

# PALM CENTER

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## BLUEPRINTS FOR SOUND PUBLIC POLICY

LETTER FROM DR. WYLIE C. HEMBREE

October 25, 2015

**Context:** During the 2015-2016 repeal process, Pentagon opponents of inclusive policy insisted that any service member undergoing gender transition should be graded as non-deployable for one year. To support this position, they cited Endocrine Society guidelines that recommended monitoring individuals commencing hormone replacement therapy (HRT) for one year. The military does not downgrade cisgender service members beginning HRT for one year, and the Palm Center believed it was essential for the new, inclusive policy to hold all service members to exactly the same standards. We asked the author of the Endocrine Society guidelines to write a letter explaining why its general recommendation for a year of clinical monitoring did not apply to service members, and should not be used to block deployment. Following receipt of this letter, support for a year of non-deployability declined, and inclusive policy did not contain such a provision.

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To Whom It May Concern:

I am the lead author of the 2009 Clinical Practice Guideline, "Endocrine Treatment of Transsexual Persons" that recommended "regular clinical and laboratory monitoring every 3 months during the first year" after commencing hormone replacement therapy. I would like to clarify several points of context about this recommendation that should be taken into account when developing military policy for transgender troops.

- (1) This recommendation for clinical monitoring was intended to cover a diverse, civilian population, including older, unreliable and/or unhealthy individuals who are not characteristic of the population of service members;
- (2) An initial monitoring at the 2-3 month mark is important to determine whether the initial prescribed hormone dose is appropriate for bringing an individual's hormone levels into the desired range. The initial dose will be accurate for approximately 80% of young, healthy individuals. Of the remaining 20% whose hormone levels will be discovered to be slightly too high or too low at the initial monitoring, adjusting the dose to bring levels into the desired clinical range is a simple matter;
- (3) Of the approximately 20% whose hormone levels will be discovered to be slightly too high or too low at the initial monitoring, the health consequences of being slightly out of range are not significant;
- (4) The monitoring and, if necessary, re-adjustment of prescribed doses do not need to be performed by endocrinologists or specialists. Any physicians or nurses who have received a modest amount of training can perform these tasks;
- (5) Research is quite clear that hormone replacement therapy, especially for young, healthy individuals, is safe, with complications rates of less than 5%.
- (6) There is no reason to designate individuals as non-deployable after the commencement of hormone replacement therapy. While individuals might be placed on limited duty (office work) until the initial monitoring at the 2-3 month mark, they can perform their jobs overseas in a wide range of deployed settings both before and after the initial monitoring.

Thank you for your consideration.



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