

Congress of the United States
Washington, DC 20515

September 6, 2018

The Honorable Robert Wilkie
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue SE
Washington, DC 20420

RE: Notice of Petition for Rulemaking and Request for Comments - Exclusion of Gender Alterations from the Medical Benefits Package

Dear Secretary Wilkie:

Our country has made a sacred commitment to care for those who have borne the battle, and that includes the more than 163,000 transgender veterans¹ who have served their country in uniform. We urge the U.S. Department of Veterans Affairs (VA) to provide our nation's transgender veterans, all medically necessary treatments prescribed by a veterans' physician, including medically necessary procedures to treat gender dysphoria.

The VA itself explained in a 2016 Impact Analysis that the exclusion for "gender alterations" was originally based on an assumption that surgical treatments were not medically necessary, but it agreed that "surgical procedures are now widely accepted in the medical community as medically necessary treatment for gender dysphoria."² Indeed, there is an overwhelming international consensus that medical treatments, including surgical treatments, are safe, effective, and medically necessary when clinically indicated to alleviate gender dysphoria. Leading medical associations agree that such treatment should be a covered benefit in programs such as the VA.³ America's leading medical and mental health organizations, including the American Medical Association, the American Academy of Nursing, the American College of Physicians, the American Medical Student Association, and the American Nurses Association, have argued against the VA's current ban on covering surgical treatment for gender dysphoria. They maintain that proper treatment of gender dysphoria, as determined between a patient and physician on a case-by-case basis, can include surgical treatment. These experts warned that by prohibiting VA physicians from recommending and providing this medically necessary care, the VA was contradicting established standards of care and placing transgender veterans at "substantially greater risk of serious physical and emotional trauma."⁴

¹ Janelle Downing, Conron, Herman, and Blossich, Transgender and Cisgender US Veterans Have Few Health Differences, (July 2018) <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2018.0027>

² VHA Chief Financial Officer, *Impact Analysis for RIN 2900-AP69, Removing Gender Alterations Restriction from the Medical Benefits Package*. (July 24, 2016)

³ World Prof. Ass'n for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*. (7th ed.2011) <https://www.wpath.org/publications/soc>; Wylie C. Hembree, Endocrine Treatment of Gender- Dysphoric/ Gender- Incongruent Persons: An Endocrine Society Clinical Practice Guideline. (2017) 102 *The Journal of Clinical Endocrinology and Metabolism* 3869; Am. Medical Association, *AMA Policies on GLBT Issues, Patient Centered Policy H-185.950, Removing Financial Barriers to Care for Transgender Patients*. (2008) http://www.tgender.net/taw/ama_resolutions.pdf; Am. Psychiatric Association, *Position Statement on Discrimination Against Transgender and Gender Variant Individuals*. (2012) http://www.dhcs.ca.gov/services/MH/Documents/2013_04_AC_06d_APA_ps2012_Transgen_Disc.pdf; Am. Psychological Association, *Policy on Transgender, Gender Identity and Gender Expression Non-Discrimination*. (2008) <http://www.apa.org/about/policy/transgender.aspx>; Am. College of Physicians, *Lesbian, Gay, Bisexual and Transgender Health Disparities: A Policy Position Paper from the American College of Physicians*. (2012). https://www.aafp.org/dam/AAFP/documents/about_us/special_constituencies/2012RCAR_Advocacy.pdf; American College of Obstetricians and Gynecologists, *Committee Opinion No. 512: Health Care for Transgender Individuals*. (2011) <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-for-Transgender-Individuals>;

⁴ Brief for Medical and Mental Health Professionals. et al. as Amici Curiae Supporting Petitioners, Dee Fulcher, Giuliano Silva, and the Transgender American Veterans Associations vs. Secretary of Veterans Affairs

The VA, in its request for comment, is attempting to justify a continued ban on surgical treatment for gender dysphoria because it could lead to suicide and suicidal ideation among veterans. In particular, the VA cites the February 2018 Department of Defense report on “Military Service by Transgender Individuals” to suggest that there is “considerable scientific uncertainty” on the efficacy of medical treatments for gender dysphoria. This report was widely refuted by medical experts, who criticized its mischaracterization of the scientific consensus on the effectiveness of medical treatments for gender dysphoria.⁵

In fact, evidence shows that *denying* patients access to this medically-recommended procedure can increase risk of suicide. As the medical community notes in their brief: “When not properly treated, gender dysphoria can result in clinically significant psychological distress, dysfunction, debilitating depression, and, for some people, self-mutilation, thoughts of and attempts at suicide, and death.”⁶

This broad medical consensus on the treatment of gender dysphoria is based on decades of peer-reviewed studies and clinical observation—including studies of veterans—that demonstrate its efficacy and substantial health benefits. Studies have found that access to medical treatment, including surgical treatments when clinically indicated, substantially contribute to decreasing rates of suicidal ideation and behavior,⁷ including among transgender veterans.⁸ Additionally, numerous studies have found that access to these treatments is associated with substantial improvements in other measures of mental health closely tied to suicidality, including anxiety and depression.⁹

Our nation’s veterans have put their lives on the line to defend our freedoms, including the right to equality and to protection from discrimination. That our nation would ask our veterans to protect rights that we would not afford them in return is unacceptable. It is wrong to single out any group of veterans to deny access to medically necessary care. While transgender veterans represent a small percentage of the overall veteran population, transgender Americans are twice as likely to be veterans than the general US population.¹⁰ By excluding medically necessary treatments from its medical benefits package, the VA hurts transgender veterans who have served their country, harming their health and in some cases putting their lives at risk.

⁵ American Medical Association, Letter to Secretary Mattis. (April 3 2018) <https://www.politico.com/f/?id=00000162-927c-d2c5-ade3-d37c69760000>; American Psychiatric Association, APA Reiterates Its Strong Opposition to Ban of Transgender Americans from Serving in U.S. Military. (March 24 2018) <https://www.psychiatry.org/newsroom/news-releases/apa-reiterates-its-strong-opposition-to-ban-of-transgender-americans-from-serving-in-u-s-military>; American Psychological Association, APA Statement Regarding Transgender Individuals Serving in Military. (March 26 2018) <http://www.apa.org/news/press/releases/2018/03/transgender-military.aspx>; Palm Center, Six Former Surgeons General Rebut Pentagon Assertions About Medical Fitness of Transgender Troops. (April 25 2018) <https://www.palmcenter.org/six-former-surgeons-general-%F2%80%8B-rebut-pentagon-assertions-about-medical-fitness-of-transgender-troops>

⁶ Brief for Medical and Mental Health Professionals. et al. as Amici Curiae Supporting Petitioners, Dee Fulcher, Giuliano Silva, and the Transgender American Veterans Associations vs. Secretary of Veterans Affairs, Pursuant to 38 U.S.C. § 502 (2017)(No. 17-1460).

⁷ The Public Policy Research Portal Cornell University, What does the scholarly research say about the effect of gender transition on transgender wellbeing? (2018) <https://whatwewknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people>; G Bauer, J. Pyne, M. Francino, T, R. Hammond, Suicidality among trans people in Ontario: Implications for social work and social justice. (2013) *Service social* (59)1, 35-62; L Bailey, S Ellis, J McNeil, Suicide risk in the UK trans population and the role of gender transition in decreasing suicidal ideation and suicide attempt. (2014) *The Mental Health Review*, 19(4)209-220; G De Cuypere, E Elaut, G Heylens, G Maele, V Selvaggi, Long term follow-up: Psychosocial outcome of Belgian transsexuals after sex reassignment surgery. (2006) *Sexologies* 15(2)126-133; C Imbimbo, P Verze, A Palmieri, N Longo, F Fusco, D Arcaniolo, V Mirone, A report from a single institute’s 14 year experience in treatment of male to female transsexuals. (2009) *The Journal of Sexual Medicine*, 6(10) 2736-2745; G Bauer, R Scheim, A I Pyne, J Travers, R Hammond, Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada (2015) *BMC Public Health* 15(1)1-15

⁸ Tucker, R. P., Testa, R. J., Simpson, T. L., Shipherd, J. C., Blosnich, J., & Lehavot, K. Hormone therapy, gender affirmation surgery, and their association with recent suicidal ideation and depressive symptoms in transgender veterans. (2018) <https://doi.org/10.1017/S0033291717003853>

⁹ C Dhejne, R Van Vlerken, G Heylens, J Arceleus, Mental health and gender dysphoria: a review of the literature. (2016) *International Review of Psychiatric*; HM Murad, BM Elamin, ZM Garcia, JR Mullan, A Murad, PJ Erwin, VM Montori, Hormonal therapy and sex reassignment: A systematic review and meta-analysis of the quality of life and psychosocial outcomes. (2010) *Clinical Endocrinology* <https://www.ncbi.nlm.nih.gov/pubmed/19473181>; A de Vries, J McGuire, T. Steensma, E Wagenaar, T Doreleijers, P Cohen- Kettens, Young adult psychological outcome after puberty suppression and gender reassignment. (2014). <http://pediatrics.aappublications.org/content/early/2014/09/02/peds.2013-2958>; S Davis, S Colton-Meier, Effects of testosterone treatment and chest reconstruction surgery on mental health and sexuality in female to male transgender people. (2014) <https://www.tandfonline.com/doi/abs/10.1080/19317611.2013.833152>; R Weigert, E Frison, Q Sessieq, K Al Mutairi, V Casoli, Patient satisfaction with breasts and psychosocial, sexual and physical wellbeing after breast augmentation in male to female transsexuals. (2013) *Plastic and Reconstructive Surgery*, 132(6), 1421–1429; L. Schmidt and R Levine, Psychological outcomes and reproductive issues among gender dysphoric individuals (2015). *Endocrinology and Metabolism Clinics of North America* 44(4), 773-785.

¹⁰ Sandy E. James, *The Report of the 2015 U.S. Transgender Survey* 167. (2016), www.ustransurvey.org/report.

Simply put, the VA has an obligation to provide the necessary care that is prescribed to enrolled veterans by their health care practitioners. It is unconscionable to deny veterans the same access to health care services that civilians receive in the private sector, and that is available to Medicare beneficiaries and federal workers, simply because of outdated and unscientific prejudice against their gender identity.

As Members of Congress, we have repeatedly declared our commitment to caring for our veterans who have risked their lives to protect our essential freedoms. In providing this coverage through the Veterans Health Administration we affirm this commitment, ensuring our veterans will not have to face insurmountable debts and continued distress to realize their gender identity. Thank you for your attention to this important matter.

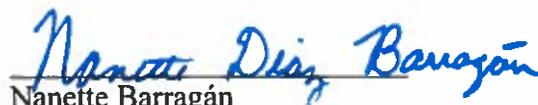
Sincerely,


Julia Brownley
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Member of Congress


André Carson
Member of Congress


Mark DeSaulnier
Member of Congress


Nanette Barragán
Member of Congress


Eleanor Holmes Norton
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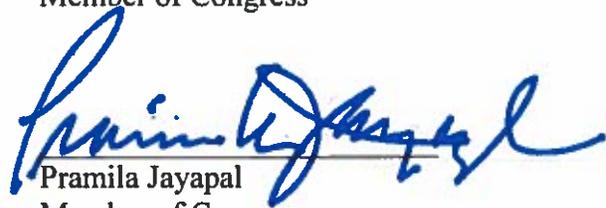

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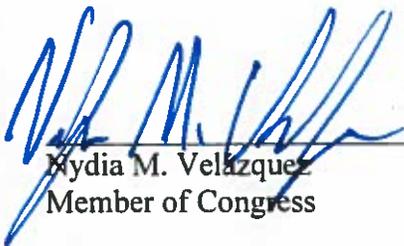
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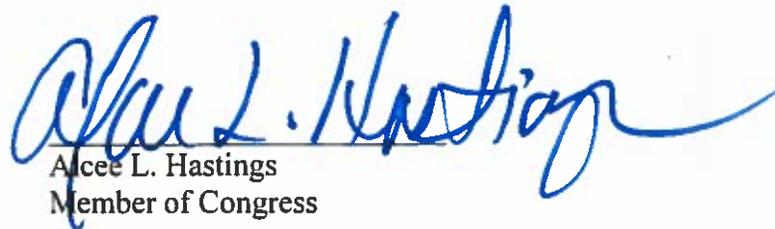
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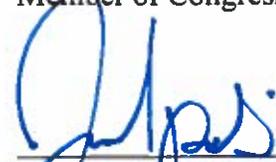
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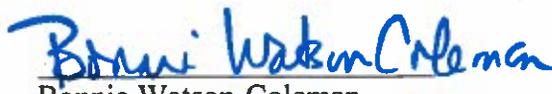

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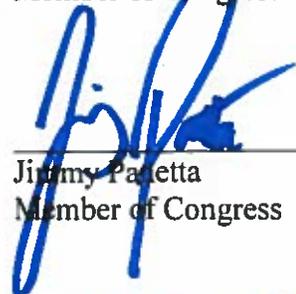
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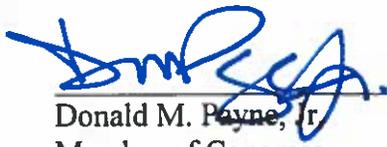
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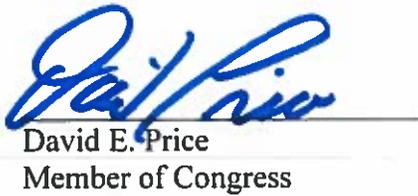
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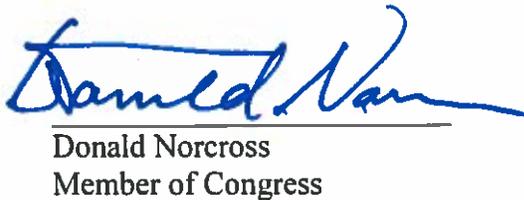
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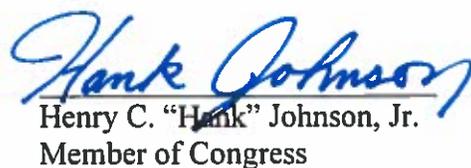
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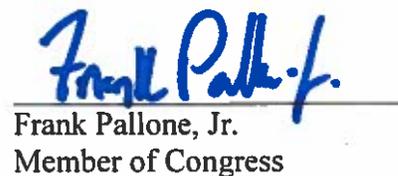
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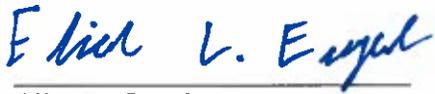
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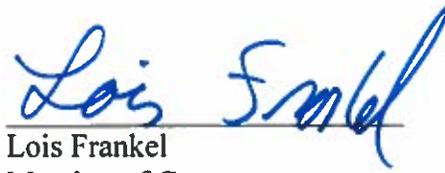
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