



## Cost of treating transgender troops called negligible

By Tom Vanden Brook  
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WASHINGTON — Treating the military's estimated 12,800 transgender troops with hormone therapy and surgery will cost about \$5.6 million a year, a tiny amount compared with overall spending on military health care, according to an article published Wednesday by the New England Journal of Medicine.

The cost of medical care will be a key factor as the Pentagon develops a plan to integrate transgender troops, which it announced last month. Defense Secretary Ash Carter gave his staff six months to work out details to allow them to serve openly, which current policy does not allow.

The article, "Caring for Our Transgender Troops — The Negligible Cost of Transition-Related Care," was written by Aaron Belkin, director of the Palm Center, which researches issues regarding sexual orientation issues in the military.

The military spends nearly \$48 billion on health care, Belkin writes. He estimated 188 troops will require gender transition-related care each year at a cost of \$5.6 million, or \$438 per transgender service member per year.

The relatively cheap treatment should allay concerns about the cost of rescinding the ban, Belkin said in an interview.

"I was particularly surprised at the number in the context of what the military overall spends on health care," Belkin said.

Four years ago, the Pentagon eliminated Don't Ask, Don't Tell, which prohibited gay and lesbian troops from serving openly and is borrowing similar tactics to dismantle the ban on transgender troops. For instance, the Pentagon recently made it more difficult to discharge transgender troops by requiring a high-ranking civilian to make the decision. That tactic effectively acted as a moratorium on dismissals of gay and lesbian troops.

Some transgender troops are serving openly with the knowledge of their commanders and some are receiving treatment, Belkin said.

Pete Sepp, president of the National Taxpayers Union, a non-partisan government spending watchdog, said the Pentagon should consider cost-cutting elsewhere if it takes on the responsibility of treating transgender troops.

"If transition-related care is deemed a necessity, then preserving other vital health services for the troops should mean finding lower-priority items to cut so service people and taxpayers are protected," Sepp said. The Pentagon should also consider tapping non-profit groups for funding for transition care.

In June, the American Medical Association weighed in on transgender troops, adopting a policy that states there are no valid medical reasons to prevent them from serving and affirming that they should receive medical care.

Belkin relied on data from employers whose insurance plans offered care to transgender workers, including hormone treatment and surgery. It cost just shy of \$30,000 for University of California employees and their dependents transition-related care over 6.5 years.

He also noted that the Australian military treats its transgender troops. Over 30 months, 13 of its 58,000 troops received gender transition therapy. Australia is one of 18 countries that allow transgender troops to serve openly, according to the Palm Center.

Moreover, the U.S. government already pays for some transgender therapies. Medicare, federal health care for those 65 and older, provides transgender therapy, including surgery. The Veterans Affairs Department also treats veterans with gender dysphoria, a conflict between a person's sex at birth and the gender he or she identifies with.

Military Times' recent story about a transgender soldier offers important insight into the issue of inclusive military service, particularly by showing that many commanders want to support the transgender members in their units but are hampered by bad policy.

The story, however, references a common talking point used by opponents of inclusive military service that has been repeatedly proven incorrect: that equal treatment is somehow complicated. "Many key questions remain," the story says, and the issue "raises a host of medical issues."

This depiction overlooks a key point about transgender military service: As research and experience have shown, inclusive policy is not complicated, and the relevant questions about it already have answers.

While open transgender service may feel like new territory to some, the truth is that trans identity is just one among hundreds of medical issues that already have solutions in place.

Who will decide whether trans people receive medically necessary care? The same people who decide whether anyone receives medically necessary care.

How will the military decide whether trans people get time off for transition-related treatment? Use existing policy on medical leave.

How to decide who is fit to deploy or operate military aircraft? Apply the same standards that already exist.

Claims of "complexity" come from an unwillingness to apply the same rules to everyone, perhaps out of fear that transgender members would actually meet them, undercutting the presumption of difference. It is this belief that transgender people are "other" that creates the urge to develop complicated sets of distinct rules for trans and non-trans members.

Of course that would be complicated. But we know from in-depth scholarly research as well as the experiences of 18 foreign militaries and U.S. federal agencies — all of which allow transgender personnel — that to be transgender is simply to require the same treatment as everyone else — including getting adequate medical care and enjoying the dignity and respect that are known to help all people to thrive.

Our military already has the tools it needs to treat trans people equally. Separate rules for transgender troops would be completely unnecessary and counter-productive, and endless debate is being used to stonewall the achievement of simple equality.