we talked about this earlier or a knee, they affect different people.

If people cannot deploy for prolonged periods of time, do you agree or disagree that they should be separated from service if they can't deploy for a long period of time regardless of the reason?

Commander DREMANN. Sir, the current DOD standard is 12 months and if they can't meet that standard then they absolutely should be looked at for separation.

Captain STEHLIK. Sir, I concur and I think that the important point here is that we look at all service members the same, that if you cannot meet the DOD standard of deployability within 12 months for any given medical condition, then you should be separated from service or at least looked at for the same. The point I think that is important is that we aren't trying to set a distinction that if you are transgender there is a different standard.

Mr. KELLY. I agree.

Captain Peace.

Captain PEACE. Sir, I absolutely agree that we should discharge those who are unable to complete the mission and deploy. The only caveat I would make to that is I would have concerns that in bad faith there would be some sort of non-deployability stigma attached to being transgender—if you start hormones, you're not deployable for 12 months—that may not be medically necessary, it may not be grounded in any sort of science, but by proxy it wouldn't allow

trans service members to stay in the military. So I would say as long as there is nothing that is applied to trans service members or trans health care that unnecessarily extends their non-deployability, that I agree.

Sergeant KING. So you know, I am a Master Fitness Trainer, would you trust me to grade your push-ups?

[Laughter.]

Mr. KELLY. Absolutely. This new Army Combat Fitness Test, though, I am not so sure of because I am not sure that I can pull my knees up to my elbows, I am old.

Sergeant KING. As a Master Fitness Trainer, one of the things that we learned in the month of that class is the importance of having the opportunity to recover properly and what we have learned is that proper recovery techniques, proper PT techniques, mean that any soldier, any service member who is training properly, is going to be physically fit and have the opportunity to recover.

Yes, anybody should be held to the same standards within their gender or as we go to a genderless standard and be able to pass and if you can't then absolutely, I have no need for you next to me in combat.

Corpsman WYATT. I do totally agree, sir. We do put a lot of our members who need higher echelon of care for certain injuries into, I am going to use military jargon, LIMDU [limited duty] and then basically be put on Med Board and then, depending on how that is, be either accessioned out or be put for another type of echelon care.

Mr. KELLY. And thank each of you for your testimony here today and your service to this great nation.

And with that I yield back, Chairwoman.

Ms. SPEIER. Thank you. Mr. Gallego.

Mr. GALLEGO. Thank you, Madam Chair. I think we have to uncover some deep truths, the fact that Kelly claims that there is a 282 PFT. I want to know, who is spotting you because that is a good friend.

[Laughter.]

Mr. GALLEGO. I would like to also take a moment to recognize someone that I actually served in Iraq with, that happened to be joined with me; Corporal John Bylone back there was actually with me in Iraq in 2005 is here, so.

I am just going to give a quick statement. Thank you, Chairman Speier.

I had the privilege and distinct honor of hosting Captain Stehlik and Lieutenant Commander Dremann in my office yesterday. I have read the biographies of other service members here today and they are impressive. Their selfless service to the nation is a model for us all. We should all be so lucky to be able to shake hands with these people who have shown such devotion to their country in the face of such animus.

Chair Speier, transgender people have zero impediments to service. They should be treated like any other soldier, sailor, airman, or Marine because they are just that, regular soldiers, sailors, airmen, and Marines. These American heroes want to serve. They are able to serve and they are good at their jobs, let's let them do it.

As someone who actually served in the combat arms of the Marine Corps as an infantryman, it would have been an honor to have served with many of you brave people and I would have entrusted my life to you and this country is lucky to have you and we should continue to make sure to have you. Thank you.

And with that Ms. Chairman, I would like to cede the balance of my time to Ms. Trahan of Massachusetts.

Mrs. TRAHAN. Thank you. I want to thank Chairwoman Speier for prioritizing this hearing. I certainly want to thank all of you for your incredible service, for sharing your stories, and you are qualified, you are good enough, and we are lucky to have you protecting our security.

I know that it was nice to listen to some of the highlights of your service. It would be interesting just because we have all gone through parts of our career where you know, we face difficulties so I would love for you to share with us maybe some of your more difficult times in the military and in that moment, it would be nice to know, was it being transgender that held you back or was it just a difficult time in the military?

Commander DREMANN. Ma'am, thank you for the question. My most difficult time was my third patrol on the submarine. At the time I had been deployed for 7 years straight, and in the middle of my third patrol on the submarine, and I was tired. I was struggling personally, I was struggling professionally, we were in the middle of three different inspections over the course of 70 days. I had lost personnel on my team so I was the senior person within my food service division, I didn't have my senior guy that would normally take care of that a lot for me. It was a difficult time. It was also about the time that I decided that I needed to move forward with my transition.

Being transgender wasn't the reason that I was struggling but it definitely was an additive to the stress of being in the midst of three inspections, being underway and deployed again for a long time, all of which I volunteered for. There was never a point in time where I didn't volunteer for any of my deployments, but you don't turn down those things, so that was the most difficult time but leading that, my transition had no impact in my ability to continue to do the job because we still came home with all our supplies and everybody got fed and we weren't on peanut butter and jelly as we pulled in so we did well. But that was definitely my most difficult time and transition made it a lot easier going forward and reinvigorated my ability to continue to serve.

Mrs. TRAHAN. Thanks.

Captain STEHLIK. Ma'am, typically the Army just tells you where to go and what to do, right, but when I found out that this brigade was going to deploy to Afghanistan without a physical therapist, I had a decision to make and because of my life and the current political environment, I felt like it was important to go actually talk to the unit leadership and ask them if they wanted me on the team because things were a little bit different.

That was probably one of the most challenging moments of my life to walk down to this brigade command office and say, "Hey, here I am. I would love to go to Afghanistan with you to take care of your people but there are some things about me that are dif-

ferent and you have to ask for me; the Army didn't just send me to you and they won't send me to you. I am just up the street and I am willing to switch places with your current therapist so that I can go but you have to say yes, you have to want me," and then after 10 years of the Army just telling me where to go, choosing to make that walk was difficult. And at the end of the day, the only question that they had was, Wait, you want to come to Afghanistan with us?

Mrs. TRAHAN. Yes. Thank you.

Captain PEACE. And I would say that the most difficult times in the military for me have been when there was a lack of policy. Once the Carter policy was in place all the issues went away until they started getting litigated again.

The two lowest points of my career were both when there was no clear policy in place. The first one was when I was with the 7th Infantry Division as their intelligence planner. The chief of staff, a full-bird colonel, called me into his office and said, because he didn't know what to do with me and he wasn't sure what the right answer was, he didn't want me in the male bathroom and he didn't want me in the female bathroom so he instructed me to walk a block or two down the road where there was construction and I was allowed to use port-a-potties out there for the construction workers for a period of months while as a division intelligence officer, I felt like that was not taking care of your soldiers.

The second was when I was on leave. I was actually enjoying a little bit of a vacation, when I woke up to the tweets from the President of the United States of America and I think it was at that moment that I for the first time really questioned, "Why am I still waking up and putting on this uniform when time and time again I am told that I am not able to serve? Why should I wait around to deploy and risk my life again when the people that I am serving do not even want me here?" Ma'am.

Mrs. TRAHAN. Thank you.

Sergeant KING. Ma'am, the most challenging day in my Army career goes back to that same time during Operation Anaconda, carrying a soldier, looking for a helicopter that could land on the side of a mountain and hoping that we got that soldier there in time. It wasn't a soldier from my unit, it was a soldier from a sister unit that had been serving with us, getting that soldier there and wondering if we were going to have enough time and finding out that ultimately, we didn't have enough time.

If I had the opportunity to give back the CIB [Combat Infantry Badge] that I earned during that deployment to have that soldier back, I would every single time.

Mrs. TRAHAN. Thank you.

Corpsman WYATT. Ma'am, for me that would be around the time, like Captain Peace said, basically when the policy wasn't out and there was a lot of uncertainty. I was never judged by my job performance. I was basically in a stand-still, I almost lost faith in my superiors due to the fact that they didn't know what to do with me, they didn't know what was happening, didn't know what to follow, there were no orders up top and regardless of the fact, I still did what I needed to do.

I came into the military to be a medical corpsman, to be a hospital corpsman, regardless of the fact, yes.

Mrs. TRAHAN. Thank you.

You know, we are reminded, while we sit here today and you all reminded us of this in your opening statements that a key component to building trust and unit cohesion is to be authentic, which you all bring that to your jobs each day and you brought it here and I really appreciate all of your testimony and your focus on performance and standards and you know, the treatment that everybody should have to, you know, rise to is really admirable so we are going to set the conditions for you all to thrive. I really thank you for being here today.

And I yield back.

Ms. SPEIER. Thank you.

Mr. Cisneros.

Mr. CISNEROS. Thank you, Madam Chairwoman.

Thank you all for being here today and thank you for serving your country. You know, this is a voluntary service, nobody has to do it; you are doing it because you want to do it.

I had the pleasure of sitting with HM3 Wyatt yesterday in my office and kind of talking about her career.

I am sorry that I missed you, Lieutenant Commander Dremann, it would have been an honor to meet you in person and hopefully we can chat sometime later. But, you know, being a fellow supply officer, I know what you are going through and I know how—the distinguished award, the Batchelder Award, the good work that you have to do in order to win that so congratulations on that.

And congratulations to all of you on your careers.

I just want to go over, Lieutenant Commander, go over something that you kind of said, right, when you decided to transition you felt it made you a better leader, a better officer.

Could you just all kind of talk about that for me, about how the transition has basically helped you not only as an individual but how it has helped your leadership and your career?

Commander DREMANN. Yes, sir. Thank you for that question. The reason that my transition made me a better leader, a better officer is that I was no longer compartmentalizing parts of my life. I was no longer Blake at home and something else at work and with bringing your whole self to work, as we require as someone in the military because the military is not just a job, it is your life and compartmentalizing that part of your life leaves a piece of you not able to contribute to the mission, and our mission requires all of you.

And once I started my transition, I—having one less thing to worry about, I was able to be better at speaking up during meetings, I was a better leader on the watch floor, in the control room on the submarine, a better trainer with my junior officers as I was training the new junior officers that showed up to the submarine—yes, they let the "chop" [supply officer] train the junior nukes how to operate a periscope—so those are the things that you suddenly have the confidence to do because all of you is there and there is nothing that I can say that would make me want to go back to being a person who would sit in the back of the room and wait to be called on rather than stepping up and being a leader in the

room and I think I can point to my transition starting that. The time period of my award for the Batchelder was November 2013 to November 2014 which coincides with starting my transition.

Captain STEHLIK. Sir, you asked how my transition has benefited my career and I think actually that question remains to be seen.

Mr. CISNEROS. Yes.

Captain STEHLIK. I am here today defending my ability, or hopefully my privilege, to remain in uniform and take care of soldiers, so it is possible that my decision to transition has dramatically affected my career for the negative in that I won't be allowed to stay in the military or that I won't be allowed further professional opportunities. So I think that is really how it has affected my career is that we don't know yet——

Mr. CISNEROS. Yes.

Captain STEHLIK [continuing]. That is why we are here.

I think on the other hand my transition has made me a much better physical therapist and it has made me a much better officer. One of my friends once told me, she wrote a book and put this quote in it, that people crave authenticity. We respond to those people who you can tell are being genuine, and I can tell you without question that that has been the overwhelming experience of my transition, is that friends, family, strangers, patients, all come up to me and spill all of the things in their life because somehow me being me, me saying to the world, "Here's who I am, take me as I am," allows them to do the same, allows them the freedom to say, Things aren't okay in my life, but you look like you are doing okay and you are willing to tell the truth so I am going to tell the truth too. I think that makes for a healthier population of soldiers, sailors, airmen, and Marines; it makes for a healthier command climate; it makes commanders make smarter decisions because they have better answers from soldiers. So to me there is no question that it has made me a better officer. I think the question is whether or not it—how it has affected my career.

Ms. SPEIER. The gentleman's time has expired.

Mrs. Davis.

Mrs. DAVIS. Thank you very much, Madam Chair.

And welcome to all of you. I am so glad you are here.

I had the great honor actually to chair this subcommittee throughout Don't Ask, Don't Tell and so having the early hearings was just so important and I think in our communities what we saw was the more people who would come out, basically, and increase the familiarity that people had, that you know, no big deal in many ways which is the way that the military receives this out in the field—of course there were some people who had more difficulty with it but we can't deny that, but I think generally speaking the transition was much smoother than people thought.

And so I just want to thank you because this is important and in many ways you have been on the most courageous journey that most people ever take and it is just good to have you here and talking about this.

What I would like to do is—I was going to ask you some of the questions about the lowest day and the best day that you have had in terms of general experience, and you have had a chance to answer that mainly because we want to get to know you, and what

is it that drives you to be the very best in your military career and also as an individual and you have expressed that very well.

I am just going to turn to Dr. Ehrenfeld for a second because I think there is some confusion about the policies and I am wondering how, and maybe all of you can chime in a little bit, how do you explain to someone who is really questioning what this ban means, you know, you are in the service, you have transitioned, and the fact that you cannot obtain medical help if you join the service, as I understand it, if you join the service and you need to go through that transition. I mean, there are some absolute differences in what is being proposed. Can you very quickly just clarify so that I don't leave with an impression that could be incorrect?

Dr. EHRENFELD. I appreciate the opportunity, ma'am. Thank you so much. The 2016 policy allows transgender people to openly serve and get the same medical care as everyone else which is something that is deeply important to me as a physician. The 2018 policy does just the opposite.

Under the 2016 policy, individuals can transition gender before or during service, if medically necessary, and continue to serve. Under the 2018 policy they simply cannot.

One thing that is really important is that I think a hallmark and a really important part of the 2016 policy is that it treats everyone the same and what you have heard from the panel today is that there is no notion that anyone believes that it is appropriate to reduce the standards for what people should be able to do and I would actually argue that the Department's overall approach has been relatively conservative in the first 2 years of understanding what open service looks like.

One quick example of that is that beginning a course of hormone therapy should not from a medical standpoint require any extended limitations or inability to deploy. The services have been using a 1-year standard. Now the author of the endocrine guidelines which the military has been using actually has stated that a 90-day window is probably sufficient.

Mrs. DAVIS. Yes. okay. Thank you very much.

What do you think people are most worried about?

Captain PEACE. You know, the three big concerns I have always heard are cost, readiness, and morale on units. We have addressed a few of those. A report today came out about cost, whereas over the last 3 years the entire cost of transgender health care in the military has been around $8 million while over the same time period we spent over a billion dollars on the military band and we spent over $240 million on erectile dysfunction medications. So I think that all of those things, the readiness, the cost, the morale issues that we have heard from Don't Ask, Don't Tell all the way to the trans ban, I feel as if all of those are red herrings for a policy that is based in bigotry, that is based in denying a group that people are uncomfortable with at the policy level, at the administrative level of government but not within the military.

It is not a concern in the military. It is not something that you hear about. It is only through the offices here in DC that we hear any of these issues and my only conclusion from that is that they aren't based on people who have served but they're based on people

who have not served in the military and the natural biases that they hold against people they have never met.

Mrs. DAVIS. Yes. Right. I think that is a good point, the familiarity, that not their neighbors, not the people that they invite over for dinner, and that really is an issue that we face in society.

Thank you very much all of you for being here. Appreciate it.

Ms. SPEIER. Thank you.

Ms. Escobar.

Ms. ESCOBAR. Madam Chair, thank you so much for bringing this hearing up and allowing us to participate.

And to everyone on the panel, thank you so much for being here to share your expertise but especially to those of you in service, thank you for your incredible dedication. Thank you for everything that you have done for this country even in the face of what your country has at times done to you.

We are going to have a little bit of an interactive session. If you could—so a part of the concern, Captain Peace you mentioned readiness, that one of the concerns is readiness and that the accusation about transgender service members is somehow that they are unfit for deployment. If you could by a show of hands, who on the panel has deployed overseas? Okay.

And again, show of hands, who is currently eligible for worldwide deployment? Okay.

And then one last interactive question, very plainly put, who here, please raise your hand, believes that this is government-sanctioned discrimination? Thank you.

This is a question for Captain Peace. Captain Peace, you began in enlisted service and you are now an intelligence officer, is that correct?

Captain PEACE. Yes, ma'am.

Ms. ESCOBAR. Okay. Can you tell us in detail about the promotion process required for you to get that role?

Captain PEACE. So in order to become an officer as an enlisted soldier, there is a few ways to do it: you can leave service, go through an ROTC [Reserve Officers' Training Corps] academy at one of the schools and commission through there; you can go Green to Gold which is a process where you stay in the military, go to college and commission; and then there is also the Officer Candidate School which is the route that I took. It requires a selection by a general officer, after reviewing your panel—or your packet and then also sitting through a panel.

Once approved from that you go to Fort Benning for a 12-week intensive course, they test everything, there is multiple physical test, there is multiple tests of military history, of doctrine, of tactics, techniques, troop-leading procedures, a few weeks in the field, land navigation. It is a course to ensure that we only let those who are qualified to lead soldiers into combat that can graduate from.

The concern is that on the very last day of Officer Candidate School, you don't simply commission to become an officer. You actually sign discharge paperwork as an enlisted soldier, and then immediately following that you sign paperwork commissioning as an officer in the United States Army.

That process, that 1-minute window between receiving your discharge paperwork and signing your commission, means that you re-

quire accessions and so if this policy goes into effect, no one who is trans will be able to take the same route that I did or any other route to go from enlisted service member to an officer in the Army.

Ms. ESCOBAR. And aside from what you just described, in terms of the training, in terms of the rigors of what you have achieved, did your gender identity at any point impair your ability to achieve that?

Captain PEACE. Absolutely not in any way have I ever been held back because of my gender identity or my transgender status.

Ms. ESCOBAR. Thank you. I could easily ask each and every one of you a very similar question. I only get 5 minutes. I believe that the bottom line would be the same for each and every one of you, that the rigors of what you have had to go through have proven that you deserve what you have achieved; it is just that the government is trying to prevent you from achieving all that you can.

Thank you very much again for your service. I yield.

Ms. SPEIER. Ms. Haaland.

Ms. HAALAND. Thank you, Chairwoman. And I thank you also for having this hearing.

I am happy to have all of you here. I just first wanted to say to all of you that I am so grateful for your service to our country.

My dad was a 30-year career Marine and my mom was a Navy veteran. I traveled a lot as a kid because of my dad's career and at one point you know, it was probably 10 years ago or something I asked my mom, was she disappointed that none of us—there is four of us, was she disappointed that none of us joined the service, and she said, no, you served your time.

So I understand that as a country all of us should value our veterans and I just want you to know that regardless of what the President says, there are millions of Americans who appreciate the service that you have given to our country and I just want you to know that, that we do appreciate it.

It is not everybody will make a decision to say, I would die for my country because a lot of people wouldn't and I believe if there is one person that isn't fit to serve, we all know who that is right now, because that person devalues things that people want to do to make our country better and to move it forward. And although I can't apologize for that person, I can tell you that I will do everything in my power to make sure that we can bring back some civility and respect to the people who are serving our country so I just wanted you to know that.

My daughter is gay and that doesn't make me more understanding; in fact I didn't even know she was gay and I found out from someone else and I asked her, why didn't you tell me you were gay? And she said, do you think teenagers sit their parents down and tell them they are heterosexual? And I said, probably not. And she said, then why should I have to tell you I am gay?

And I thought, point well taken, right, we should just—everybody should just be who they are and everyone should accept them for that. And I want you to know that I accept you for who you are and I just feel like right now if you try to be someone you are not you wouldn't be as effective and you have pretty much all said that in your testimony and I appreciate you for being so honest. And so I guess I mean, I feel like there is so much discrimination in this

country and like those of us who care deeply about that, that is why we run for Congress, it is one of the reasons why so many of us ran for Congress because we want to make things right for people, for everybody: for trans people; for immigrants; for people who have been marginalized, and I come from a culture of people who are marginalized.

So I apologize for going on but I just wanted you to know that there is so many people who just appreciate your service and I thank you all deeply for that.

I guess I could have one question and that is I mean, you all kind of expressed your—like as a low point in your careers is what you know, is what this last time—this last time when the President tweeted out his tirades of discrimination towards trans service members and how was like how were your peers, how were the people you served with. I mean, how did they come out to support you, like what did you experience from other service members whether they were trans or not? I am just curious what the morale is out there with the people that you are serving with and we can start with, I don't have much time left but Lieutenant Commander——

Commander DREMANN. Yes, ma'am.

Ms. HAALAND. You can answer the question and then I might have to yield.

Commander DREMANN. So in my personal capacity as I stated earlier, I am the president of an organization that supports transgender service members and I work in a mostly civilian organization with military bosses and some military people and the day that that happened, they knew that my leadership with my service members was needed for that day and they sent me home to make sure that I was able to corral my service members, make sure that they were okay, and take care of our transgender service members to ensure that the information, that we calm them down and sent them right back to work because that was what we were called to do that day.

Ms. SPEIER. Thank you, Lieutenant Commander.

Finally, Mr. Brown.

Mr. BROWN. Well, first of all thank you, Madam Chair, for allowing me to participate in today's hearing.

I want to begin by thanking Lieutenant Commander Dremann for inviting me last year to be a speaker at the 7th Annual LGBT Pride Day at the Pentagon and it meant a lot to me.

I want to thank each and every one of you for your service and for your willingness to testify before this committee.

You know, when President Truman signed the executive order desegregating the Armed Forces, he said, whereas it is essential that there be maintained in the Armed Services of the United States the highest standards of democracy, with equality of treatment and opportunity for all those who serve in our country's defense. And then 60 years later in 2008, Secretary of Defense Robert Gates while he was speaking at the anniversary of the signing of that executive order he said, no aspect of black Americans' quest for justice and equality under the law has been nobler than what has been called, "the fight for the right to fight."

You are now engaged, and we are with you, in a very noble fight for the right for all Americans to fight, so I thank you very much.

Look, I spent 30 years in uniform, 5 on Active Duty, another 25 in the Reserves, a year in Iraq. I served with the most patriotic men and women from all four corners of this country: straight and gay; black and white; all faiths; all races; all four corners of this country. We knew each other and as you testified today and shared your experience, all we cared about is whether you could do the job, that is all we care about and it is my experience in the military, just like yours, that leads me to confidently conclude that there should be absolutely no ban, no differentiation, no discrimination against transgender persons who want to serve in the United States military.

And again, I want to thank the Chair for allowing me to participate.

Here is my question. Based on your experience, particularly as you talked about your peers and the reactions from your peers, and also considering that I think all of you served before 2016 as well as after 2016, given that all five military chiefs including the next Chairman of the Joint Chiefs says that transgender service members have not had any effect on readiness, and that 57 retired flag officers say that if you ban transgender service you will actually degrade military readiness, can you describe what the impact would be on a policy as proposed, this 2018 policy proposed, where you would have transgender service members who are serving but are prohibited from transitioning, what kind of impact does that have on morale, and readiness, and unit cohesion?

Captain STEHLIK. Sir, I think that there are a couple things to make clear here and one is that the two policies are very different, right? So currently transgender people can join the military assuming they meet all other standards. Soldiers, and this comes to the point that you are making, soldiers now are allowed to seek care no matter what, whether it is trans related or not.

If the policy changes, soldiers will no longer be allowed to seek care; soldiers, sailors, airmen, and Marines will no longer be able to seek care no matter what because if you go to mental health and say, I am trans, and you get a diagnosis of gender dysphoria, regardless of your job performance under the new policy you are eligible to be terminated. So we are asking service members to start hiding what is actually going on.

When you look at what Secretary Carter said when we changed the policy, he said, we've put commanders in a bad place because they are trying to retain talent and do the right thing by their soldiers but the regulations aren't clear. By moving to this new policy, not only are you going to put commanders back in the same position they were, you are now going to put medical providers in the same position where they have to figure out how do I treat these folks and maybe not actually give them a diagnosis so that they can continue to serve because they are doing a good job.

I think it is risky and not helpful. And I think it makes everybody have to make much more difficult decisions that aren't clear-cut and aren't well regulated which is exactly what the policy that Secretary Carter announced 2 years ago was trying to prevent and to change.

Ms. SPEIER. The gentleman's time has expired.

Let me just conclude this panel by saying that I have been in the House of Representatives now for about 11 years almost and I can't think of a panel of witnesses that have come before this House that I have participated in, that have showed more talent, courage, willingness to put forth a position that is truly appropriate and do so with the kind of clarity and conviction that all of you have done.

You are hopefully going to be part of an education that will allow us to do the right thing. You have shown extraordinary courage. I hope that this House of Representatives shows the same kind of courage to make sure that this bogus policy promoted by the Commander in Chief and only postponed because of a court case, that we show that this bogus policy has no business in the policies of the military or the United States of America. So thank you each and every one of you for the extraordinary service that you provide and for your presentations here today.

Thank you.

And we are now going to take a brief couple of minutes recess and transfer to the second panel.

Thank you all very much.

[Recess.]

Ms. SPEIER. I would like to welcome our second witness panel.

I understand that Mr. Stewart will be making one opening statement for both witnesses. We respectfully ask that you summarize your testimony in 5 minutes or less. Your written comments and statements will be made part of the hearing record.

Our second panel consists of the Honorable James Stewart, performing the duties of the Under Secretary of Defense for Personnel and Readiness at the Department of Defense, and Vice Admiral Raquel Bono, the Director of Defense Health Agency.

With that Mr. Stewart, you can begin.

STATEMENT OF JAMES STEWART, PERFORMING DUTIES OF THE UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS, DEPARTMENT OF DEFENSE; ACCOMPANIED BY VADM RAQUEL C. BONO, USN, DIRECTOR, DEFENSE HEALTH AGENCY

Mr. STEWART. Chairman Speier, Ranking Member Kelly, and members of the subcommittee. I appreciate the opportunity to discuss the important issue of military service by transgender individuals.

Prior to being confirmed as the Assistant Secretary of Defense for Manpower and Reserve Affairs, I served for 37 years in the Active and Reserve Components of the United States Air Force and retired as a major general. As both a service member and a senior civilian official of the Department of Defense, I have greatly appreciated the work of this committee in support of the men and women of the United States military.

Until recently, Department policy and practice precluded the accession and retention of transgender individuals; however in 2016, the Department announced significant changes which made clear that no one could be denied accession or involuntarily discharged from service solely based on gender identity. The 2016 policy allowed service by transgender individuals without a history of gen-

der dysphoria or transition, if they could meet the standards associated with their biological sex to include: medical fitness; physical fitness; body fat; uniform and grooming; berthing and bathroom standards. The 2016 policy also allowed those with a history of gender dysphoria or transition to join the military in their preferred gender so long as they were stable for at least 18 months. Those who were diagnosed while in the military could obtain medical treatment to transition genders. Once transitioned they were granted a categorical accommodation to meet the standards of their preferred gender rather than their biological sex.

In 2017, in consultation with service secretaries and the Chiefs of Staff, then-Secretary Mattis delayed implementation of the 2016 accession standards to conduct a review of his own. It is a common misconception that Secretary Mattis directed this review only after the President publicly announced his desire to return to the pre-2016 policy; that is incorrect. Secretary Mattis ordered a review of this issue nearly a month before the public statement from the President.

Subsequently in 2018 after an extensive review by senior military and civilian leaders, Secretary Mattis adopted a new policy that will do two things: first, it will maintain the 2016 policy of allowing transgender individuals without a history of gender dysphoria or transition to serve if they adhere to all accession, retention, medical standards associated with their biological sex; second, it will end the policy of categorically providing a special accommodation for an individual with a diagnosis or history of gender dysphoria that requires a transition.

Those service members who relied on the 2016 policy for accession or to pursue a gender transition in service will be grandfathered or exempt under the previous policy; the 2018 policy will not apply to them.

The fundamental difference between the 2016 and 2018 policies is that the new policy ends the practice of providing special accommodations for individuals with a history or diagnosis of gender dysphoria and the transition-related treatment. Rather, it approaches the condition in the same manner as the Department manages any serious medical condition for both accession and retention purposes ensuring equal application of military standards to all persons regardless of gender identity.

It does not assume that gender transition is a panacea to the condition and that all treatment options are compatible with military service. This is due to the fact that persons with gender dysphoria suffer from disproportionately higher rates of mental health conditions such as anxiety and depression, substance abuse disorders, and suicidal incidents. Further as the Department has learned, transition care is highly individualistic and require sustained medical monitoring and intervention which can have a direct impact on individual readiness and deployability.

As the Department's report explained at length, gender transition can lead to substantial periods of deployment unavailability, depending on the scope of the treatment. As such, aligning accession and retention standards for gender dysphoria and related treatment to a similarly situated medical condition ensures consistency with other standards that present a potential impact to de-

ployability and force readiness. For example, lessons learned from the implementation of 2016 indicate that 424 treatment plans reviewed, 91.5 percent included hormone treatments which, in the case of the Army and Navy, is deployment-limiting for the first 12 months of treatment.

Before I conclude I would like to address a common criticism levied against the proposed policy. Many have described the policy as a ban on transgender individuals. This characterization is incorrect. To the contrary, the 2018 policy, like the 2016 policy, prohibits a denial of accession or involuntary separation solely on the basis of gender identity so long as transgender persons, even those with a history of gender dysphoria, are willing and able to adhere to the standards associated with their biological sex and have not had disqualifying medical treatments, they may serve, and we definitely welcome them.

It is important to remember that not all persons who identify as transgender have been diagnosed with or have a history of gender dysphoria. According to the American Psychiatric Association, not all transgender people suffer from gender dysphoria and that distinction is important to keep in mind; the Department's data appears to bear this out. For example, 8,900 Active Duty service members identify as transgender according to a 2016 DOD survey, yet as of the 1st of February 2018, only 937 had been diagnosed with gender dysphoria.

In proposing a new policy, the Department is aware that some former officials and military leaders along with advocacy groups and certain medical communities of practice have reached a different judgment on this issue, but as we will discuss today the realities associated with a medical condition called gender dysphoria, and the accommodations required for that gender transition in the military are far more complicated than we may assume.

This has certainly been the Department's experience with the 2016 policy. As a consequence, the Department has concluded based on its best military judgment, that sustaining the 2016 policy for the long-term would degrade military effectiveness, and that adjustments were needed in the 2018 policy.

As new data becomes——

Ms. SPEIER. All right, Mr. Stewart——

Mr. STEWART [continuing]. Available.

Ms. SPEIER. You have exceeded your time by about 2 minutes so can you wrap up please?

Mr. STEWART. Yes, ma'am. I sure can.

As new data becomes available, it better informs our assessment risk. The Department is committed to reviewing that data in depth as it does with all other situations like this condition to inform our future policy considerations.

And Ms. Chairman, thank you very much for your time.

[The prepared statement of Mr. Stewart can be found in the Appendix on page 104.]

Ms. SPEIER. All right, Mr. Kelly.

Mr. KELLY. Thank you, Madam Chairman.

And Mr. Stewart can you describe the research that went into developing the Mattis policy?

Mr. STEWART. So the research that was done, basically if you look at the materials that we provided you, we had the service secretaries and we had all of the vice service chiefs take a look at this particular issue, we had outside medical experts along with military experts, all basically provided information associated with this issue.

Mr. KELLY. And thank you. And is—this is kind of a joint question, so answer them both together. Is the Mattis policy a ban, and we had one of the witnesses testified earlier that said you couldn't temporarily transfer to go to school or be promoted or change branches or those things or be commissioned, are those things true—so is it a ban, and is the statement that people who were grandfathered in can't transfer between branches and those things, is that correct under the Mattis policy?

Mr. STEWART. So the DC Circuit Court of Appeals determined that it is not a ban on transgender persons serving in the military, so that is the first thing.

The second question, sir?

Mr. KELLY. The second question, one of the witnesses testified that you couldn't be commissioned from the Green to Gold, you couldn't transfer to a temporary school that is outside and come back in, if you are grandfathered in. Is that in fact the case or be promoted?

Mr. STEWART. You are grandfathered under the current 2018 policy. Everyone that is currently—has a diagnosis of gender dysphoria will be brought in and they will be grandfathered.

Mr. KELLY. And Vice Admiral Bono, could you explain some of the comorbidities that are associated with gender dysphoria?

Admiral BONO. Yes, sir. Thank you. So the comorbidities that we have seen associated with gender dysphoria are typically depression, suicidal ideation, and anxiety.

Mr. KELLY. And then two other, these are real short answer questions. What is the average period of non-deployability for a service member undergoing gender reassignment?

Admiral BONO. So it depends on the types of procedures they have had. For some—as you heard, some of the panelists talk about, the recovery time is very quick, sometimes just a few weeks from 4 to 6 and sometimes 8 weeks; with some of the more extensive surgery, that can kind of go from 3 to 6 months.

Mr. KELLY. And then Mr. Stewart, final question, how often does the Department of Defense review medical and behavioral health accession and retention standards and what is the process for this review?

Mr. STEWART. Okay. Every 2 years, well actually every 4 years but for this particular instance we will be reviewing it every 2 years. And what we do is basically look at data associated with those individuals that have gender dysphoria and we will basically, if we need to, make adjustments at that time.

Mr. KELLY. And Madam Chairman, I thank the witnesses for being here.

And I yield.

Ms. SPEIER. Thank you, Mr. Kelly.

You know, I am truly astonished by your presentation so I must say, you have just had the opportunity to listen to 5 transgender

service members, 10, 15 years, many of them leaders, many of them deployed multiple times and can you honestly tell us that their service is any less valuable than those of their peers?

Mr. STEWART. I don't think anyone's questioning their service, ma'am.

Ms. SPEIER. Well, but by virtue of having this policy you are questioning the ability of transgender persons to serve.

Mr. STEWART. Ma'am, this policy is not about transgender individuals. This is about a diagnosis. This is about gender dysphoria. We have members out there that are transgenders that are serving in their biological sex, meeting the standards as they are, so——

Ms. SPEIER. So much like Don't Ask, Don't Tell, you can serve if you are transgender but you're going to only be able to serve in your birth gender so you are going to have to hide the fact that you are transgender, you are not going to be able to transition, that is a policy that is you know, belongs in the dark ages, not in a military of the 21st century.

Mr. STEWART. And as far as Don't Ask, Don't Tell—Don't Ask, Don't Tell I believe was not based on a medical condition so this particular policy is written for a medical condition called gender dysphoria.

Ms. SPEIER. So Vice Admiral Bono you referenced that there is this higher percentage of depressions. We already know, in the military generally that we have a serious problem with suicides, so the question I have, all military applicants are screened for suicidality and mental health so trans service members would have to meet those standards, would they not?

Admiral BONO. Yes. For those conditions.

Ms. SPEIER. So to somehow suggest that they suffer from depression would be, they suffer from depression just like other service members may suffer from depression?

Admiral BONO. We do see an association with those conditions with the diagnosis of gender dysphoria, and what we have learned with our transgender individuals is they do have a slightly higher rate of behavioral health visits than non-gender dysphoric service members.

Ms. SPEIER. Mr. Stewart, in your written testimony you cite a single EO [equal opportunity] complaint caused by the presence of a transgender service member. Yes or no, did the Department of Defense perform any systematic surveys or comparisons of the actual experiences of military units with or without transgender personnel?

Mr. STEWART. Well, ma'am, we don't basically——

Ms. SPEIER. Yes or no?

Mr. STEWART. Repeat the question?

Ms. SPEIER. You weren't listening, I guess?

Mr. STEWART. Yes, ma'am.

Ms. SPEIER. Did the Department of Defense perform any systematic surveys or comparisons of the actual experiences of military units with or without transgender personnel?

Mr. STEWART. Not to my knowledge.

Ms. SPEIER. Yes or no, are you aware that the Chairman of the Joint Chiefs of Staff and all four service chiefs testified to Congress

last year that there were no, I repeat, no issues related to cohesion, discipline, or morale due to open transgender service?

Mr. STEWART. So I believe you asked him about the service of transgender individuals, you did not ask him about gender dysphoria.

Ms. SPEIER. Did they all testify that there were no issues related to cohesion and discipline?

Mr. STEWART. Since we don't track transgender individuals it would be tough for them to determine whether this particular situation that we are talking about with a medical condition would apply.

Ms. SPEIER. Have you conducted a study on how many of the commanders of the over 14,700 estimated transgender service members have faced issues of readiness or unit cohesion?

Mr. STEWART. Not to my knowledge.

Ms. SPEIER. You have not? Do commanders at all levels have to constantly deal with medical readiness issues and unit cohesion challenges?

Mr. STEWART. Yes. They do.

Ms. SPEIER. Transgender service members have been serving openly and deploying for the last 2½ years. Many medical conditions such as pregnancy, gall bladder disease, appendicitis, broken bones, make service members temporarily non-deployable. Is that correct?

Mr. STEWART. That is correct.

Ms. SPEIER. And if you are pregnant, there is evidently a 16-month period in which you are not deployable?

Mr. STEWART. I couldn't answer that. Admiral Bono.

Admiral BONO. That is correct.

Ms. SPEIER. That is correct.

So why is the issue of temporary non-deployability of trans service members seen as something different than that of any of the service member with a particular condition?

Mr. STEWART. So the information that we have is that time off or the time away from duty for the Army was about a 167 days, for the Air Force it was about 159. We provide common standards that promote fairness.

Ms. SPEIER. You just heard testimony today from each of the five service members that their time off was de minimis. Many of them did it during holiday breaks, vacation time, 7 weeks, 2 weeks, I mean, that does not reflect the experiences that you are suggesting.

Mr. STEWART. No, ma'am. And basically, we had a panel of experts take a look at this and this is what they came up with.

Ms. SPEIER. Well, did they talk to these five persons?

Mr. STEWART. I am sure they did but I don't know, I wasn't around during that timeframe.

Ms. SPEIER. All right. So if I understand you correctly, Mr. Stewart, under the proposed policy, which is not in effect right now because of the court staying it which allows the 2016 policy to stay in effect, correct?

Mr. STEWART. That is correct.

Ms. SPEIER. But under the new proposed policy, individuals who had gender dysphoria, transitioned genders, and no longer have dysphoria wouldn't be able to join the military. Is that right?

Mr. STEWART. That is correct.

Ms. SPEIER. Doesn't that sound like a ban for a transgender service?

Mr. STEWART. No, ma'am. What it does sound like——

Ms. SPEIER. Sounds like——

Mr. STEWART. It is a——

Ms. SPEIER [continuing]. That to me.

Mr. STEWART. Basically we are being consistent in our handling of a medical condition.

Ms. SPEIER. The reference to a year for hormone therapy, Vice Admiral Bono, according to the testimony by the expert medical professional, he suggested that it was much less than the 1 year that the military is suggesting. Can you speak to that?

Admiral BONO. Yes, ma'am. Thank you. So when we put together the original clinical guidelines, we were using at the time the Endocrine Society's recommendations. This is a very quickly evolving field of care and so it is very possible that other experience now shows that it can be compressed and shorter than a year.

And as Mr. Stewart mentioned, this would be one of those aspects that we would review as we looked at this.

Ms. SPEIER. So when might you do that?

Mr. STEWART. We will probably do it every 2 years, ma'am, as when we go and review policies.

Ms. SPEIER. So when was the last policy, 2018?

Mr. STEWART. Yes, ma'am.

Ms. SPEIER. So it will be 2020?

Mr. STEWART. Yes, ma'am.

Ms. SPEIER. All right.

Ms. Trahan.

Mrs. TRAHAN. Thank you, Madam Chair.

Mr. Stewart, I am going to be quick because I have a lot to cover in my 5 minutes.

First, thank you for your service, I appreciate you being here today.

Before this assignment you were an Air Force Major General, you logged 4,700 hours of flight time in your 37 years in Active Duty and in the Reserves. I am sure the Air Force invested a lot in you and it paid off. Do you know the total cost of training a combat-ready pilot today?

Mr. STEWART. No.

Mrs. TRAHAN. The cost to train a single fifth-generation fighter pilot is approximately $11 million today, and I am sure you are aware of the stunning pilot shortage that we have—1 out of 4 of all Army, Air Force, and Marine Corps billets are empty and today we learned that we missed our recruiting goals. Are you aware of any transgender pilots currently serving openly, and if so how many?

Mr. STEWART. I wouldn't be aware of that because again you have to identify yourself as a transgender. We don't track it in the Department of Defense.

Mrs. TRAHAN. Fair. Would you say that this ban is actually counterproductive to the readiness of the military by hindering our retention ability, given the critical shortages that we already have?

Mr. STEWART. And so, we were dealing with what you are calling a ban, but what we are talking about is a medical condition which we are basically going ahead and making it fair for all as far as accession standards.

Mrs. TRAHAN. Okay. Well, I just want to talk about the cost and our readiness a little bit because there is a risk, as we learned here today, of people who have transitioned, if they leave service not being able to come back and that is an enormous cost to our military and to our readiness.

So despite what the President will have us believe, the medical costs of a transition-related health care, it is actually not making a dent in the Department of Defense's overall healthcare budget. The DOD has spent only $8 million on transgender-related medical costs since 2016. That is only 0.016 percent of one year of the Pentagon's total annual health care spend. So if I am doing my math right, the retraining cost of losing just one transgender military pilot is 3 times more than the entire transition-related care for the military in one year. So my question is and you probably have figured it out, why would the Department of Defense spend more money replacing pilots we can't even afford to lose, when we are already so short on pilots that we are in a readiness crisis?

Mr. STEWART. And so for those individuals there are a waiver available but ultimately the retention piece is a very, very difficult issue as far as retaining them, but we aren't talking about a transgender individual and kicking them out just based on the fact that they are self-identified as a transgender. The whole policy here that we have been looking at is a condition and so ultimately like all medical——

Mrs. TRAHAN. I——

Mr. STEWART [continuing]. Conditions——

Mrs. TRAHAN. I am so sorry, I think the outcomes will be the same. We are actually going to add to the shortage that we already have today and put our readiness at risk but I am going to switch gears.

Vice Admiral Bono, are you aware that the American Medical Association and the American Psychiatric Association, amongst others, have issued statements reflecting the consensus that a transgender ban has no basis in medical evidence or in science?

Admiral BONO. I am aware of those statements, yes, ma'am.

Mrs. TRAHAN. Can you think of any other instance where all major health organizations have issued such a resounding statement on military health policy?

Admiral BONO. Well, I do know that those studies and their statements are out there. One of the things that we have been doing though is following the progress of our own transgender service members and being able to watch to see what their transition and their care encompasses and so much of what we have learned has been based on the care that we have been able to give our transgender service members in the past couple of years.

And that is something that is slightly different from what——

Mrs. TRAHAN. How so, how is it divergent from what the major medical—

Admiral BONO. So thank you, so what we have observed with our transgender service members is their behavioral health visits are

22 visits per person as opposed to 2 for the non-gender dysphoric service members.

We also see a higher rate of suicidal ideation and so we take those things into consideration as we are looking at the data and the statements from those professional societies.

Mrs. TRAHAN. Thank you.

I have got nothing further.

I yield back.

Ms. SPEIER. Ms. Davis.

Mrs. DAVIS. Thank you to both of you for being here.

I wonder, Mr. Stewart, if you could share with us, about how many transgender persons have accessed into the military since January 1st of 2018?

Mr. STEWART. So the individuals with gender dysphoria, we have had since the 1st of January, 12 accessions, 7 have shipped, and we have about 228 applicants out there.

Mrs. DAVIS. Is it 12 accessions?

Mr. STEWART. Yes, ma'am, 12 accessions, 7 have shipped of that 12, and we have 228 applicants.

Mrs. DAVIS. And I know, you are focusing on the dysphoria rather than the transgender, I appreciate——

Mr. STEWART. Yes, ma'am.

Mrs. DAVIS [continuing]. From your desire to——

Mr. STEWART. Please can I say this?

The fact that an individual has served and is a transgender, we don't ask an individual what their gender identity is and so it is difficult for us to go ahead and attract an individual unless they self-identify.

The whole policy here that we have been talking about to date is on a medical condition and that is what we are really focusing this change on, is a medical condition, not a ban on transgender individuals because as all of them have stated here, they all are great Americans and they have served honorably.

Mrs. DAVIS. I think the difficulty is that if there are individuals and we know, we have individuals who want to serve their country, they qualify, they have gone through candidate training school, whatever it is that they have done, that this is to their core something that they want to do, if we say then that they suffer from dysphoria and therefore we cannot have them in the service, what they are seeking is to be transgender. I mean, we are kind of saying you know, it is not like some other medical condition so much but we can have them serve with great dignity and distinction, once they are through the process of dysphoria, correct?

I mean, that is true that they may suffer from that in your eyes, but the fact that they are seeking to change that medical diagnosis——

Mr. STEWART. Yes, ma'am. I understand——

Mrs. DAVIS. As part of a——

Mr. STEWART [continuing]. Your point.

Mrs. DAVIS [continuing]. Service, as part of their ability to go on and serve.

Mr. STEWART. Sure.

Mrs. DAVIS. And to go on and go up the career ladders.

Mr. STEWART. And so ultimately, what we are talking about is accommodation from standards. We have other illnesses—or excuse me, conditions out there that basically do not have the benefits associated with having direct access into the military. So for instance other surgeries that are done out there aren't treated the same as this particular condition which is called gender dysphoria. So if I had a surgery on the outside, it would be disqualifying to bring that individual in under the current standards.

What we have right now with the 2016 accessions standard associated with gender dysphoria is a special case where we have an individual that we can bring in and if they meet our standards for a certain amount of time, then we will bring them on; not the case for say a heart condition or something else.

Mrs. DAVIS. But what we are looking at is the possibility that that will change and that those individuals then would not be able to go on and serve their country, in a way that they have a calling and that they are contributing to our national security.

What is it about that in terms of what is required for them to make that transition, which is a difficult one, but to make the transition, that you find—not you personally but that the agency finds so problematic?

I mean, is it the cost alone? The fact that people are going for more sessions with a therapist, I think what we want is for our military who are serving well to access those services.

Admiral BONO. Yes, ma'am.

Mrs. DAVIS. One of the greatest problems that we have had is that they don't and that they feel that it is not acceptable and what happens, some of them, as we know, commit suicide and their families are affected so greatly by that.

So I think that there is this disconnect that we are talking about where, if we could see that as a transition that is not unlike some other possibilities that people bring to the service, that we would have the benefit of their service because when we go through you know, what is different.

What I am afraid of is that this is sending such a strong message to people who want to serve and who are going to decide that they are not wanted because we are not offering the services that they need. I just don't see that we need to do that.

And I guess the other question very, very—it looks like my time is up. I am sorry but okay well, we will go through, but it sounds like this decision was not one that people took part in and that that is a problem.

Mr. STEWART. They actually were. They had a number of individuals to include the members that are currently serving, transgenders, they also had before the panel of experts both civilian and medical experts that came before them. They had commanders of transgender individuals and so we had a large number of individuals before the panel of experts that were basically looking at all of these issues before coming up with the current policy.

Ms. SPEIER. Mr. Stewart, thank you——

Mr. STEWART. Yes, ma'am.

Ms. SPEIER. Ms. Davis.

Mr. Stewart would you make available to this committee the transcripts of that particular panel discussion please?

Mr. STEWART. So as you know, we have current litigation going on right now—so would that be deliberative process?

Okay. Because I have a legal expert here with me to make sure that we don't mess up our case which is currently in the courts.

As I understand, the deliberative process privilege is what I am being told in the back.

Ms. SPEIER. Maybe you can ask your legal expert to come forward and join you there for a moment. If——

Mr. STEWART. Sure.

Ms. SPEIER [continuing]. You are making—if you have to—through discovery, don't you have to make your information available to the other side?

Mr. HATCH. Yes. there is a requirement that we are in discovery in the litigation. We have—the Department of Justice on behalf of the Department of Defense—has invoked the privilege, the deliberative process privilege, over the details of the materials that were presented to the panel of experts.

Now, there is general information that is made available in the DOD report but the specifics of who recommended what——

Ms. SPEIER. You can redact the names.

Mr. HATCH. Invoked privilege.

Ms. SPEIER. I think that what—you are invoking a privilege but has the court upheld it?

Mr. HATCH. No. It is currently being litigated——

Ms. SPEIER. That is being litigated. All right, presuming that you lose in that regard and that information becomes available to the other side in discovery, then you should be in a position to make it available to this committee?

Mr. HATCH. That has been our position.

Ms. SPEIER. All right. And you will do so, I presume, once that decision is made, if it is made in favor of the plaintiffs in the case?

Mr. HATCH. Again, we are represented by the Department of Justice and they would——

Ms. SPEIER. All right.

Mr. HATCH [continuing]. Make that——

Ms. SPEIER. We'll know where to go.

Mr. HATCH [continuing]. Available.

Ms. SPEIER. Let me just make a couple of points. As I understand it, this is for you, Vice Admiral Bono, right now it is required that trans service members meet weekly with a therapist, is that correct? Whether they need it or not?

Admiral BONO. I am not aware of the treatment plans for each of the transgender service members who are diagnosed with gender dysphoria.

Ms. SPEIER. Well, that is what I have been told, that they are required to meet weekly with a therapist and in some respects, experts are saying that that is likely over-prescription?

Admiral BONO. I am sorry, ma'am. I——

Ms. SPEIER. Maybe, could you look into that——

Admiral BONO. Yes, ma'am.

Ms. SPEIER [continuing]. For us and report back.

[The information referred to can be found in the Appendix on page 121.]

Ms. SPEIER And then I am also being told that gender dysphoria is treated like other highly treatable conditions. There is post-op, patients are stable, and able to serve according to the American Medical Association and the American Psychiatric Association?

Admiral BONO. Yes, ma'am.

Ms. SPEIER. That is the case?

Admiral BONO. Yes, ma'am. The additional thing for our service members however is that, after they have undergone any kind of treatment, there is always a medical assessment to make sure that they are fit for full duty and so we follow all the clinical guidelines from all the different societies that oversee these types of surgeries or any types of surgeries and treatments, because part of the treatment is also nonsurgical, but then our additional assessment for military service members regardless if they are transgender individuals or not is to make sure that they are completely fit for full duty.

Ms. SPEIER. So I think the concern that many of us have is that, if you are going to put a subsequent layer of assessment that is subjective, it could easily be twisted in a manner that could allow for the decision to be made to discharge individuals because they don't meet the subsequent review in addition to what the AMA [American Medical Association] and APA suggest after surgery.

Maybe I am not making myself clear, if a patient has this transition surgery——

Admiral BONO. Yes, ma'am.

Ms. SPEIER [continuing]. And they are stable and are allowed to return to Active Duty and those guidelines are followed that are available through the American Medical Association, what you are saying is in addition to that you do yet another assessment to see if they are——

Admiral BONO. Yes, ma'am. Because part of the service for all of our military personnel is that we have to be immediately deployable at any time, any place, and many of the places that we are sent to are fairly austere or provide fairly rigorous environments.

We just want to make sure that each of our service members are in the best condition to serve and that they are not an additional risk to their own health or to the safety of other service members.

Generally, the guidelines, the clinical guidelines that we follow with the AMA or any other society for a particular procedure, generally that already meets the bar of being fit for full duty. What we then take into consideration is whether or not they will be deploying to places where we may not have all of the medical capability or all of the behavioral health capability, to continue to provide care if that is needed. So our assessment really for fitness for full duty means that they will be able to be deployed without any need for additional care.

Ms. SPEIER. All right. Thank you.

Ms. Escobar.

Ms. ESCOBAR. Thank you, Madam Chair.

Mr. Stewart, I am very curious about this panel and I realize that there are some restrictions on us being able to see any documentation right away, but can you tell me whether to your knowledge were there any dissenting voices on the panel?

Mr. STEWART. I wasn't involved in it so I couldn't answer that.

Ms. ESCOBAR. And it was this panel that drove this policy?

Mr. STEWART. Yes. The panel of experts basically were put together by the Secretary, the Secretary basically got all of these experts together to determine what the policy changes were going to be.

Ultimately the Secretary was concerned about the fact that—the implementation of this policy, and so he called together a panel of experts making sure that we had the right accession policy in place to make sure that it met all of his lethality standards as far as deployment and those kinds of things so.

Ms. ESCOBAR. So one person, it was the Secretary, made the determination about who would serve on the panel, is that your understanding?

Mr. STEWART. As I understand it, the Secretary basically called it together and basically identified who the individuals were going to be.

In the advance materials that I provided to you on page 8 or excuse me 18, will go ahead and really give you a descriptive idea of the panel of experts itself. If you turn to it, it will actually point out to you that the panel consisted of the under secretaries of the military departments, the armed services vice chiefs, the Vice Commandant of the Coast Guard, and senior enlisted advisors, chaired by at that time, the Performing the Duties for the Under Secretary of Defense for Personal Readiness.

Ms. ESCOBAR. And all those individuals work for the Secretary of Defense?

Mr. STEWART. That is correct.

Ms. ESCOBAR. Okay. So the Secretary's subordinates were given direction by the Secretary, I am assuming?

Mr. STEWART. That is true.

Ms. ESCOBAR. Okay. In your testimony the written testimony on page 2, you state, those who were diagnosed with transsexualism while in service would generally be discharged, although typically because they suffered from associated medical conditions such as depression or anxiety that were also a basis for separation. Are depression and anxiety treatable?

Mr. STEWART. They are. Yes, ma'am.

Ms. ESCOBAR. Okay. Can you describe what medical rationale might have gone into this decision?

Mr. STEWART. I would defer to the admiral on the medical side.

Admiral BONO. Thank you. So what we did is, we use the same criteria that we use for the treatment of depression in any service member and so depression or anxiety, we use the same standards for that and that is some stability without the need for additional medication over a period of time.

Ms. ESCOBAR. Is every service member who suffers from depression or anxiety treated in the same way——

Admiral BONO. Yes, ma'am.

Ms. ESCOBAR [continuing]. Essentially, they would be discharged?

Admiral BONO. No, ma'am. Not in that same way. They are treated in the same in that they are evaluated, and then a treatment plan, and then for each service member, being able to be sta-

ble from that diagnosis, then they are allowed to continue their service.

Ms. ESCOBAR. But someone who suffers from the condition gender dysphoria would be treated differently, in the sense that the consequences for their depression and anxiety would mean that they would get a different outcome?

Admiral BONO. So I believe in the new policy, what we are looking at is that there would be a period stability of 36 months if they did have that——

Mr. STEWART. That is correct.

Admiral BONO. The diagnosis of gender dysphoria, so if they did receive treatment and they were stable for 36 months, then they would be considered for accession.

Ms. ESCOBAR. Has there been any evidence of any difficulties in service for transgender service men or service women?

Mr. STEWART. So since we don't really track whether they are a transgender, I mean, that is a self-identified condition. So in other words the only thing that we are basically looking at here is gender dysphoria but we don't track whether a service member is identified or self-identified as a transgender individual so tracking in the Department of Defense, we don't do that.

Ms. ESCOBAR. Well, if the individuals before us today were any indication of the caliber of service member, we are really losing out on an incredibly talented group of patriots.

I have one last question because I have——

Mr. STEWART. Can I answer that—go ahead

Ms. ESCOBAR. My time is running, sorry.

How is this not discrimination?

Mr. STEWART. We are looking at a condition. We are not looking at discriminating against someone who is self-identifies as a transgender individual.

Ms. ESCOBAR. I am out of time.

Ms. SPEIER. Thank you.

Mr. Brown.

Mr. BROWN. Thank you.

Would you please define briefly, gender dysphoria?

Admiral BONO. Yes, sir. Gender dysphoria is a marked incongruence between somebody's identity—gender identity, and their gender assigned at birth.

Mr. BROWN. Right. And you said incongruity?

Admiral BONO. Yes, sir.

Mr. BROWN. And what does that mean?

Admiral BONO. So the incongruity is often times associated with severe distress and an impairment in function.

Mr. BROWN. Okay, fine. So let me ask this question, you have got a cisgender male and a transgender male who has not transitioned, they show up to enlist. Under the proposed policy, both—if the transgender male didn't have gender dysphoria, both could enlist into the military right?

Admiral BONO. Yes.

Mr. STEWART. That is correct.

Mr. BROWN. Now, if three people show up, cisgender, transgender who has undergone transition shows up, can the third per-

son, the transgender male who has undergone transition, can they enlist under the proposed policy?

Mr. STEWART. No.

Mr. BROWN. That is the ban. That is the ban. This——

Mr. STEWART. No, no.

Mr. BROWN. That is——

Mr. STEWART. No——

Mr. BROWN. Hold on, let me explain——

Mr. STEWART. I say no, but anything is waiverable so ultimately no, on the surface——

Mr. BROWN. Okay, no, no, I understand that. I understand that but that is the ban. Yes.

I show up. I say I am a transgender male——

Mr. STEWART. Yes.

Mr. BROWN [continuing]. I get to come in.

Mr. STEWART. No. It is——

Mr. BROWN. But if——

Mr. STEWART. If you identify——

Mr. BROWN [continuing]. I am transgender——

Mr. STEWART [continuing]. As a transgender male, we can——

Mr. BROWN. Hold on, let me——

Mr. STEWART. We don't care——

Mr. BROWN [continuing]. Ask the question. Let me clarify because——

Mr. STEWART. It is the gender dysphoria.

Mr. BROWN. No, no. I am reclaiming my time. Let me re-ask——

Mr. STEWART. Sure.

Mr. BROWN [continuing]. The question. I am a transgender male——

Mr. STEWART. Okay.

Mr. BROWN. I have been through transition——

Mr. STEWART. Yes.

Mr. BROWN. I want to enlist. Can I enlist in the Army?

Mr. STEWART. No.

Mr. BROWN. That is a ban then on a transgender male who has been under transition. That is where your ban is. That is a discrimination.

Because when you undergo, and tell me if I am right or wrong, when you undergo the transition you are addressing gender dysphoria, that incongruency that you mentioned, and the level of anxiety and depression and all those associated morbidities I think you called them, decrease tremendously, is that right?

Admiral BONO. That is correct.

Mr. BROWN. That is correct.

Admiral BONO. The treatment of transition or the transition is the treatment for——

Mr. BROWN. So you have someone who is actually taking the steps to address gender dysphoria and yet they are banned from entering the military, isn't that right?

Yes or no?

Admiral BONO. Yes.

Mr. BROWN. Yes. Okay.

Mr. STEWART. And so what you have said though is, there was surgery done, right?

Mr. BROWN. Look. No, no, the question was answered, yes.
Mr. STEWART. Well, no.
Mr. BROWN. The transition was done.
Mr. STEWART. The transition was done.
Mr. BROWN. Yes.
Mr. STEWART. Ultimately then there was surgery and there were other procedures done associated with that, and so what we are saying is, that we are providing an accommodation for one group of individuals versus another, because if you were to go ahead and provide that individual that opportunity now another individual who has some other type of surgery like heart surgery, something like that, that individual——
Mr. BROWN. I am going to reclaim my time. I am going to reclaim my time because we are not talking about heart surgery and diabetes. We are talking about a group of Americans who identify as transgender.
I have never seen a group of Americans, okay, who are prone due to heart attacks who come lobbying Congress and saying, give us the right to serve even though the risk of heart attack is very great because I have already had three or four. That is mixing apples and oranges and I don't appreciate that.
I hear about special accommodations, The same thing was said about African-Americans when they wanted to enter the Army in an integrated Army in 1948. Same thing was said about gay, lesbian, and bisexual members that wanted to serve and that is where yes, it is like Don't Ask, Don't Tell because there is a difference.
You are a gay, lesbian, bisexual but you don't want to do so in the open, you can serve. You are transgender and only if you agree not to transition, then you can serve. That is just like Don't Ask, Don't Tell.
So this conversation about, well, we don't ask about transgender, we just go for gender dysphoria, and then when someone addresses it, they aren't allowed to come into the military. That is a problem.
I yield back the balance of my time.
Ms. SPEIER. Mr. Brown, thank you.
I would like to just follow up on Mr. Brown's questioning because it would appear that the issue around transgender is this issue around gender dysphoria that is the big concern.
If someone has already had the surgery, has transitioned, the likelihood of gender dysphoria drops dramatically. So to Mr. Brown's question, how could you possibly deny that individual the opportunity to serve if they want to?
Mr. STEWART. And I go back to my earlier statement which is, a surgery that was done, other treatment that was done for that particular individual, that provides an accommodation from standards. We have other individuals that would like to access that basically have other types of surgeries——
Ms. SPEIER. It is a typical——
Mr. STEWART. And so ultimately ma'am, those particular surgeries keep an individual from coming in. I will give you an example, an individual that has, as I mentioned before, a heart condition and basically has had the surgery, if we were to go ahead and let them in—well we don't let them in——

Ms. SPEIER. I know, but you are talking, Mr. Stewart, of a health condition——

Mr. STEWART. And what we are talking about here is a health condition——

Ms. SPEIER. No.

Mr. STEWART [continuing]. Called gender dysphoria. Yes, ma'am?

Ms. SPEIER. No, but they don't have gender dysphoria anymore, they have taken care of it. They have had the transitional surgery.

Mr. STEWART. And so back to my earlier comment, if they have the surgery, other surgeries are disqualifying that we have out there in the accession world.

Admiral BONO. Yes, ma'am, so, there are surgeries——

Ms. SPEIER. You are not helping your case, I regret to tell you, but go ahead, Vice Admiral.

Admiral BONO. Thank you. There are certain surgical procedures or certain surgeries that people have that are already disqualifying for military service and so that is part of the consideration is that there are surgical procedures——

Ms. SPEIER. Can you give us an example?

Admiral BONO. Yes, ma'am. So surgery for cancers, those are disqualifying for coming into the service. We do know that even though somebody may have had a cancer diagnosis and they successfully have the surgery which cures their cancer and they are in remission, by virtue of the fact that they have had that diagnosis and the surgery they are disqualified from military service.

There are other surgical procedures the same way, back surgery is another one, so there is a whole range and in this case the procedure, the surgical procedures for transition are considered disqualifying.

Ms. SPEIER. But it is disqualifying in part because if you had back surgery, the likelihood of you being able to meet the physical standards, or you have cancer and it is in remission but it is potentially going to reoccur may impact your ability to meet the physical standards. If you have had transition surgery and you can meet all the physical standards how can we possibly deny that individual from serving? I think you are in a difficult position——

Mr. KELLY. Madam Chair.

Ms. SPEIER. Yes.

Mr. KELLY. If we could at some point, I have accommodated and went an hour later and I obviously would at some point if we can but there is one condition, if I may comment.

I had an application for West Point a couple of years ago and it happened to be a friend of mine and he had a condition where his child was born—and I don't know, the medical terminology but it was on the bottom instead of the front and that was disqualifying but it was waiver—no, no, not birth—and if you know, the medical term, please tell me so I don't let——

Admiral BONO. Hypospadias?

Mr. KELLY. Yes. And it was disqualifying but there is a waiver for that process——

Ms. SPEIER. Yes.

Mr. KELLY [continuing]. Like there are any medical processes, diabetes or——

Admiral BONO. Yes.

Mr. KELLY [continuing]. Scoliosis or flat feet or sleep apnea, a list of conditions which are disqualifying from entry but there is a waiver for those if you can show that you are completely recovered, is that correct, Vice Admiral——

Admiral BONO. Yes, sir.

Mr. KELLY [continuing]. Bono?

Admiral BONO. Yes, sir. That is correct.

Ms. SPEIER. All right. Is there any further questions?

No. All right.

We want to thank both of our witnesses. Thank all of you for attending.

And this committee hearing stands adjourned.

[Whereupon, at 6:31 p.m., the subcommittee was adjourned.]

A P P E N D I X

FEBRUARY 27, 2019

PREPARED STATEMENTS SUBMITTED FOR THE RECORD

FEBRUARY 27, 2019

Statement of
Representative Jackie Speier

Transgender Service in the Military Policy

Military Personnel Subcommittee
February 27, 2019

The hearing will now come to order. I want to welcome everyone to this hearing of the Military Personnel subcommittee on open transgender service.

I want to thank the active duty transgender servicemembers with us today. Being here in the same room as senior defense department officials, in front of Congress, representing yourselves and your fellow transgender servicemembers, even in your civilian capacities, takes tremendous bravery.

Somehow, testifying in front of Congress is not close to the most courageous thing you all have done.

From a young age, you have made a series of difficult choices in order to live in a way that honors yourselves, your communities, and your country.

Despite living in a nation where many discriminate against you, you made a choice that fewer and fewer Americans make: you joined the military and risked your lives and your family's well-being for our safety.

And how has the administration thanked you? By treating you like a threat and not a resource. By needlessly reversing a successful policy to score political points. By maliciously jeopardizing your careers and trivializing your sacrifice.

14,700 transgender individuals continue to serve ably. They are exceptional, but also exceptionally normal. Like their fellow soldiers, sailors, airmen, and marines, they proudly serve the constitution, our nation, and the commander in chief.

Our five witnesses today have shown uncommon bravery making choices throughout their lives. And today Lieutenant Commander Dremann, Captain Stehlik, Captain Peace, Hospital Corpsman Third Class Wyatt and Staff Sergeant King have made the courageous choice to come advocate for themselves and their peers.

I cannot tell you how much I appreciate your courage, your sacrifices, and your presence. Your example inspires us all.

I feel strongly that any transgender person who can meet standards should be allowed to serve in our armed forces. I believe the transgender service ban is discriminatory, unconstitutional, and self-defeating.

Open transgender service the last two and a half years has been an unequivocal success. When asked by Congress, the five service chiefs indicated that open service has not caused a unit readiness or cohesion problem.

Discharging transgender servicemembers would hamper unit readiness, robbing formations of needed security personnel, intelligence officers, and leaders

without warning. Not allowing transgender servicemembers to join the military would cost us recruits at a time so few are willing to serve.

Telling transgender servicemembers they can serve but not fully express their identities would represent a return to the fraught paranoia of the Don't Ask Don't Tell era. Transgender troops have the right to serve as their full selves and shouldn't have to be stigmatized or live in fear.

Our five witnesses and their peers deserve better than to have bias, misconception, and ignorance end or limit their careers.

Let me tell you a little more about the five witnesses joining us today. They are the subject matter experts who have lived open transgender service and best understand how it affects unit readiness and cohesion.

Lieutenant Commander Blake Dremann has served in the Navy for over 15 years since joining in 2003. He has been recognized for his exemplary service as the recipient of the USS MAINE's Logistics Excellence Award and the 2015 Vice Admiral Robert F. Batchelder Award.

Captain Alivia Stehlik has been serving in the Army for over 10 years since commissioning out of West Point as a second lieutenant in 2008. She served as an infantry officer and completed the Ranger Course. Capt Stehlik deployed to Afghanistan with a Stryker Brigade Combat Team. Her personal awards include the Bronze Star Medal and Meritorious Service Medal.

Captain Jennifer Peace has served for over 15 years since first enlisting in the Army in 2003 and commissioning as an officer in 2009. Through numerous combat deployments to Iraq and Afghanistan and positions of command, she has excelled as an intelligence officer. Now a major select, Capt Peace's personal decorations include the Meritorious Service Medal and Joint Service Commendation Medal.

Hospital Corpsman third class Akira Wyatt emigrated to the United States from the Philippines at age 15. She has served over seven years since enlisting in the U.S. Navy in 2011 and continues to serve as a Corpsman with Marine infantry units. She has deployed numerous times across the globe. Her personal awards include the Navy-Marine Corps Achievement Medal.

And, Staff Sergeant Patricia King, a combat tested infantry soldier who has served 19 years in the United States Army. She has deployed to Afghanistan 3 times and has served all across the globe. Her personal decorations include the Combat Infantrymen's Badge and the Bronze Star.

Thank you all for your contributions to our military and nation. You are the first five transgender servicemembers ever to testify openly in front of the House of Representatives. The first five. And how fitting that you do it not as individuals, but as a team. How just that you can at last represent yourselves and your peers in front of this body.

My colleagues and I need to hear from you, understand your stories, and appreciate what you've done. We have the opportunity to pass legislation, such as the bill I introduced earlier this month, that would allow transgender

servicemembers to join and also serve openly. Congress cannot let the administration's discriminatory impulses win out.

We need to meet you face-to-face. To look you in the eye. To affirm that service by openly transgender troops is normal, it's necessary, and it's just.

Today, I hope some of my colleagues and the Department take advantage of the opportunity to get to know you, to learn about why you're serving and what you've accomplished. This is time to learn and not to peddle in misconceptions, bad science, and bias.

So let's dispel the phony myths.

There is simply no rigorous evidence that transgender servicemembers hamper unit cohesion or readiness.

A consensus of top medical and psychological bodies including the AMA and APA have concluded that gender dysphoria does not pose a barrier to service.

Transgender servicemembers are deployable and effective.

Their sense of duty, patriotism, and courage is no different from the other servicemembers they stand shoulder to shoulder with.

Those are the facts. Our witnesses will be able to illustrate them with their stories and expertise.

Also joining us is Dr. Jesse Ehrenfeld, the Joseph A. Johnson Jr. Distinguished Leadership Professor at the Vanderbilt University School of Medicine. He was elected to the American Medical Association Board of Trustees in 2014. He is a combat veteran who has deployed to Afghanistan. Dr. Ehrenfeld has worked for years to capture and support the lives of LGBTQ people.

Before hearing from our first panel, let me offer Ranking Member Kelly an opportunity to make any opening remarks.

I am Lieutenant Commander Blake Dremann and I am currently assigned as a supply chain manager for DOD's nuclear enterprise. I've served in the Navy for 13 years and deployed 11 times, including five patrols on the USS Denver, one year in Afghanistan with the 101st Airborne, and five strategic deterrent patrols aboard the USS Maine, a ballistic missile submarine.

I've been told three times that something other than my capability to do the job was the reason that I wasn't worthy of an opportunity. First for my gender assigned at birth, second for sexual orientation prior to transition, and third for my gender identity.

In 2010, the Navy changed the policy preventing women from serving on submarines and in 2011, Congress repealed 'Don't Ask, Don't Tell'. This opened the opportunity for me to be selected as one of the first women to integrate submarines and for the first time I did not have to hide my sexual orientation. Each time a mission- or capability-irrelevant barrier was removed, I rose to the occasion. I succeeded as a submariner and was ranked as the top supply officer in the submarine squadron. However, despite all of my success, there was still something amiss and had to change.

I began my transition in 2013, two weeks before my fourth patrol and before policy changed for transgender service members. The next year I was a more confident officer and a better leader. It culminated in my ship being named top boat in the squadron and 2015 I won the Navy League's Batchelder award, given to the top 5 junior officers in the Navy's Supply Corps for contributions to the operational readiness of the fleet. Recently, I served on the Joint Staff at the Pentagon and am now at a Joint logistics command. I have continually exceeded expectations and met all requirements to be fully deployable. Open service afforded me the opportunity to not only be who I am, but also an educator and an advocate on behalf of my service members.

In my personal capacity I also serve as the president of SPARTA, a non-profit that provides peer-support, educates, and advocates on behalf of over 800 service members who happen to be transgender, it is my responsibility to know and understand the policies of all 5 armed services. My team and I have coordinated with policy experts and commanders from each service when there are delays or issues to help resolve them as quickly as possible. We've worked to eliminate confusion in transgender policy, providing practical implementation solutions and emphasizing that good leadership is the key to success. It was the same with women in submarines and the repeal of DADT. Good leaders can take a team and make it work. Great leaders mold their teams to exceed expectations because it doesn't matter if you are female, LGBT. What matters is that each member is capable and focused on the mission.

Each time the military incorporated a minority group it was met with resistance, citing fears about mission accomplishment, unit cohesion, and morale. Each time, it was forecast that sexual harassment charges and privacy issues would be rampant. For me, whether it was because of my sex at birth, my sexual orientation, or my gender identity, each accusation has been found completely without merit. We busted the myths that women can't be submariners, that gay and lesbian service members are a detriment to unit cohesion, and that trans people are incapable of service. Readiness and lethality of our military cannot be maintained by closing doors to the best and brightest this country has to offer. It just so happens that some of the best and brightest happen to be transgender.

Lieutenant Commander Blake Dremann, US Navy

Lieutenant Commander Dremann is a 2003 graduate of Ozark Christian College, earning his Bachelor of Biblical Literature. He is also a 2016 graduate of the Air Command and Staff College Joint Professional Military Education Phase I and is scheduled to graduate with a Masters of Business Administration from Norwich University in June 2019.

He is a native of St. Louis, MO, and earned his commission in March 2006 through Officer Candidate School in Pensacola, FL.

Dremann's operational assignments include: division officer afloat as Food Service Officer, Disbursing Officer and Assistant Supply Officer, USS DENVER (LPD 9); and Supply Officer, USS MAINE (SSBN 741), earning MAINE's second Logistics Excellence Award and recipient of the 2015 Vice Admiral Robert F. Batchelder Award.

His most recent shore assignment was as an Intern, Joint Staff, Logistics Directorate, Washington, DC; where he became the Deputy Branch Chief for Capabilities, was co-lead for the biennial logistics war game and developed new intern training requirements; served an Individual Augmentation tour as Assistant Coordinator, Commander's Emergency Response Program; Combined Joint Task Force - 101, Bagram, Afghanistan; and division officer ashore as Food Service Officer, Billeting Officer, and Sales Officer for Navy Support Facility, Diego Garcia.

LCDR Dremann is assigned as the Deputy Readiness Officer, Nuclear Enterprise Support Office at Defense Logistics Agency, Fort Belvoir, VA.

Dremann's personal decorations include the Defense Meritorious Service Medal, the Joint Service Commendation Medal, the Joint Service Achievement Medal, the Navy and Marine Corps Commendation Medal, and four Navy and Marine Corps Achievement Medals. He is qualified as a Submarine Warfare Supply officer and Surface Warfare Supply officer. In 2018, LCDR Dremann received the Department of Defense Pride Military Leadership Award and was an Out Serve-Service Members Legal Defense Network "Outstanding Advocate" Honoree for their 25th Anniversary.

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Hearing Date: Wednesday, February 27, 2019

Hearing Subject:

Transgender Service in the Military Policy

Witness name: Blake Dremann

Position/Title: LCDR, USN

Capacity in which appearing: (check one)

● Individual ○ Representative

If appearing in a representative capacity, name of the organization or entity represented:

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Organization or entity	Brief description of the fiduciary relationship
SPARTA	Board President

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Good afternoon.

My name is Captain Alivia Stehlik. Since I was a kid, playing on my dad's tanks while he was a company commander, I've wanted to be in the Army. I followed his footsteps, graduating from the United States Military Academy in 2008 as an infantry officer. During my 6 years in the infantry, I earned my ranger tab and my expert infantry badge. I also discovered I had a passion not just for the Army, but also for taking care of Soldiers.

I decided to become an Army physical therapist because I believed that Soldiers deserve medical providers who have walked in their shoes, and I have. I was accepted into the program and graduated in 2016. I was assigned as a staff physical therapist at Fort Carson, Colorado. A year later, I heard that a brigade would be deploying to Afghanistan, and that their physical therapist couldn't go due to her pregnancy. I volunteered to take her place.

Despite my desire to be part of an infantry unit again, I had some concerns. I had excelled as an infantry officer. I performed at a high level, was a team player, and always received top marks from my commanders, but something wasn't quite right. I never quite fit in. In 2017, I took steps to change the situation and began my transition. Given that my profession now is one in which I physically touch every person with whom I interact I was concerned that transition would be a problem; that I might be less effective if people were uncomfortable around me. There is no way to be a good physical therapist at a distance.

I say this because it brings us to the crux of today's hearing: what is the value of having transgender people in the military? Based on my experience as a combat arms officer and medical provider, the answer is unequivocally that my transition and those of so many others has dramatically increased the readiness and lethality of every branch of the Armed Forces.

I remained mentally, emotionally, and physiologically stable throughout my transition. I had only been "out," and on HRT, for 6 months when I attended my branch's captain's career course. Per regulation, I passed the PT test on male standards, was a distinguished honor graduate (#8/107), and was asked to come back and teach as a guest instructor.

Did I make people uncomfortable? No. On the deployment to Afghanistan as a transgender woman, Soldiers opened up. They talked to me, and told me things they would never have before. I asked them why, and the consistent answer was that they valued my authenticity, my courage in being myself. And while I was concerned that my presence might feel invasive to other women, at every turn they welcomed me into their lives and living spaces with open arms. I was part of their family.

I was the physical therapist for the entire eastern region of Afghanistan where I treated over 1700 patients. My care resulted in a less than 1% medical evacuation rate for musculoskeletal injuries. I'm proud of that, and it's clear that my presence in Afghanistan dramatically improved the readiness of my brigade. But more than the numbers, I'm proud that my Soldiers trusted me and knew that I would go out of my way to take care of them. Soldiers matter to me, and it's Soldiers who will miss out on medical providers and leaders like me if a ban on transgender service members goes back into place.

I returned to the United States just over a month ago. Today, I am a more effective Soldier, officer, and therapist having gone through transition. I belong in a combat arms unit, taking care of my Soldiers. I worked tirelessly to ensure that nothing could jeopardize that. It might be tempting to say that I am the exception, but that's simply not true. Transgender service members around the world have done the same thing – add to the readiness and lethality of the United States Military.

Thank you and I look forward to your questions.

Captain Alivia Stehlik

Captain Stehlik graduated from the United States Military Academy at West Point in 2008, earning a bachelor's degree of science in Physics, with honors. While at West Point she also earned her Air Assault wings with distinction, as the distinguished honor graduate of her class. She commissioned as a 2nd Lieutenant in the Infantry. She was assigned to the Infantry School at Fort Benning, Georgia. She attended the Basic Officer Leader's Course II at Fort Sill, Oklahoma before returning to Georgia for her Infantry schooling. She earned her Level 1 Combatives certificate, as well as graduated from the Infantry Basic Officer Leader's Course, the Mechanized Infantry Leader's Course M2A2, Airborne School, and the Ranger Course.

On completion of the Ranger Course, Captain Stehlik served as a Mechanized Infantry Platoon Leader in A Co, 1-72 AR, 1HBCT, 2ID at Camp Casey, ROK. She then served as a Light Infantry Platoon Leader in A Co, 4th BN, 3rd US Infantry (The Old Guard) at Fort McNair, DC and Joint Base Myer-Henderson Hall, VA. Following her time as a platoon leader she served as the Ceremonies Officer for 4th BN, 3rd US Infantry (The Old Guard). She applied for and was accepted to the US Army-Baylor Doctoral Program in Physical Therapy in 2013.

In December 2013, Captain Stehlik reported to Joint Base San Antonio, TX, where she resigned her commission as an Infantry Officer and commissioned as a 1st Lieutenant in the Medical Specialist Corps. She graduated from the US Army-Baylor Doctoral Program in Physical Therapy in 2016 and was assigned to the Physical Therapy Department at Evans Army Community Hospital (ACH) at Fort Carson, CO. During her time at Evans ACH, Captain Stehlik attended the Army Medical Department Captain's Career Course, from which she was a distinguished honor graduate.

In December 2017, Captain Stehlik determined that 1st Stryker Brigade Combat Team, 4th Infantry Division, would likely be deploying to Afghanistan without a physical therapist. She volunteered to move from Evans ACH and became the brigade physical therapist in order to ensure that the Soldiers in the brigade had access to physical therapy services while deployed to Afghanistan. During her deployment, Captain Stehlik distinguished herself by serving not only the Soldiers of her brigade, but also members of several other divisions, multiple Special Forces Groups, other governmental agencies, DA civilians, coalition forces, and third and host country nationals.

Captain Stehlik's military decorations include the Bronze Star Medal, Meritorious Service Medal, Army Commendation Medal with 1 OLC, Army Achievement Medal with 2 OLC, National Defense Service Medal, Afghanistan Campaign Medal with Campaign Star, Global War on Terrorism Service Medal, Army Service Ribbon, Korean Defense Service Medal, Overseas Service Ribbon, NATO Medal, Expert Infantryman's Badge, Ranger Tab, German Proficiency Badge (gold), Airborne Wings, and Air Assault Wings.

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Hearing Date: Wednesday, February 27, 2019

Hearing Subject:

Transgender Service in the Military Policy

Witness name: Alivia Stehlik

Position/Title: Captain, United States Army

Capacity in which appearing: (check one)

● Individual ○ Representative

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My name is Captain Jennifer Peace. I am a Captain in the United States Army currently assigned as the Executive Officer for the Iranian Division of the Defense Intelligence Agency. I have served in the military for fifteen years, five as an enlisted Soldier prior to commissioning in 2009. I have deployed to Baghdad, Iraq, Kandahar, Afghanistan, as well as to Korea, Malayasia and Japan. I was the Noncommissioned Officer of the Year for Fort Huachuca in 2008 and the Distinguished Honor Graduate for the Military Intelligence Captains Career Course. I have served as a primary staff intelligence officer for infantry and armor battalions, and recently as a Company Commander for an Infantry Brigade Headquarters Company. Most recently I was selected to become one of 300 Strategic Intelligence Officers in the US Army and attend the National Intelligence University. I tell you this not to highlight my own success, but to illustrate what all trans service members are capable of- performing at the top of their career fields and contributing significantly to the defense of the nation. This is the quality of Soldiers we are now at risk of losing.

As a Company Commander, two of my primary concerns were the readiness and morale of my unit. I know the impact that non-deployable Soldiers can have on mission accomplishment. Transgender service members are no different than anyone else and should be held to the same standards of readiness. After having medically transitioned myself while serving in deployable brigade combat teams, I can tell everyone here from personal experience that an individual can transition with little to no impact to the unit. Just like with any other Soldier, our medical providers determine what is necessary, but command influences the timeline. With four surgeries and a complete medical transition, I was non-deployable for less time than a single pregnancy.

Morale was just as important during my command. A unit cannot function if individuals do not have trust in their leadership and trust in their fellow Soldiers. If they do not support and take care of each other. If they do not believe in each other's abilities and dedication. I was open as a trans service member when I was in command, and I felt an overwhelming amount of support from my commander, from my first sergeant, from my peers and subordinates alike. I led these Soldiers to the field to train reserve and National Guard troops preparing to deploy. Regardless if we were sleeping in the back of a vehicle in the deserts of California or ensuring everyone had what the supplies required to get through a day in garrison- we took care of each other without a negative word because that is what Soldiers do.

The real impact to readiness is discharging transgender Soldiers. Losing Commanders, Intelligence Officers, medics, pilots, platoon sergeants and other critical skills. That impacts readiness. Excluding a portion of the population when we cannot meet recruiting goals- that impacts readiness. And watching as those who you serve with and respect are told they are no longer welcome in service- that impacts moral. The honorable service of those who are qualified, capable and willing has not and will not.

We should also disabuse ourselves of the notion that this policy would not impact those who currently serve. The stigma attached to anyone who has been declared unfit to serve by the Commander in chief will continuously be at a disadvantage when appearing before promotion boards, schools, and other

accolades and opportunities. Leaders will be disinclined to continue to invest in Soldiers they fear may be discharged at any moment regardless of their performance and against the recommendation of unit commanders. As a commander and as a leader, the accomplishment of my mission and the welfare of my Soldiers are my most important priorities. A ban on transgender service members does not support either of these objectives.

Captain Jennifer Peace, US Army

CPT Peace is a Strategic Intelligence Officer currently serving on the Iranian Division at the Defense Intelligence Agency. She enlisted in the military in 2005 as an Intelligence Electronic Warfare Maintainer and was assigned to the 3rd Military Intelligence Brigade in South Korea. After returning CONUS in 2007, she worked as an instructor at the Advanced Individual Training schoolhouse and as the logistics chief for the Commanding General of Fort Huachuca. In 2008 then SPC Peace was promoted to SGT Peace and deployed to Baghdad, Iraq to work as an intelligence instructor for Multinational Forces- Iraq. She was awarded Noncommissioned Officer of the Year for 2009 at Fort Huachuca, Az.

Upon redeployment, Jennifer Peace was accepted into Officer Candidate School at Fort Benning Georgia where she graduated as the Honor Graduate, earning her commission to 2LT in September of 2009 as a Military Intelligence officer. Her first assignment was as a platoon leader in the 4th Infantry Division at Fort Carson, Colorado. After preparing her unit for deployment, she became the Assistant Battalion Intelligence Officer for 1-67 Armor and deployed to Kandahar Afghanistan. During her tour, she was reassigned to the Brigade Headquarters as the Intelligence Planning Officer for future operations.

In 2013 Jennifer was promoted to the rank of CPT and attended the Military Intelligence Career Course where she graduated as the Distinguished Honor Graduate. She was also selected to attend the Geospatial Intelligence and Signals Intelligence Officer courses. CPT Peace was then assigned as the Primary Intelligence Staff Officer for the 1-17 Infantry Battalion where she deployed to training missions in Malaysia and Japan. She also began medically transitioning at this time and came out as transgender to her unit and publicly in the news media. Having successfully completed an assignment as a Battalion Officer, she was given the opportunity to serve as a Brigade Intelligence Officer, a position reserved for Majors. In this assignment, she led training exercises for reserve and national guard Soldiers preparing for deployment. Following brigade time, she was selected to command Headquarters, 1-89th Infantry Brigade for 18 months. Upon relinquishing command, she was nominated for a position at the Defense Intelligence Agency where she now serves as the Executive Officer for the Iran Division of the Middle East/Africa Regional Center. In January of 2019, CPT Peace was selected for promotion to the rank of Major and be reassigned as a Strategic Intelligence Officer after obtaining her Masters Degree at the National Intelligence University in Bethesda, MD.

CPT Jennifer Peace's military awards include the Meritorious Service Medal, Joint Service Commendation Medal, Army Commendation Medal (5th award), Army Achievement Medal (4th award) and the Air Assault Badge. She has been selected to brief senior military leaders including service chiefs and the Secretary of Defense. She has previously written for CNN and NBC and is featured in the Documentary 'Transmilitary'.

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Hearing Date: Wednesday, February 27, 2019

Hearing Subject:

Transgender Service in the Military Policy

Witness name: Jennifer Morrigan Peace

Position/Title: CPT(P), U.S. Army

Capacity in which appearing: (check one)

● Individual ○ Representative

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SPART*A	Director-at-large, Board of Directors

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3-minute Testimony – SSG Patricia King

Good afternoon Honorable Chairwoman Speier and members of the Committee,

My name is Staff Sergeant Patricia King. I have served in the Army for 19 years, deployed to Afghanistan three times, the first time in 2001 while participating in Operation ANACONDA. Over these combat deployments, I earned the Combat Infantry Badge – a device that is highly esteemed within the Army – for actions taken in the Shah-i-Kot Valley and the Bronze Star during my third deployment. I have been a recruiter, Counter IED instructor, and a deployed Platoon Sergeant during where I led or planned over 400 missions outside the wire with zero incidents or loss of life.

I began my gender transition in 2015 and came out to my leaders that March. Since transition, I served as a Squad Leader, Platoon Sergeant, Division Plans NCO, and Operations NCO. In June of 2016, I took control of a Stryker squad at Fort Lewis, Washington. When I first arrived to my platoon, there was no issue with me being transgender. Rather, the fact that I was a female was more noticeable. In 2016, I was one of only two women in the Army Infantry. My building, 50 years old and still in the process of asbestos removal, had been built without women's restrooms in mind. Being the creative thinkers that we are, we quickly made a flip sign with a blue "male" on one side and pink "female" on the other. Since I was an "only" the onus was on me to flip the sign when I needed to use the restroom. That pink female sign represented my first few weeks there. Wherever I went, I was "the pink sign in the room." However, it didn't take long before my peers saw past my gender and the only thing that mattered was how well I could do my job.

From the get-go, none of that mattered to the Soldiers in my squad. Most of them are 21 years old or younger. People in Generation Z aren't worried about trans people. Much like their iPhones and Facebook, they grew up with people like me in their lives. Their generation has trans prom queens from Missouri, Florida and Wisconsin to name a few. Laverne Cox is a household name for them, much like we grew up with "Laverne & Shirley."

My squad quickly gave me the nickname of "Squad Mom," definitely a term of endearment. I was given an old Stryker, unfortunately the worst one in my battalion as well as a hodgepodge squad of Soldiers, each from different backgrounds around the world. But, we quickly became a team. I let them know that they were MY Soldiers and that I only work with stars. Within a month, we made our Stryker the best in battalion and our squad the most cohesive. This is because each of us felt able to bring our whole self to work. There were no secrets, no false bravado or hiding. My authenticity inspired theirs and that – along with strong leadership, hard work, and solid training – built unit cohesion in a way I have not seen in almost 20 years of service. That is the value of inclusion. That is the value of open trans service.

From austere conditions in the field, to deployed conditions in combat, to life in the barracks... I have witnessed first-hand that troops want strong leaders. Leaders who care for them. Leaders who can inspire them. They don't care if the leaders are transgender. They don't care if the leaders are gay, bi or straight... male or female. They don't care which bathroom or shower you use. The questions that resound for them are: Can you do your job and accomplish the mission? Can you put rounds on target in the heat of battle? Can you look out for your troops' best interests? If a Soldier-Leader can do those well, everything else doesn't really matter.

Thank you for the opportunity to provide my perspective and I welcome any questions you may have.

Staff Sergeant Patricia King, US Army

SSG King is a combat tested infantry soldier having served 19 years in the United States Army. Ms. King grew up on Cape Cod, in Massachusetts, and graduated from Cape Cod Technical High School in 1999. She is the only child of Kenneth and Veronica King.

Joining the Army after graduation, SSG King has been assigned in Vicenza, Italy, Fort Drum, NY, Fort Polk LA, Fort Carson, CO and Fort Lewis, WA. She has deployed to Afghanistan 3 times and has received the Combat Infantrymen's Badge and the Bronze Star.

Ms. King began transition from male to female in January of 2015. She became affiliated with an organization called SPARTA, a transgender led LGBT organization at the forefront for the fight for open transgender service in the military and the country's largest support group tailored specifically for transgender service members. SSG King has served as the Army Chapter leader of SPARTA from 2015-2017.

SSG King has been invited to the Pentagon on several occasions to advise senior leaders on transgender military policy and experiences. In January 2018, she was invited by Congressmen Joseph Kennedy III (D-MA) to attend the State of the Union address. This appearance was meant to bring attention the honorable service of transgender service members throughout the country and abroad.

Ms. King volunteers at both her church and as suicide hotline operator. In 2016, Ms. King graduated with a BS in interdisciplinary studies from Liberty University. She is a parent of two children; Peyton, age 12 and Isaiah, age 11 and currently lives in Tacoma, WA. She is an avid hiker and outdoor enthusiast and a pet owner who enjoys the company of her dogs and cats.

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COMMITTEE ON ARMED SERVICES
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Hearing Date: Wednesday, February 27, 2019

Hearing Subject:

Transgender Service in the Military Policy

Witness name: Patricia E King

Position/Title: Staff Sergeant, US Army

Capacity in which appearing: (check one)

● Individual ○ Representative

If appearing in a representative capacity, name of the organization or entity represented:

Federal Contract or Grant Information: If you or the entity you represent before the Committee on Armed Services has contracts (including subcontracts) or grants (including subgrants) with the federal government, received during the current and two previous calendar years and related to the subject matter of the hearing, please provide the following information:

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Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant

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My name is Akira Wyatt. I have served in the Navy for 8 years and am Hospital Corpsman 3rd class-Fleet Marine Force currently stationed at U.S Marine Corps base Camp Pendleton. I grew up in the Philippines and migrated to the U.S. at the age of 15. My father, a retired U.S. Marine, and my mother showed us that freedom fosters a person's chances for success and in bringing us here gave us the greatest gift: a chance to achieve high goals and to contribute to society.

The military has now become my extended family. For the entirety of my service, neither my sexuality nor my gender identity has led to any disruption among my comrades and peers. In fact, there's been nothing but positivity. Living our truths has made us all stronger and more devoted to our duty, with no secrets to hide behind we can be fully engaged.

Though I hadn't yet been afforded the opportunity to transition, there was a moment in 2014 that rocked me to my core and at the same time reaffirmed my commitment to service. In October 2014, PFC Joseph Scott Pemberton committed a brutal murder of Jennifer Laude when he discovered she was a transgender woman. At the time, my ship in Subic Bay contributing to joint training with Philippine forces. On sickbay duty, I was briefed that PFC Pemberton was to be escorted to the ship for follow up on care while in custody of the Philippine Police. I had only heard the headline "Marine kills transgender Pinay" and didn't think much of the visit. I was pretty naïve until I saw him face to face. During his work up, I looked into his eyes and it shook me. Cliché as it may sound, I saw darkness. He felt cold and was without remorse for what he had done. In his presence, I thought it could have been me and I felt the painful moments before Jennifer's death. Regardless, I had a mission to do as this marine's corpsman. It doesn't matter who I am, I'm here to treat everyone with the dignity, respect, and medical care they need. My duty is to be my Marine's "doc" and that is what I will always do.

Ironically, after that encounter I decided to transition regardless of the senseless violence that could be directed at me for who I am. I told myself I will transition and I won't be afraid to, even if I might face the same circumstances as Jennifer did that night… even if it comes from the hands of my marines.

I medically and socially transitioned in 2015. That year I was honored to be hand selected as 1 of the 2 corpsman to provide high-risk medical care at the 1st Marine Reconnaissance Course. During a field exercise, my Staff Sergeant said "I've never met someone who has more balls than you, Wyatt. I would deploy anywhere with you. I trust you with my life" I had enormous support from my superiors and peers. I was described in fitness reports as "A sailor who is mission oriented and focused, is an inspiring leader and motivator, and is focused on team goals".

My experiences with my Marine and Navy comrades show that unit cohesion and readiness are not adversely impacted by having a transgender service member included. I've formed incredibly tight bonds with the people I've worked with and I would follow them to the ends of the Earth to ensure they get the critical battlefield care they need to continue the fight.

HM3 Akira Wyatt, US Navy

Hospital Corpsman Petty Officer 3rd class (Fleet Marine Force/8404) Wyatt is a Filipino-American who at age 15, migrated to the United States from native Cebu, Philippines. HM3 Wyatt enlisted in the United States Navy in May 2011 at Bellevue, Nebraska local Recruiting Office and attended Basic Training at Recruit Training Command in Great Lakes, Illinois. Follow up training Included initial Medical Education and Training at Medicine Training Support Center in San Antonio, Texas. As well as Field Medical Training Course in Camp Pendleton, CA.

Ending 2011, HM3 Wyatt was assigned to the 1st Marine Division at Camp Pendleton, California. In 2012, she was assigned to the 1st Regiment 2nd Battalion, 1st Marines where she then completed a USMC Mountain Walfare training and a deployment to USPACOM as part of the 31st Marine Expeditionary Deployment. Jointly with Philippines-U.S Amphibious Landing Exercise (PHIBLEX) and while onboard USS Bonhomme Richard, HM3 Wyatt participated in shipboard medical and educational training for sailors and marines. Upon completion of her deployment, HM3 Wyatt transferred to the 5th Regiment 3rd Battalion, 5th Marines in October 2013. Wherein, 2014 deployed to another 31st MEU Deployment. She Participated in 3- Mojave's viper exercises in 29 palms dessert, alongside attached I MEF augmentee units as lead medical ambulance and corpsman response team within 2 years of attachment to infantry units.

In November 2015, HM3 Wyatt reported to the Naval Hospital Camp Pendleton 52 Area Branch Clinic alongside School Of Infantry Command West (SOI west) and BRC (Basic Reconnaissance Course- I MEF). Her primary duties included providing medical and educational needs for Marine Corps instructors/staff and students during operational field exercises and their families. HM3 Wyatt is a part of the Naval Hospital LGBT Awareness Initiative Group that promotes awareness, patient safety, and cultural competency, to bridge the gap on disparity between medical staff and LGBT patients to become inclusive and to work cohesively and harmoniously.

Her various awards include the 2-Navy-Marine Corps Achievement Medal and Fleet Marine Force (8404) designation, a 3-Good Conduct Medal, 2 Sea Service Deployment ribbons along with various unit level awards and civilian recognitions

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Hearing Date: Wednesday, February 27, 2019

Hearing Subject:

Transgender Service in the Military Policy

Witness name: AKIRA R WYATT

Position/Title: HOSPITAL CORPSMAN 3RD CLASS/E4/HM

Capacity in which appearing: (check one)

● Individual ○ Representative

If appearing in a representative capacity, name of the organization or entity represented:

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Testimony

of

Jesse M. Ehrenfeld, MD, MPH

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.

CURRICULUM VITAE

Jesse M. Ehrenfeld, M.D., M.P.H., FAMIA, FASA

Office Address:	Department of Anesthesiology Vanderbilt University Medical Center 1301 Medical Center Drive, TVC 4648 Nashville, TN 37232
Work Phone:	(615) 936-5194
Work Facsimile:	(615) 936-6493
Work Email:	jesse.ehrenfeld@vanderbilt.edu

Place of Birth:	Wilmington, Delaware, USA
Military Service:	Commander, U.S. Navy Medical Corps (2008-2018)
Veteran Status:	Combat Veteran, Operation Enduring Freedom (2014) Combat Veteran, Resolute Support Mission (2015)

Education:

1992-1996	Phillips Academy Andover, Andover, MA
1996-2000	B.S., Haverford College, Haverford, Pennsylvania
2000-2004	M.D., University of Chicago - Pritzker School of Medicine, Chicago, Illinois
2008	Summer Program in Clinical Effectiveness, Harvard University School of Public Health, Boston, Massachusetts
2008-2009	Masters of Public Health, Harvard University School of Public Health, Boston, Massachusetts

Postdoctoral Training:

6/2004 – 6/2005	Internship in Medicine, Department of Medicine, Massachusetts General Hospital, Boston, Massachusetts
6/2005 – 8/2005	Research Fellowship in Anesthesia, Department of Anesthesia, Critical Care and Pain Medicine, Massachusetts General Hospital, Boston, Massachusetts
8/2005 – 8/2008	Resident in Anesthesiology, Department of Anesthesia, Critical Care and Pain Medicine, Massachusetts General Hospital, Boston, Massachusetts
8/2008 – 8/2010	Research Fellowship in Anesthesia Informatics, Department of Anesthesia, Critical Care and Pain Medicine, Massachusetts General Hospital, Boston, Massachusetts

Medical Licensure and Certification:

2003	Emergency Medical Technician License (License #131262)
2004	Advanced Cardiac Life Support
2007	Neonatal Resuscitation Program
2008	Full Medical License, Commonwealth of Massachusetts (License #235285)
2008	Full Medical License, State of Delaware (License # C1-0008697)
2008	Federal DEA Registration

2008	Full Medical License, United States Navy Medicine Support Command
2009	Board Certification in Anesthesiology, American Board of Anesthesiology (Certificate #44560)
2010	Full Medical License, State of Tennessee (License #46274)
2013	Pediatric Advanced Life Support
2013	Board Certification in Clinical Informatics, American Board of Preventive Medicine (Certificate #70251)
2013	Advanced Trauma Life Support

Academic Appointments:

Instructor in Anesthesia, Department of Anesthesia, Critical Care and Pain Medicine, Harvard Medical School, 2008
Assistant Professor, Department of Anesthesia, Critical Care and Pain Medicine, Harvard Medical School, 2010
Assistant Professor, Department of Anesthesiology, Vanderbilt University Medical School, 2010-2012
Assistant Professor, Department of Biomedical Informatics, Vanderbilt University Medical School, 2010-2012
Visiting Researcher, Norwegian University of Science and Technology, Trondheim, Norway, 2011
Faculty, The Public Squared, Public Policy Strategy Institute, Washington, DC, 2011 - present
Associate Professor, Department of Anesthesiology, Vanderbilt University Medical School, 2012-2017
Associate Professor, Department of Surgery, Vanderbilt University Medical School, 2012-2017
Associate Professor, Department of Biomedical Informatics, Vanderbilt University Medical School, 2012-2017
Associate Professor, Department of Health Policy, Vanderbilt University Medical School, 2014-2017
Adjunct Professor, Department of Surgery, Uniformed Services University, 2015-present
Professor, Department of Anesthesiology, Vanderbilt University Medical School, 2017-present
Professor, Department of Surgery, Vanderbilt University Medical School, 2017- present
Professor, Department of Biomedical Informatics, Vanderbilt University Medical School, 2017- present
Professor, Department of Health Policy, Vanderbilt University Medical School, 2017- present
Joseph A. Johnson, Jr., Distinguished Leadership Professor, 2018 - present

Hospital Appointments:

Assistant in Anesthesia, Department of Anesthesia, Critical Care and Pain Medicine, Massachusetts General Hospital, 2008-2010
Assistant Anesthetist, Department of Anesthesia, Critical Care and Pain Medicine, Massachusetts General Hospital, 2010
Staff Anesthesiologist, Vanderbilt University Medical Center, Nashville, Tennessee, 2010-present
Staff Anesthesiologist, NATO Role III Multinational Medical Unit, Kandahar, Afghanistan, 2014-2015

Major Educational Leadership Positions:

2008-2010	Institutional Site Mentor, Albert Schweitzer Fellowship Program	Massachusetts General Hospital
2009-2010	Director, Anesthesia Informatics Fellowship	Massachusetts General Hospital
2010-present	Faculty Affiliate Advisor	Vanderbilt University School of Medicine - Gabbe College
2010-present	Director, Monthly Anesthesia Informatics Seminar	Vanderbilt University Medical Center

Note: Dr. Ehrenfeld's curriculum vitae has been excerpted due to length; the complete curriculum vitae is retained in subcommittee files and can be viewed upon request.

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Hearing Date: Wednesday, February 27, 2019

Hearing Subject:

Transgender Service in the Military Policy

Witness name: Jesse M. Ehrenfeld, MD

Position/Title: Professor, Vanderbilt University School of Medicine; Former Commander, U.S. Navy Medical Corps

Capacity in which appearing: (check one)

● Individual ○ Representative

If appearing in a representative capacity, name of the organization or entity represented:

Federal Contract or Grant Information: If you or the entity you represent before the Committee on Armed Services has contracts (including subcontracts) or grants (including subgrants) with the federal government, received during the current and two previous calendar years and related to the subject matter of the hearing, please provide the following information:

2019

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant

2018

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant

2017

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant

Foreign Government Contract or Payment Information: If you or the entity you represent before the Committee on Armed Services has contracts (including subcontracts or subgrants) or payments originating from a foreign government, received during the current and two previous calendar years and related to the subject matter of the hearing, please provide the following information:

2019

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract or payment

2018

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract or payment

2017

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract or payment

Fiduciary Relationships: If you are a fiduciary of any organization or entity that may have an interest in the subject matter of the hearing, please provide the following information:

Organization or entity	Brief description of the fiduciary relationship
American Medical Association	Chair-Elect, Board of Trustees

Organization or Entity Contract, Grant or Payment Information: If you or the entity you represent before the Committee on Armed Services has contracts or grants (including subcontracts or subgrants) or payments originating from an organization or entity, whether public or private, that has a material interest in the subject matter of the hearing, received during the current and two previous calendar years, please provide the following information:

2019

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant or payment

2018

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant or payment

2017

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant or payment

NOT FOR PUBLICATION UNTIL RELEASED BY THE COMMITTEE

Prepared Statement

of

The Honorable James N. Stewart

Assistant Secretary of Defense for Manpower and Reserve Affairs, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

REGARDING

Transgender Policy

BEFORE THE HOUSE ARMED SERVICES COMMITTEE

SUBCOMMITTEE ON MILITARY PERSONNEL

February 27, 2019

NOT FOR PUBLICATION UNTIL RELEASED BY THE COMMITTEE

DISCLAIMER: THIS TESTIMONY/OPENING STATEMENT IS SUBJECT TO REVISION PENDING THE OUTCOME OF ONGOING LITIGATION, A CHANGE IN WHICH MAY OCCUR SHORTLY BEFORE THE DATE OF THIS HEARING.

Opening Remarks

Chairwoman Speier, Ranking Member Kelly, and Members of the Subcommittee, I appreciate the opportunity to discuss the very important issue of military service by transgender persons. In my remarks today, I will provide a brief overview of the history of this issue; I will examine the differences between the current court-imposed policy and the proposed new policy approved by then-Secretary Mattis; and I will address some common criticisms of the proposed policy. Before I begin, however, it is important to bear in mind that the Department of Defense is currently under a court order that effectively requires the Department to maintain the current policy. The proposed new policy has not been implemented due to injunctions issued by federal courts in four lawsuits.[1] The D.C. Circuit Court of Appeals recently vacated one of the injunctions,[2] and the Supreme Court stayed two others.[3] The Department is currently seeking relief from the sole remaining injunction so that it may move forward with the new policy.[4]

History of Policies Concerning Transgender Persons

Until recently, Department policy had long generally excluded transgender persons from military service. For decades, military accessions standards disqualified persons with a history of "transsexualism," including those who had undergone a medical or surgical gender transition, from joining the military, unless a waiver was granted. Those who were diagnosed with "transsexualism" while in service would generally be discharged, although typically because

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[1] *Doe v. Shanahan*, No. 17-cv-1597 (D.D.C.), ECF No. 60 (Oct. 30, 2017); *Stone v. Trump*, No. 17-cv-02459 (D. Md.), ECF No. 84 (Nov. 21, 2017); *Karnoski v. Trump*, No. 17-cv-1297 (W.D. Wash.), ECF No. 103 (Dec. 11, 2017); *Stockman* v. *Trump*, No. 17-cv-1799 (C.D. Cal.), ECF No. 79 (Dec. 22, 2017).

[2] *Doe 2 v. Shanahan*, No. 18-5257, 2019 WL 102309 (D.C. Cir. Jan. 4, 2019).

[3] *See Trump v. Karnoski*, No. 18A625 (Jan. 22, 2019); *Trump v. Stockman*, 18A625 (Jan. 22, 2019).

[4] *Stone v. Trump*, No. 17-cv-02459 (D. Md.), ECF No. 234 (Jan. 24, 2019) (Defendants' Motion to Stay the Preliminary Injunction and Request for Expedited Ruling).

they suffered from associated medical conditions, such as depression or anxiety, that were also a basis for separation.[5]

In 2016, the Department announced significant changes to longstanding policy on military service by transgender persons.[6] First, the Department made clear that no one could be discharged or denied enlistment solely on the basis of gender identity. In so doing, the Department ended what had long been regarded as a general prohibition or "ban" on military service by transgender persons. This change of policy allowed transgender persons without a diagnosis or history of gender dysphoria or history of gender transition—a medical treatment for gender dysphoria—to serve if they could meet and adhere to the accession, retention, and sex-based standards associated with their biological sex, including medical fitness, physical fitness, body fat, uniform and grooming, and berthing, bathroom, and shower standards. Gender dysphoria is a medical condition arising from an incongruence between a person's gender identity and biological sex and can be treated through psychotherapy and/or gender transition, which can include living socially in one's preferred gender (but without any biological changes), cross-sex hormone therapy, or sex-reassignment surgery. Second, the Department determined that persons with a diagnosis or history of gender dysphoria or a history of gender transition were presumptively disqualified from joining the military because gender dysphoria is associated with clinically significant distress or impairment of functioning. The Department nevertheless provided certain accommodations to those with a history or diagnosis of gender dysphoria so that, under certain conditions, they could serve according to the standards associated with their preferred gender. For example, persons with a history of gender dysphoria who had transitioned genders could join the military in their preferred gender without a waiver so long as they had been stable for at least 18 months. Similarly, Service members who were diagnosed with gender dysphoria while in the military could obtain medical treatment to transition genders. Once their transition was complete, they would be permitted to adhere to the sex-based standards associated

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[5] *See* Department of Defense Report and Recommendations on Military Service by Transgender Persons, February 2018 ("DoD Report"), pp. 7-11.

[6] *See* Memorandum from Ashton Carter, Secretary of Defense, "Directive-type Memorandum (DTM) 16-005, 'Military Service of Transgender Service Members,'" June 30, 2016 ("DTM 16-005").

with their preferred gender, rather than with their biological sex.[7] Under this policy, persons who have been diagnosed and treated for gender dysphoria need not undergo cross-sex hormone therapy, sex-reassignment surgery, or any other physical changes to be recognized and treated in accordance with their preferred gender. In general, most transitioning persons receive cross-sex hormone therapy, while a small number obtain sex-reassignment surgeries or prefer to transition socially without any physical changes.

In 2017, after consultation with the Service Secretaries and Service Chiefs of Staff, then-Secretary Mattis delayed implementation of the 2016 policy's accession standards in order to conduct a review of their impact on readiness and lethality.[8] It is a common misconception that then-Secretary Mattis directed this review only after the President announced his desire to return to the Department's longstanding pre-2016 policy.[9] That is not correct. Secretary Mattis delayed implementation of the 2016 policy's accession standards and ordered a review of this issue nearly a month prior to any public statement from the President. After the President directed the Department to reinstate the pre-2016 policy, Secretary Mattis then established a Panel of Experts comprised of senior officers and enlisted Service members, as well as civilian leaders, from across the Defense Department and United States Coast Guard to undertake a "comprehensive, holistic, and objective" study of the issue of military service by transgender persons.[10] The panel reviewed information gleaned from implementation of the 2016 policy – data which was not previously available to earlier working groups – and met with transgender Service members, commanding officers of transgender Service members, and military and civilian medical experts.[11]

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[7] *See* DTM 16-005; *see also* DoD Report, pp. 12-16.

[8] Memorandum from James N. Mattis, Secretary of Defense, "Accession of Transgender Individuals into the Military Services" (June 30, 2017).

[9] Memorandum from Donald J. Trump, President of the United States, "Military Service by Transgender Individuals" (Aug. 25, 2017).

[10] Memorandum from James N. Mattis, Secretary of Defense, "Terms of Reference—Implementation of Presidential Memorandum on Military Service by Transgender Individuals" (Sep. 14, 2017).

[11] *See* DoD Report, p. 18.

At the conclusion of its review, the Panel recommended, and Secretary Mattis adopted, a proposed new policy that, once implemented, would do the following: First, it would continue the policy of allowing transgender persons without a diagnosis or history of gender dysphoria to serve if they meet and adhere to all accession, retention, medical, and sex-based standards associated with their biological sex. In doing so, the 2018 policy, like the 2016 policy, would continue to provide that no one could be discharged or denied enlistment solely on the basis of gender identity. Second, it would end the policy of categorically providing special accommodations for individuals with a diagnosis or history of gender dysphoria. The only categorical exemption is for Service members who either accessed under the medical standards of the 2016 policy, or are currently serving and were diagnosed with gender dysphoria by a military medical provider, or had that diagnosis confirmed by a military medical provider, before the effective date of the 2018 policy. These exempted Service members may continue serving under the terms of the 2016 policy, including serving in their preferred gender, pursuing gender transition, and obtaining a gender marker change for official records and recognition, even after the new policy takes effect. The 2018 policy's standards will not apply to them.[12]

Comparison of the 2016 and 2018 Policies

Another common misconception is that the proposed policy is a dramatic departure from the 2016 policy. In reality, the two policies share much in common. For example, the 2016 policy and the proposed policy both presumptively disqualify individuals who have a diagnosis or history of gender dysphoria or who have a history of medical treatment for gender transition, such as cross-sex hormone therapy or sex-change surgery.[13] According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, gender dysphoria is a condition "associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning."[14] Persons with gender dysphoria suffer from disproportionately

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[12] *See* Memorandum for the President from James N. Mattis, Secretary of Defense, "Military Service by Transgender Individuals" (Feb. 22, 2018); *see also* DoD Report, pp. 17-19.

[13] *See* DTM 16-005, Attachment pp. 1-2 (2016 Policy) and DoD Report, pp. 4-5 (2018 Policy).

[14] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* ("DSM-5"), p. 453 (5th ed. 2013).

high rates of mental health conditions, such as anxiety, depression, and substance abuse disorders.[15] Sadly, they also suffer from alarmingly high rates of suicide, suicide attempts, and suicide ideation. Lifetime rates of suicide attempts, for example, are reported to be as high as 41%, compared to 4.6% for the general population.[16] Available data from Service members reflect similar trends. For instance, Service members with gender dysphoria are eight times more likely to report suicidal ideation than Service members as a whole (12% versus 1.5%)[17] and are nine times more likely to have mental health encounters than Service members as a whole (28.1 per Service member on average versus 2.7 per Service members).[18] In light of these facts, the Department determined gender dysphoria to be a presumptively disqualifying condition under both the 2016 and 2018 policies.[19] In this respect, both policies turn on a medical condition (gender dysphoria) or treatment for a medical condition (gender transition), not on gender identity.

Another important similarity between the 2016 and 2018 policies is their treatment of transgender persons who have no diagnosis or history of gender dysphoria. Both policies require transgender individuals without gender dysphoria, like all Service members, to meet the standards associated with their biological sex. By requiring all Service members without gender dysphoria to adhere to the sex-based standards associated with their biological sex (as opposed to their gender identity), both policies avoid discriminating on the basis of gender identity.[20] Again, Department policy prohibits discrimination based on gender identity and will continue to do so.[21]

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[15] *See* DoD Report, p. 21 and n.60 and studies cited therein.

[16] *See* DoD Report, p. 21 and n.61 and studies cited therein.

[17] *See* DoD Report, p. 21 and n.64.

[18] *See* DoD Report, p. 22 and n.65.

[19] *See* DTM 16-005, Attachment pp. 1-2 (2016 Policy) and DoD Report, pp. 4-5 (2018 Policy).

[20] *See* DTM 16-005, Attachment p. 1 (2016 Policy) and DoD Report, p. 19.

[21] DoD Directive 1020.02E, June 8, 2015, and Change 1, Nov. 29, 2016, Enclosure 2 at pp. 6-7.

The fundamental difference between the 2016 and 2018 policies is that the 2016 policy provides special accommodations to certain persons with a diagnosis or history of gender dysphoria or with a history of medical treatment for gender dysphoria. It does so primarily in two respects: First, under the 2016 policy, persons who have received cross-sex hormone therapy or sex-reassignment surgery to treat gender dysphoria may enter the military without a waiver (provided they can demonstrate a period of stability), but persons who received similar treatment for conditions unrelated to gender dysphoria may not enter the military without a waiver. For example, a person taking synthetic hormones for treatment of hypogonadism (the body's low production of sex hormones, such as testosterone or estrogen) is automatically disqualified without a waiver; whereas, a person taking cross-sex hormones for treatment of gender dysphoria is not. Second, persons with a diagnosis or history of gender dysphoria who have completed transition to another gender may opt out of the sex-based standards associated with their biological sex (even if they undergo no biological changes) and may instead adhere to the sex-based standards associated with their gender identity.[22] No other class of Service members is exempted from the sex-based standards associated with their biological sex.

Once implemented, the 2018 policy will end these special accommodations for persons with gender dysphoria and will ensure equal application of military standards to all persons regardless of gender identity. The proposed policy will allow persons with a history of gender dysphoria who do not have a history of cross-sex hormone therapy or sex-reassignment surgery to join the military if they can demonstrate a period of stability, and persons who are diagnosed with gender dysphoria while serving may remain in the military, but in all cases, persons with a diagnosis or history of gender dysphoria must be willing and able, like all Service members, to adhere to the sex-based standards associated with their biological sex. As with all Service members who have a medical condition that renders them unable to adhere to military standards without special accommodations, the need to seek gender transition for the treatment of gender dysphoria, which would require accommodations to meet military standards, is a basis for honorable separation from the military unless a waiver is granted.[23]

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[22] *See* DTM 16-005, Attachment pp. 1-2.

[23] *See* DoD Report, pp. 4-6, 28-31.

As the Department's report explained,[24] categorical accommodations or exemptions from military standards undermine the Department's efforts to maintain military readiness, discipline, and unit cohesion. Such accommodations, for instance, can lead to real or perceived issues of unfairness, preferential treatment, or resentment. This is why uniformity and strict conformance to standards are so highly valued in military organizations.

With respect to maintaining separate berthing, bathroom, and shower facilities for males and females, creating exceptions for Service members to use the facilities of their preferred gender, rather than their biological sex, can undermine reasonable expectations of privacy and lead to unnecessary and debilitating leadership challenges. One illustration of this problem is the report of one commander who was confronted with dueling equal opportunity complaints. According to this commander, a transgender Service member with male anatomy was permitted to adhere to standards and requirements for female Service members, including access to shower facilities. This led to an equal opportunity complaint from biological females in the unit who believed granting a biological male, even one who identified as female, access to their showers violated their rights to privacy. The transgender Service member responded with an equal opportunity complaint claiming that the command was not sufficiently supportive of the rights of transgender persons.[25] This is consistent with the experience of the Canadian military where commanders reported that it was challenging to meet "trans individual's expectations for reasonable accommodation and individual privacy while avoiding creating conditions that place extra burdens on others or undermined overall team effectiveness."[26] Adherence to the requirement that all Service members must meet the standards associated with their biological sex will restore consistency in the application of those standards and will alleviate the burden on commanders of adjudicating competing interests at the unit level so that they can focus instead on military training and warfighting.

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[24] *See* DoD Report, pp. 35-41.

[25] *See* DoD Report, p. 37 and n.143.

[26] *See* DoD Report, p. 40 and n.156 (*citing* Alan Okros & Denise Scott, "Gender Identity in the Canadian Forces," *Armed Forces and Society* Vol. 41, p. 8 (2014).

Finally, there is a significant risk that categorical accommodations for gender transition will impair unit readiness. As the Department's report explained at length,[27] gender transition can lead to substantial periods of unavailability for deployment or combat duty depending upon the nature and scope of the treatment. For example, the Department follows Endocrine Society guidelines recommending quarterly bloodwork and laboratory monitoring of hormone levels during the first year of cross-sex hormone therapy. Generally, this renders Service members non-deployable for up to a year without a waiver. As of October 2017, 91.5% of all approved treatment plans available for study included cross-sex hormone therapy. The period of non-deployability is potentially even greater for those undergoing sex reassignment surgery. It is estimated that non-genital sex reassignment surgeries could require up to eight weeks of convalescence, and genital sex reassignment surgeries could require between three and six months.[28] Given that 12 continuous months of cross-sex hormone therapy is recommended prior to genital sex reassignment surgery, the total time necessary for gender transition could well exceed a year. In addition, according to the RAND study, foreign militaries that allow service by personnel with gender dysphoria have found that it is sometimes necessary to restrict the deployment of personnel who are undergoing gender transition, including those receiving hormone therapy or surgery, to austere environments where their healthcare needs cannot be met.[29] For example, the Israeli military reportedly does not assign transitioning individuals to combat units because they require accommodations that may not be available in austere environments.[30] Long periods of unavailability for deployment or combat not only undermine readiness, they place unfair burdens on those who are ready to deploy and must backfill to compensate for non-deployable Service members.

No single reason alone necessarily accounts for the Department's decision to no longer provide special accommodations for gender transition; it is the combination of all the reasons set

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[27] *See* DoD Report, pp. 32-35.

[28] *See* DoD Report, p. 33 and n.124.

[29] RAND National Defense Research Institute, *Assessing the Implications of Allowing Transgender Personnel to Serve Openly* (RAND Corporation 2016) ("RAND Study"), p. 40.

[30] RAND Study, p. 56.

forth in the Department's detailed 44-page report that we believe justifies the Department's course correction. That said, I should pause here to note that the Department is committed to providing all care necessary to protect the health of Service members diagnosed with gender dysphoria, including those who may ultimately need to be separated because they are no longer able to adhere to the standards associated with their biological sex.

Response to Criticisms of the 2018 Policy

Several criticisms have been leveled against the proposed policy that I would like to address before I conclude. First, many have described the proposed policy as a "ban" on military service by transgender persons. This characterization is not accurate. To the contrary, the 2018 policy, like the 2016 policy, prohibits the denial of accession or involuntary separation solely on the basis of gender identity. So long as transgender persons, even those with a diagnosis or history of gender dysphoria, are willing and able to adhere to all military standards, including the sex-based standards associated with their biological sex, and have met any applicable stability requirements and have not had disqualifying medical treatments, they may serve, and we welcome them.[31] According to the American Psychiatric Association, "[n]ot all transgender people suffer from gender dysphoria and that distinction is important to keep in mind."[32] The Department's data appears to bear this out. For example, an estimated 8,980 active duty service members identify as transgender according to a DoD survey, yet as of February 2018, only 937 had been diagnosed with gender dysphoria.[33]

Some have also argued that the proposed policy's insistence on all Service members adhering to the sex-based standards associated with their biological sex effectively bars transgender persons from military service. But this criticism presupposes that all transgender persons wish to permanently transition genders or are otherwise incapable of adhering to the military's sex-based standards without special accommodations. That, too, is inaccurate.

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[31] *See* DoD Report, p. 19.

[32] *See* DoD Report, p. 20 and n.57 (*citing* American Psychiatric Association, "Expert Q&A: Gender Dysphoria," available at https://w2ww.psychiatgry.org/patients-families/gender-dysphoria/expert-qa.

[33] *See* DoD Report, p. 32.

According to a survey cited in the RAND study, 18 percent of transgender individuals plan to never transition.[34] In addition, as the variance between the estimated number of active duty transgender Service members and the number of Service members diagnosed with gender dysphoria suggests, there are many transgender Service members who are serving today with honor and distinction while adhering to all military standards, including the standards associated with their biological sex. As a result, a panel of the D.C. Circuit Court of Appeals recently held that it was factually incorrect to say that that the proposed policy amounted to a blanket ban on military service by transgender persons.[35]

Second, some have described the proposed policy as akin to "Don't Ask, Don't Tell." This characterization is also inaccurate. Unlike the proposed policy regarding gender dysphoria, "Don't Ask, Don't Tell" was not based on a medical condition. It barred people from military service solely because of their same-sex conduct, which is no longer associated with a medical condition and does not require medical treatment or special accommodations to meet military standards. In addition, under "Don't Ask, Don't Tell," Service members would not be asked about their sexual orientation, but if they were discovered at any time to have engaged in same-sex conduct (even off duty), they could be discharged from the military. By contrast, under the proposed policy, like the 2016 policy, no person can be removed or excluded from the military solely on account of his or her gender identity.[36] .

Third, some have claimed that the proposed policy disregards current medical understanding and practice relating to gender dysphoria. But that accusation, too, is inaccurate. The Department's report explaining the proposed policy acknowledges the American Psychiatric Association's judgment that it is not a disorder for persons to identify as a gender other than their

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[34] *See* RAND Study, p. 20 and n.2 (*citing* Jaime M. Grant, Lisa A. Mottet, and Justin Tanis, with Jack Harrison, Jody L. Herman, and Mara Keisling, *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*, Washington, D.C.: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011, at p. 26).

[35] *Doe 2 v. Shanahan*, No. 18-5257, 2019 WL 102309 (D.C. Cir. Jan. 4, 2019) ("[T]he District Court made an erroneous finding that the Mattis Plan was the equivalent of a blanket ban on transgender service.").

[36] *See* DoD Report, p. 19 ("[T]he Department concludes that transgender persons should not be disqualified from service solely on account of their transgender status…").

biological sex.[37] It also acknowledges that the "prevailing judgment of mental health practitioners is that gender dysphoria can be treated with transition-related care," including cross-sex hormone therapy and sex-reassignment surgery, and that such treatment can improve health outcomes for persons with gender dysphoria.[38] Citing a few meta-studies with ambiguous results, the report simply notes that there are limits to what we know about the extent to which gender transition treatment can fully address all issues relating to gender dysphoria.[39] The RAND study made a similar observation when it noted that "it is difficult to fully assess the outcomes of treatment" for gender dysphoria.[40] Even so, these studies did not address the unique case of persons with gender dysphoria in the military. For these reasons, the Department has taken a cautious approach in applying its standards to persons with a diagnosis or history of gender dysphoria.[41] This is the same cautious approach that it takes with respect to all medical conditions and accessions standards. Indeed, it is precisely because of this measured approach that the Department sets high standards to ensure a resilient and battle-ready fighting force. As a result, 71% of prime military-age Americans are not eligible for military service without a waiver.[42] I can assure you that persons who are disqualified from military service for having gender dysphoria are no less valued members of our nation than the many others who are disqualified from service for not meeting the military's stringent physical, mental, or behavioral standards.

Conclusion

In proposing a new policy, the Department is well aware that some former Defense Department officials and former senior military leaders have reached a different judgment on this

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[37] *See* DoD Report, p. 12 and n.25.

[38] *See* DoD Report, p. 24.

[39] *See* DoD Report, pp. 24-27

[40] RAND Study, p. 10.

[41] *See* DoD Report, p. 27.

[42] *See* DoD Report, p. 6 and n.9 (*citing* The Lewin Group, Inc., "Qualified Military Available (QMA) and Interested Youth: Final Technical Report," p. 26 (Sep. 2016)).

issue. But, as we will discuss today, the realities associated with the medical condition of gender dysphoria and the accommodations required for gender transition treatments are far more complicated than many may assume. This has certainly been borne out in the Department's experience with the 2016 policy. As a consequence, the Department has concluded, based on its best military judgment, that sustaining the 2016 policy for the long term would degrade military effectiveness and that the adjustments proposed in the 2018 policy are necessary. As new data becomes available that better informs our assessment of the risks, the Department is committed to reviewing that data in depth – as it does with all similarly situated conditions – to inform future policy considerations.

Ms. Chairwoman, Ranking Member Kelly, this concludes my statement. I thank you and the members of this Subcommittee for your outstanding and continuing support for the men and women of the Department of Defense, and I look forward to your questions.

Mr. James N. Stewart
Performing the Duties of Under Secretary of Defense for Personnel and Readiness

The Honorable James N. Stewart is currently Performing the Duties of the Under Secretary of Defense for Personnel and Readiness.

Mr. Stewart was sworn in as the Assistant Secretary of Defense for Manpower and Reserve Affairs on October 22, 2018. In this capacity, Mr. Stewart serves as the principal advisor to the Secretary of Defense and the Under Secretary of Defense for Personnel and Readiness on all matters relating to Civilian and Military Personnel Policies, Reserve Integration, Military Community and Family Policy, and Total Force Planning and Requirements. Additionally, he exercises day-to-day supervision of the Department of Defense Education Activity and the Defense Commissary Agency.

Prior to beginning his tenure as the Assistant Secretary of Defense for Manpower and Reserve Affairs, Mr. Stewart served as the Economic Development Committee Chair, North Carolina Military Affairs Commission by appointment of Governor Pat McCrory. In that position he provided advice, counsel, and recommendations to the General Assembly, the Secretary of Military and Veterans Affairs, and other state agencies on initiatives, programs, and legislation that would increase the role that North Carolina's military installations, the National Guard, and Reserves play in America's defense strategy.

Mr. Stewart retired from the United States Air Force as a Major General after 37 years of service in the active and reserve components. He is a command pilot with over 4,700 hours of flight time with experience in five different air frames. During his military service, Mr. Stewart held leadership positions at the unit, group, wing, Major Command, and Office of the Secretary of Defense levels. His last military position was in the Office of the Secretary of Defense serving as the Military Executive Officer for the Reserve Forces Policy Board.

Mr. Stewart is a distinguished graduate of the Auburn University ROTC program and holds a Bachelor of Science degree in Sociology/Criminology from Auburn University. He also holds a Master of Science degree in General Administration from Central Michigan University and a Master of Science degree in National Security Strategy from the National War College, Fort McNair, Washington D.C.

Vice Admiral Raquel C. Bono
Director, Defense Health Agency Medical Corps, United States Navy

Commissioned in June 1979, Vice Adm. Raquel Bono obtained her baccalaureate degree from the University of Texas at Austin and attended medical school at Texas Tech University. She completed a surgical internship and a General Surgery residency at Naval Medical Center Portsmouth, and a Trauma and Critical Care fellowship at the Eastern Virginia Graduate School of Medicine in Norfolk.

Shortly after training, Bono saw duty in Operations Desert Shield and Desert Storm as head, Casualty Receiving, Fleet Hospital 5 in Saudi Arabia from August 1990 to March 1991. Upon returning, she was stationed at Naval Medical Center Portsmouth as a surgeon in the General Surgery department; surgical intensivist in the Medical/Surgical Intensive Care Unit and attending surgeon at the Burn Trauma Unit at Sentara Norfolk General Hospital. Her various appointed duties included division head of Trauma; head of the Ambulatory Procedures Department (APD); chair of the Laboratory Animal Care and Use Committee; assistant head of the Clinical Investigations and Research department; chair of the Medical Records Committee and command intern coordinator. She has also served as the specialty leader for Intern Matters to the surgeon general of the Navy.

In September 1999, she was assigned as the director of Restorative Care at the National Naval Medical Center in Bethesda, Maryland, followed by assignment to the Bureau of Medicine and Surgery from September 2001 to December 2002 as the Medical Corps career planning officer for the chief of the Medical Corps. She returned to the National Naval Medical Center in January 2003 as director for Medical–Surgical Services.

From August 2004 through August 2005, she served as the executive assistant to the 35th Navy Surgeon General and chief, Bureau of Medicine and Surgery. Following that, she reported to Naval Hospital Jacksonville, Florida, as the commanding officer from August 2005 to August 2008. She then served as the chief of staff, deputy director Tricare Management Activity (TMA) of the Office of the Assistant Secretary of Defense, Health Affairs (OASD(HA)) from September 2008 to June 2010. She later served as deputy director, Medical Resources, Plans and Policy (N093), chief of Naval Operations. From November 2011 to June 2013, she served as the command surgeon, U.S. Pacific Command, Camp H.M. Smith, Hawaii. From July 2013 to September 2013, she served as acting commander Joint Task Force National Capital Region Medical. From September 2013 to October 2015, she served as director, National Capital Region Medical Directorate of the Defense Health Agency, and as the 11th Chief, Navy Medical Corps. She currently serves as director, Defense Health Agency.

Bono is a diplomat of the American Board of Surgery and has an Executive MBA from the Carson College of Business at Washington State University. Her personal decorations include Defense Superior Service Medal (three), Legion of Merit Medal (four), Meritorious Service Medal (two) and the Navy and Marine Corps Commendation medal (two).

Updated: 4 November 2015

WITNESS RESPONSES TO QUESTIONS ASKED DURING THE HEARING

FEBRUARY 27, 2019

RESPONSE TO QUESTION SUBMITTED BY MS. SPEIER

Admiral BONO. The evaluation, diagnosis and treatment of gender dysphoria includes an assessment for mental health conditions such as anxiety, depression, and substance use disorder; present in high rates in persons with gender dysphoria. The number of mental health visits included in a transitioning Service members treatment plan is determined based on the patient's needs and a mental health professional's evaluation and recommendation. The Department policy does not dictate a number of visits. Medical care for Service members seeking to undergo gender transition is based upon the individual's unique health care needs and, following initial evaluation, includes counseling and behavioral health services, medical support, and the establishment of a treatment plan.

Policy and guidance for medical care and treatment of Service members who are transgender is provided in the following documents:

1. Department of Defense Instruction (DODI) 1300.28. In Service Transition for Transgender Service Members
2. Assistant Secretary of Defense (Health Affairs (ASD(HA)) Memorandum. Guidance for Treatment of Gender Dysphoria for Active and Reserve Component Members
3. Army Directive 2016–35. Army Policy on Military Service of Transgender Soldiers
4. SECNAVIST 1000.11. Service of Transgender Sailors and Marines
5. Air Force Policy Memorandum (AFPM2016–36–10). In-Service Transition for Airmen Identifying as Transgender
6. Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline

Service members seeking initial treatment for gender dysphoria require an assessment that is comprehensive in nature and excludes other causes for dysphoria. The evaluation, diagnosis and treatment of gender dysphoria also includes an assessment for mental health conditions such as anxiety, depression, and substance use disorder; present in high rates in persons with gender dysphoria. DOD/MHS treatment plans and clinical practice adhere to the Endocrine Society's Standard of Care, "Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline," as the primary guideline to provide consistent, evidence based care to transitioning patients. The Endocrine Society's comprehensive recommendations include the establishment of a diagnosis of gender dysphoria by a mental health professional, psychotherapy or counseling, and real live experience (RLE).

The number of mental health visits included in a transitioning Service members treatment plan is determined individually, based on the patient's needs and a mental health professional's evaluation and recommendation. None of the policies, guidelines or memorandums utilized in the DOD/MHS evaluation, diagnosis and treatment of gender dysphoria mandate weekly mental health evaluations or visits. [See page 40.]

QUESTIONS SUBMITTED BY MEMBERS POST HEARING

FEBRUARY 27, 2019

QUESTIONS SUBMITTED BY MS. SPEIER

Ms. SPEIER. Who was on the Panel of Experts?

Mr. STEWART. The Panel consisted of the Under Secretaries of the Military Departments (or officials performing their duties), the Armed Services' Vice Chiefs (including the Vice Commandant of the U.S. Coast Guard), and the Senior Enlisted Advisors of the Military Services and to the Chairman of the Joint Chiefs of Staff, and was chaired by the Under Secretary of Defense for Personnel and Readiness or an official performing those duties.

Ms. SPEIER. Who did the Panel consult with?

Mr. STEWART. The Panel received support from medical and personnel experts from across the Departments of Defense and Homeland Security. The Panel also met with and received input from transgender Service members, commanders of transgender Service members, military medical professionals, and civilian medical professionals with experience in the care and treatment of individuals with gender dysphoria.

Ms. SPEIER. Did the Panel consult with the American Psychiatric Association, American Psychological Association, or American Medical Association or any other medical professionals with expertise in gender dysphoria?

Mr. STEWART. The Panel met with and received input from transgender Service members, commanders of transgender Service members, military medical professionals, and civilian medical professionals with experience in the care and treatment of individuals with gender dysphoria.

Ms. SPEIER. In your view, what are the substantial risks associated with the accessions and retention of transgender persons? Can you please provide any examples that since June 30, 2016, these issues have arisen within the military and describe how the DOD or services handled these situations?

Mr. STEWART. There are many transgender Service members serving today with honor and distinction who are meeting military standards, including the standards associated with their biological sex. Anyone who can meet the military's demanding standards without special accommodations can and should be able to serve. The new policy prohibits the denial of accession or involuntary separation solely on the basis of gender identity and ensures equal application of standards regardless of gender identity in order to maintain military effectiveness and lethality. As DOD does not track Service members by whether they identify as transgender, I could not provide you specific examples. However, I have the utmost confidence in our military leaders to treat all persons with dignity and respect in all situations and to adhere to the policies of the Department.

Ms. SPEIER. In your view, what are the specific issues that could undermine readiness, disrupt unit cohesion, and impose an unreasonable burden on the military? Can you please provide any examples that since June 30, 2016, these issues have arisen within the military and describe how the DOD or services handled these situations?

Mr. STEWART. The military is focused on worldwide deployability, combat readiness, and lethality. It is not an organization that can regularly accommodate severe medical conditions requiring sustained medical intervention and exceptions to policy that may limit mobility, deployability, and individual readiness. As the Department's 2018 report explains, persons who have a history of gender dysphoria, who have undergone medical treatments for gender transition, or who are unable or unwilling to meet the military's standards associated with their biological sex, could adversely impact military readiness and effectiveness and should be evaluated for the purposes of either accession or retention. As DOD does not track Service members by whether they identify as transgender, I cannot provide you specific examples. However, I have the utmost confidence in our military leaders to treat all persons with dignity and respect in all situations and to adhere to the policies of the Department.

Ms. SPEIER. Were any government officials outside of DOD or the Department of Homeland Security involved in the Report or the Memorandum to the President? If so, who were these officials and what was the basis for their involvement?

Mr. STEWART. The Department's 2018 Report (pages 17–18) provides information regarding the Panel of Experts process generally.

QUESTIONS SUBMITTED BY MRS. DAVIS

Mrs. DAVIS. Has the DOD ever provided treatment for gender dysphoria (or any of the related procedures or hormone therapies) to non-citizens? Were OCO funds used? What was the total cost?

Mr. STEWART. As it is not something we track, we are not aware of whether any gender dysphoria treatment has been provided to non-citizens at this time. The MHS provides health care services to all eligible individuals. This provision of care is generally funded through the Defense Health Program appropriation.

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