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Transgender Military Service: Frequently Asked Questions

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The last decade has seen a dramatic increase in the visibility of transgender Americans and in public awareness and understanding of the issues they face. Nevertheless, there remain widespread and persistent myths and misconceptions about the lives and experiences of transgender people. For example, many still believe that transgender identities are inherently disordered or unstable, or that the medical care required by transgender individuals is more costly, complex, and burdensome than other kinds of medical care. These misunderstandings have led directly to widespread bias, prejudice, and discrimination against transgender Americans.

As the Department of Defense (DoD) prepares to review its policies relating to the recruitment, readiness, management, and retention of transgender service members, it is critical that such myths and misconceptions be replaced with accurate, up-to-date information. This FAQ, prepared by SPARTA’s Transgender Military Service Task Force, is designed to do just that – providing leaders and policy makers in DoD and elsewhere with a factual basis for considering the question of whether and how transgender Americans should be allowed to serve their country openly. The document:

- *Provides basic, concise answers to questions about transgender phenomena, transgender medicine, and the gender transition process;*

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- *Analyzes the impact of gender transition on individual readiness and performance;*
- *Addresses commonly held concerns about the practicalities of allowing transgender people to serve, such as uniforms, billeting, and privacy; and*
- *Provides concrete examples of how transgender-inclusive policies function in allied militaries.*

It also includes first-person accounts of transgender service members currently serving in the US Armed Forces and of their counterparts in the UK, which has allowed transgender people to serve openly since 2000 and is one of 13 nations that currently do so.

This FAQ is excerpted from “Transgender Military Service: A Guide to Implementation,” a more comprehensive treatment of the issue to be released by SPARTA in the coming months. In the meantime, it is hoped the current document will contribute meaningfully to the exploratory discussions already taking place, and serve as a catalyst for a more thorough and detailed consideration of the matter of transgender military service in the months to come.

Q: What does it mean to be transgender?

A: The term transgender describes individuals whose inherent sense of their own gender is incongruent with the sex they were assigned at birth. Transgender individuals generally experience some degree of gender dysphoria, an intense and persistent sense of discontent and discomfort with their birth sex, which may be treated through a variety of medical and mental health interventions – a process known as transition.² A transgender man is an individual who was assigned female sex at birth, who later transitions to male. Similarly, a transgender woman is an individual who was assigned sex male at birth and later transitions to female.

Q: What causes an individual to be transgender?

A: The precise causes are unknown, though the mechanism is fairly well understood. Sexual differentiation of the brain happens later in pregnancy than differentiation of sex organs, and is controlled by testosterone. If testosterone levels are too high or too low, the surge is mis-timed, or the fetus does not process the testosterone correctly (due to

² American Psychiatric Association. (2013). *Gender Dysphoria Fact Sheet*. Washington, DC. Retrieved from <http://www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf>



androgen insensitivity or endocrine affecting chemicals), it has been shown to affect gender identification, role behavior, and sexual orientation.³

Q: How many transgender individuals are there in America? In the US military?

A: There are approximately 700,000 transgender people in the US; an estimated 15,000 are serving currently.^{4, 5} Transgender people are twice as likely to have served in the military as the general population.⁶

Q: Does being transgender mean an individual is psychologically unstable?

A: It does not. In May 2013, the most recent (fifth) edition of Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-5) was released, which de-pathologized gender nonconforming behavior and identities, removed the earlier Gender Identity Disorder (GID) diagnosis, and placed gender dysphoria in its own distinct category. The APA states in this document, “It is important to note that gender nonconformity is not in itself a mental disorder.”⁷ In the past few years, most major medical and psychological organizations have adopted positions opposing discrimination against transgender individuals, including the withholding of medically necessary care.⁸

Q: What types of medical care do transgender service members require?

A: Courses of treatment vary from person to person. As with many conditions, the individual selects treatment options based on the recommendations of his or her doctor and other consulting specialists.

Treatment typically begins with counseling or psychotherapy to confirm a diagnosis of gender dysphoria. Counseling also provides the individual with the opportunity to better

³ Bakker, J., (2014) Sex Differentiation: Organizing Effects of Sex Hormones, *Focus on Sexuality Research*, pp 3-23 (“There is also evidence, albeit clinical, for a role of testosterone in the sexual differentiation of the human brain, in particular in inducing male gender role behavior and heterosexual orientation.”), Winneke, G., et al., (2013) Behavioral Sexual Dimorphism in School-Age Children and Early Developmental Exposure to Dioxins and PCBs: A Follow-Up Study of the Duisburg Cohort, *Environmental Health Perspectives*, 122, 292–298; <http://dx.doi.org/10.1289/ehp.1306533>. (“...We conclude that there is sufficient evidence that EDCs modify behavioral sexual dimorphism in children, presumably by interacting with the hypothalamic-pituitary-gonadal (HPG) axis.”), Chung, W.C., Auger, A.P., (2013). Gender differences in neurodevelopment and epigenetics, *Pflügers Archiv - European Journal of Physiology*, 465(5), 573-584 (“Gender-dependent differentiation of the brain has been detected at every level of organization--morphological, neurochemical, and functional--and has been shown to be primarily controlled by sex differences in gonadal steroid hormone levels during perinatal development.”)

⁴ Gates, Gary J., (2011) How many people are Lesbian, Gay, Bisexual, and Transgender?. *Williams Institute Press*, Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>

⁵ See Gary Gates and Jody Herman (forthcoming). *Transgender Military Service in the United States*, Los Angeles, CA: Williams Institute. Drs. Gates and Herman are in the process of updating their calculations.

⁶ Harrison-Quintana, J., Herman, J.L., (2013). Still Serving in Silence: Transgender Service Members and Veterans in the National Transgender Discrimination Survey. *LGBTQ Policy Journal*, Vol. 3

⁷ American Psychiatric Association. (2013). *Gender Dysphoria Fact Sheet*. Washington, DC. Retrieved from <http://www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf>

⁸ Lambda Legal. (2013). *Professional Organization Statements Supporting Transgender People in Health Care*. New York, NY. Retrieved from http://www.lambdalegal.org/publications/fs_professional-org-statements-supporting-trans-health



understand his or her gender identity, address the negative impact of gender dysphoria and stigma on mental wellness, enhance social and peer support, and build resilience in preparation for transition. As part of this process, internationally recognized standards of care recommend in most cases that the individual begin living part-time or full-time in the gender role more consistent with their gender identity. This shift is typically made prior to any further medical intervention and, often, as an eligibility requirement for receiving such intervention.⁹

Medical interventions often associated with transition include the following:

- Hormone Replacement Therapy (HRT) administered via pills, intramuscular injections, or transdermal patches or gels;
- Surgery to change primary and/or secondary sex characteristics (e.g., breasts/chest, external and/or internal genitalia, facial features).¹⁰

Standards of Care and Ethical Guidelines for treatment are published and maintained by the World Professional Organization for Transgender Health (WPATH), an international professional organization established in 1979.¹¹

Q: What are the projected costs of providing appropriate medical care for transgender service members?

A: A recent study by the Williams Institute of UCLA showed that in civilian contexts, the cost to employers of providing transgender individuals with appropriate health care raised gross premium costs by no more than a four tenths of a percent for large companies, and as little as four one-hundredths for smaller organizations.¹² Applied to the military context, providing appropriate health care is significantly more cost effective than discharging transgender service members without cause. For example, it cost over

⁹ Bocking, W. O., & Goldberg, J. M. (2006). Guidelines for transgender care (special issue). *International Journal of Transgenderism*, 9(3/4)., Bolin, A. (1994). Transcending and transgenering: Male-to-female transsexuals, dichotomy and diversity. In G. Herdt (Ed.), *Third sex, third gender: Beyond sexual dimorphism in culture and history* (pp. 447-486). New York: Zone Books., Rachlin, K. (1999). Factors which influence individual's decisions when considering female-to-male genital reconstructive surgery. *International Journal of Transgenderism*, 3(3). Rachlin, K., Green, J., & Lombardi, E. (2008). Utilization of health care among female-to-male transgender individuals in the United States. *Journal of Homosexuality*, 54(3), 243-258.

doi:10.1080/00918360801982124, Rachlin, K., Hansbury, G., & Pardo, S. T. (2010). Hysterectomy and oophorectomy experiences of female-to-male transgender individuals. *International Journal of Transgenderism*, 12(3), 155-166.

doi:10.1080/15532739.2010.514220

¹⁰ World Professional Association for Transgender Health ("WPATH"), *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* (7th Ed), at 9. Retrieved from http://www.wpath.org/uploaded_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf ("Postoperative patients should undergo regular medical screening according to recommended guidelines for their age.")

¹¹ World Professional Organization for Transgender Health, *International Symposia*. Retrieved from http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1347&pk_association_webpage=4229.

¹² Herman, J.L. (2013). Costs and Benefits of Providing Transition-Related Health Care Coverage in Employee Health Benefits Plans : Findings from a Survey of Employers, *Williams Institute Press*. Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Herman-Cost-Benefit-of-Trans-Health-Benefits-Sept-2013.pdf>



half a million dollars to train CT3 Landon Wilson¹³, a U.S. Navy Cryptologic Technician discharged in 2014 for being transgender, yet the average total lifetime costs of transition-related claims per individual is less than \$30,000.¹⁴

Q: Will the DoD be able to provide the medical expertise necessary to care for transgender service members?

A: Most of the care transgender service members require can be handled by a general practitioner.¹⁵ DoD doctors already perform some of the surgical procedures transgender service members may need, such as breast reconstruction, augmentation, reduction, and hysterectomy.¹⁶ In those few cases where DoD medical professionals lack proper expertise or DoD medical facilities are not properly equipped, there are already administrative systems in place, such as TriCare, to allow service members to obtain access to appropriate specialists outside DoD.¹⁷

Q: Don't transgender individuals require a lot of extra, specialized medical care after transition?

A: No. Post-transition, most transgender individuals who are otherwise healthy see a general practitioner once or twice a year for routine blood work and prescription renewal.^{18, 19}

Q: Are transgender people deployable to forward locations and other austere environments?

A: Yes. In fact, DoD has been deploying transgender individuals for over a decade as civilians and contractors to Afghanistan, Iraq, and the Persian Gulf and embedding them

¹³ Londoño, E., (2014, April 26). *For transgender service members, honesty can end career*, Washington Post. Retrieved from http://www.washingtonpost.com/world/national-security/for-transgender-service-members-concept-of-dont-ask-dont-tell-remains-a-reality/2014/04/26/c0597936-ccb6-11e3-93eb-6c0037dde2ad_story.html

¹⁴ Department of Insurance, State of California. (2012). *Economic Impact Assessment: Gender Nondiscrimination in Health Insurance*, Retrieved From <http://transgenderlawcenter.org/wp-content/uploads/2013/04/Economic-Impact-Assessment-Gender-Nondiscrimination-In-Health-Insurance.pdf>

¹⁵ National Health Service, U.K. (2013) *Interim Gender Dysphoria Protocol and Service Guideline 2013/14*. London, U.K. Retrieved from <http://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-proto.pdf>

¹⁶ TRICARE. (n.d.). *TRICARE List of Covered Services*. Recovered from <http://www.tricare.mil/CoveredServices/SeeWhatsCovered/Mastectomy.aspx> (“TRICARE covers subcutaneous mastectomy as an alternative treatment for non-cancerous breast diseases for patients who are not at high risk for breast cancer.”)

¹⁷ TRICARE. (n.d.). *Out-of-Network Requests for TRICARE Prime Beneficiaries*. Retrieved From <https://www.hnfs.com/content/hnfs/home/tn/common/auth/NonNetworkProvider.html/pp/content/hnfs/home/tn/prov.html> (“In the rare case that network providers are not available or there is a **clinically significant reason** care must be provided by a non-network provider, clear and detailed documentation must be provided for consideration of this request.”)

¹⁸ Feldman, J. (2007). Preventive care of the transgendered patient. *Principles of transgender surgery and medicine*, 33- 72. (“...every transsexual, transgender, and gender non-conforming person should partner with a primary care provider for overall health needs.”)

¹⁹ World Professional Association for Transgender Health (“WPATH”), *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* (7th Ed), *supra* note 9 at 65



with US forces there.^{20, 21, 22} In this capacity, transgender Americans have served openly in forward locations such as Camp Anaconda and Balad Air Base in Iraq, New Kabul Compound and Kandahar Air Base in Afghanistan, and aboard US Navy ships operating in the Persian Gulf. Additionally, our allies have successfully deployed transgender service members for more than 20 years and into every theater of the war on terror.²³ There are no special medical requirements that would prevent a transgender service member from deploying to any location where US troops serve today.²⁴

Q: Will providing transgender service members access to necessary medications place an additional burden on the military health care system?

A: No. The military health care system already provides the medications commonly used for HRT to non-transgender service members as treatment for other conditions. HRT for transgender service members would not require new pharmaceuticals, logistics, or significant cost.²⁵

Q: What if a transgender service member is prevented from accessing their medications due to logistical or tactical circumstances?

A: Such a situation is highly unlikely. Allied militaries in which transgender individuals serve openly have found the rate of such occurrences to be extremely low. In those circumstances where temporary loss of access to HRT medications is truly unavoidable, the effects are neither debilitating nor life threatening.^{26, 27}

*I was on oral HRT from day one as this was prescribed by my NHS endocrinologist, and simply stocked up from my medical center before deployment. When I suddenly found myself extended for 2 months in the Falklands in 2011, I ordered more through the medical center there.*²⁸

– Flight Lieutenant Ayla Holdom, RAF

²⁰ Tannehill, B., (2013, June 11). A Life of Service. *OutServe Magazine*. Retrieved from <http://outservemag.com/2013/06/a-life-of-service/>

²¹ Stetson, Ericka A., (2013, March). Deployed, Trans and OUT. *OutServe Magazine*. Retrieved from <http://outservemag.com/2013/03/deployed-trans-and-out/>

²² Tannehill, B., (2013, April 11). Deployed While Trans: The Rachel Bolyard Story. *OutServe Magazine*. Retrieved from <http://outservemag.com/2013/04/deployed-while-trans-the-rachel-bolyard-story/>

²³ Canadian Military Can't Bar Homosexuals, Court Rules. *New York Times* (1992, November 4). Retrieved from <http://www.nytimes.com/1992/11/04/world/canadian-military-can-t-bar-homosexuals-a-court-rules.html?pagewanted=1> (*This ruling was also applied to transgender service members, who were also considered a sexual minority*).

²⁴ Elders, J., Steinman, A.M. (2014). Report of the Transgender Military Service Commission, *Palm Center*, Retrieved from <http://www.palmcenter.org/files/Transgender%20Military%20Service%20Report.pdf>

²⁵ TRICARE. (n.d.). *TRICARE List of Covered Services: Hormone Replacement Therapy*. Retrieved from <http://www.tricare.mil/CoveredServices/SeeWhatsCovered/HormoneReplacementTherapy.aspx> (*"Hormone replacement therapy is covered through the TRICARE pharmacy benefit. The drug(s) prescribed for hormone replacement therapy must be: FDA approved, Prescribed in accordance with labeled indications."*)

²⁶ Ashbee, O., Goldberg, M., Hormones: A guide for MTFs. Vancouver Coastal Health, 2006.

²⁷ Ashbee, O., Goldberg, M., Hormones: A guide for FTMs. Vancouver Coastal Health, 2006.

²⁸ Flight Lieutenant Holdom, personal communication, July 7, 2013. Available upon request.



Q: Will transgender service members spend a lot of time in a non-deployable status?

A: No. Transgender service members in other countries report spending less than six months total in a medically non-deployable status. Typically, the medical elements of transition that might affect readiness are scheduled so as not to impact unit readiness (i.e. while the unit is on a home cycle).

I was kept at G1 A1 Z1 [physically fit for flying and ground deployment without any restriction] and retained my flying category throughout, with the exceptions of having a month off flying duties when I began my HRT (which is the standard time-period for any long-term medication) and 6 months off flying in total, following my Gender Reassignment Surgery (GRS), during which time I was medically downgraded to P7 (non-deployable)... Shortly after I began HRT though, before my public transition, I was deployed for 7 weeks to the Falkland Islands in a flying role and again for 9 weeks towards the end of my transition, a few months before my GRS.

I am now A1 P2, which means there's no restriction to my flying or my deploying and is simply a marker to show I am on long-term medication.²⁹

– Flight Lieutenant Ayla Holdom, RAF

Q: What about uniforms?

A: In most countries where transgender individuals serve openly, regulations stipulate a timeline or order within which the events of a service member's transition will take place. The service member works with his or her chain of command to customize the transition timeline so that it best suits the particular circumstances of both the service member and the unit. (An example of a regulatory timeline, in this case from the Australian Defence Force, is included at Appendix A.)

The transition timeline centers on the date on which the service member's gender is changed in his or her military records. From the date of that change, transitioning service members are held to the same grooming and uniform standards as others of that gender.³⁰ For many individuals, their daily uniform is unisex and little change is required.

²⁹ Flight Lieutenant Holdom, personal communication, July 7, 2013. Available upon request.

³⁰ Royal Australian Air Force. (2013). *Air Force Diversity Handbook: Transitioning Gender in the Air Force*. Retrieved from <http://www.defglis.com.au/resources/GenderTransitionGuide.pdf> ("Upon presenting the Medical Certification (or Form PM101) to the Clothing Store you will be entitled to wear the uniform appropriate to your affirmed gender including the issue of new name tags.")



*I picked up my new uniform a few days before I began to present in work, as I had arranged a date to begin with my line management, the medical staff on unit and the admin staff.*³¹ – **Senior Aircrewman with the RAF**

*The uniform didn't change as it's the same for everyone (unisex). There is a set of dress uniforms which is specific to gender but is not compulsory.*³²
– **CPL Rebekah Anderson, RAF**

Q: What about billeting of transgender service members?

A: There is no reason transgender service members cannot be billeted with others of their officially recognized gender both pre- and post-transition. In the UK, during the period between the official change of gender and the completion of transition, Single Living Accommodation (SLA) is often used.³³ In many circumstances no change is needed (when individuals live off-base, for example).³⁴

*I was placed into an ensuite room of my own within a mixed sex block. This is to separate myself from others so as not to make people uncomfortable when using shared ablutions [bathroom and shower facilities] and also to prevent my being uncomfortable when placed into that type of situation.*³⁵ – **Senior Aircrewman with the RAF**

I lived in my own home, so this wasn't really an issue. – **Flight Lieutenant Ayla Holdom**

Q: To what physical readiness standards should transgender service members be held?

A: It takes about a year for HRT to take its full effect and the transitioning individual's physiological characteristics (such as muscle mass) to become analogous to those of the gender to which they are transitioning. After that year, transgender individuals hold no significant competitive advantage or disadvantage over their non-transgender counterparts.³⁶ For this reason, the National Collegiate Athletic Association (NCAA)

³¹ Anonymous transgender Servicemember in the UK, personal communication, July 7, 2013. Transcript available upon request, Servicemember's name redacted.

³² CPL Rebekah Anderson. personal communication, July 7, 2013. Available upon request.

³³ Ministry of Defence, U.K. (2009). *Policy for the Recruitment and Management of Transsexual Personnel in the Armed Forces*. (UK Defense Instruction Notice 2009DIN01-007), London, U.K. ("The rules for transsexual personnel should be no different to those that apply to the gender group to which the transsexual person intends to transition and that apply to all individuals who live within SLA. The same applies to the use of ablutions.")

³⁴ Id. *Supra* 30 para 80.

³⁵ Anonymous transgender Servicemember in the UK, personal communication, July 7, 2013. Transcript available upon request, Servicemember's name redacted.

³⁶ Devries, M.C. (2008). Do Transitioned Athletes Compete at an Advantage or Disadvantage as compared with Physically Born Men and Women: A review of the Scientific Literature. *AthletesCAN*. Retrieved from http://www.caaws.ca/e/wp-content/uploads/2013/02/Devries_lit_review2.pdf.



requires transgender women to undergo one year of HRT before competing on women's teams; transgender men are no longer allowed to compete on women's teams after beginning HRT.³⁷

In allied militaries where transgender service members serve openly, they typically skip one physical readiness cycle during transition while they gain or lose muscle mass as a result of HRT. After this cycle they are held to the standard of their new gender. The point at which an individual is considered to have completed gender transition may vary from person to person, depending on medical treatment and other factors, and thus each case should be considered on an individual basis.³⁸

I maintained sufficient fitness while on HRT in my first year to pass the male fitness standard (though of course, not to the high level that I had in the past). Once I'd transitioned publically, prior to GRS, I simply passed to the female standard. This wasn't even questioned and seemed fairly straightforward as all my records had changed to read female by then. It was a simple administrative change in that sense. – Flight Lieutenant Ayla Holdom, RAF

Q: How should privacy in places like bathrooms and locker rooms be handled for transitioning service members?

A: In most situations outside of basic training, open bay showers and bathrooms no longer exist. In those cases where additional privacy is needed in fixed facilities, the solution can be as simple as adding shower curtains. For transgender service members living in their own private housing such concerns are lessened. Upon completion of transition, of course, no special accommodations are needed.

Privacy in the field is a common concern even in the current regulatory environment, and service members have developed various means of ensuring privacy is maintained in these contexts. Mixed-gender groups of service members who share field quarters often hang blankets or improvise other means of protecting one another's privacy. Where there is only one field shower facility available for both genders, use of the facility takes place on a gender-segregated schedule.

³⁷ Griffin, P., Carroll, H. (2011). NCAA Inclusion of Transgender Student-Athletes. *NCAA Office of Inclusion*. Retrieved from http://www.ncaa.org/sites/default/files/Transgender_Handbook_2011_Final.pdf.

³⁸ Ministry of Defence, U.K. (2009). ("To account for physiological differences in absolute fitness standards between males and females, tests of 'general fitness' must, and do, set appropriate standards relative to the gender (and age) of those taking the test. The point at which an individual is considered to have completed gender transition may vary from individual to individual, depending on medical treatment and other factors, thus each case should be considered on an individual basis.")



Transgender service members should only be asked to utilize separate facilities on a purely temporary basis to facilitate transition.³⁹

The day I transitioned, I moved my locker into the female changing facilities. It was fairly black and white for my colleagues (being a close-knit unit).

I deployed to the Falklands twice during my transition; once while still presenting as male (though on HRT) and once just prior to GRS. This presented minor issues due to the communal bathroom facilities, shared with a corridor of people (all SAR crews). This is a hangover from many years ago and there is now a sign on the door which is turned to either “male” or “female”... With the few colleagues I was deployed with, it was no secret and I simply chatted with them about the situation, resolving to turn the sign to a neutral position whenever I was using the showers.⁴⁰

– Flight Lieutenant Ayla Holdom, RAF

Q: What about situations like basic training where there is no privacy?

A: In allied countries that allow transgender individuals to serve openly, those desiring to join the service that are still in the process of transitioning are asked to complete transition and re-apply when they have finished.⁴¹

Q: Will transgender people join the service just to get access to surgery?

A: Unlikely. Our allies have not experienced significant adverse selection, as this phenomenon is known, nor have US civilian organizations that provide insurance coverage for transition-related medical care.⁴² Here in the US, if an individual wants coverage for transition-related medical treatment there are far easier ways to obtain it than joining the military. Nearly a third of the Fortune 500 already offer such benefits to their employees and more and more smaller companies, colleges and universities, and states and municipalities are offering transgender-inclusive health care plans. These include many low-skill, entry-level employers like Walgreens and Target.⁴³

³⁹ Id. Para 79 (“It is unlawful to treat a transsexual person as though they are neither male nor female and to insist on him or her using separate facilities, such as an accessible toilet for disabled people, on a permanent basis. Each case should be individually managed in consultation between the individual, chain of command and medical officers.”)

⁴⁰ Flight Lieutenant Holdom, personal communication, July 7, 2013. Available upon request.

⁴¹ Ministry of Defence, U.K. (2009). (“Transition is often very challenging and transsexual people undergoing a long and difficult transition may feel isolated and distressed. For this reason recruitment into the Armed Forces and initial training may not be compatible with the supportive environment that is essential for transsexual people at this time.”)

⁴² Herman, J.L. (2013).

⁴³ Human Rights Campaign. (2013). *Corporate Equality Index 2014: Rating American Workplaces on Gay, Lesbian, Bisexual, and Transgender Equality*. Washington, D.C. ISBN 978-1-934765-29-0 Retrieved from http://hrc-assets.s3-website-us-east-1.amazonaws.com/files/assets/resources/CEI_2014_final_draft_7.pdf



Q: Will service members be allowed to switch genders back and forth at will?

A: Among our allies that allow transgender people to serve openly, most allow only those who have expressed a clear, consistent, and persistent gender identity different than the sex they were assigned at birth (and who have received appropriate mental health care to that end) to change their official gender and transition.

Q: Will other troops accept transgender service members?

A: Many transgender SPARTA members who are open to some degree in their units about their condition are being received favorably by peers and the chain of command. Their colleagues and superiors judge them on how they perform their duties. The President⁴⁴ and the Chief of Naval Operations have both unknowingly met and interacted with transgender service members in the last 12 months and treated them as their transitioned gender.

We regularly hear reports of commanders who desperately don't want to lose their best people just because they are transgender. Similarly, in the UK, transgender service members have by and large been accepted and embraced by their units.

I was struck by how, shortly after my coming out went 'nuclear', I had old and bold Warrant Officers coming to me to shake my hand and offer their heartfelt support. These were colleagues who grew up in a military where being gay or transgender would at best result in the loss of your job and dignity, and at worse would result in a 'bit of a kicking behind the bike sheds'. It really struck me, with not a small amount of pride, how over just a decade this significant change in military policy was reflected in genuine change of ethos as well.

This was also highlighted the day I drove in to pick up my new ID card. Naturally, to get onto the base I had to use my old ID card, which didn't really match my appearance. The grizzled guard on the gate checked my ID, then just smiled warmly and said, "Don't worry Ma'am, you're not the first and you certainly won't be the last. Good luck to you." – Flight Lieutenant Ayla Holdom, RAF

I have had no negative comments regarding my transition and the support from my work colleagues has surpassed my expectations. Considering the military environment I was dubious and actually scared as to how people would react before I came out about it. Looking back I realize that

⁴⁴ Anonymous. (2013, May 31) Transgender Soldier Meets the President. *OutServe Magazine*. Retrieved from <http://outservemag.com/2013/06/trans-man-soldier-meets-the-president/>



probably the most difficult step of my entire transition was having to step forward to people I knew quite closely and tell them that I was trans, what that means, and how it would affect them. – **Senior Aircrewman with the RAF**

When they pinned the ARCOM on me my regimental commander, full bird infantry colonel, told me, “I just want you to know that I am proud of your accomplishments here and you have left a lasting mark on this unit...Jacob.” – **Transgender man in the US Army National Guard, on his CO using his male name**

So by the time I got out everybody knew I was trans and the overall attitude was that it was a shame I had to end my military career in order to make it happen for me. When our squadron commander came by the watch floor one day, we happened to have a nice conversation about it and she was also really cool about it. She even bemoaned the fact that she was losing talented airmen because of such an awful policy.” – **Recently Separated US Air Force Chinese Linguist**

Overall, their reaction was extremely positive. My Chief pulled me aside. He told me that it was up to me to tell or not tell anyone I wanted, but that no matter what, he would wield the EO policy with extreme prejudice against anyone who tried to use this against me. His exact words were, “They’ll be out of the section before their ass hits the ground.” – **USMC Reserve E-4**

Q: Why make this change now?

A: First, **the current regulations burden and eliminate good people for bad reasons.** During down cycles it becomes all the more imperative to retain the best people. Indiscriminately separating highly trained, motivated, and capable individuals who are more expensive to replace than to retain disrupts units and wastes taxpayer dollars. Additionally, current policy discourages “closeted” transgender service members from reporting a range of issues that might affect their performance, from health problems to sexual assaults. Transgender troops returning from multiple combat tours are reluctant to talk to mental health professionals because being fully honest will also result in losing their careers. These policies are hurting the good people we already have.

Second, **the current regulations keep the US Armed Forces from recruiting and retaining the best talent.** The DoD ranks 40th out of 108 nations in LGBT inclusion according to a 2014 study by the Hague Centre for Strategic Studies – behind countries



like Albania, Cuba, South Africa, and the former Soviet state of Georgia.⁴⁵ This is in large part due to the existing medical policy on transgender service members. While the US does nothing to address the issue, other countries continue to progress, and US will fall even further behind. Being viewed as backward, behind the times, or biased costs our military the top recruits.

3. The current regulations deny integrity to thousands of transgender service members. Today's policies force transgender service members to hide who they are from their fellow service members, their leaders, and the medical personnel charged with supporting them and maintaining their readiness. Of even greater concern, however, is the fact that we're forcing them to disregard one of our highest shared values: our honor. Former Chairman of the Joint Chiefs of Staff Admiral Mike Mullen addressed this issue in testimony before Congress near the end of DADT. His words are just as true today when applied to transgender service members as they were then:

No matter how I look at this issue, I cannot escape being troubled by the fact that we have in place a policy which forces young men and women to lie about who they are in order to defend their fellow citizens. For me personally, it comes down to integrity – theirs as individuals and ours as an institution.⁴⁶

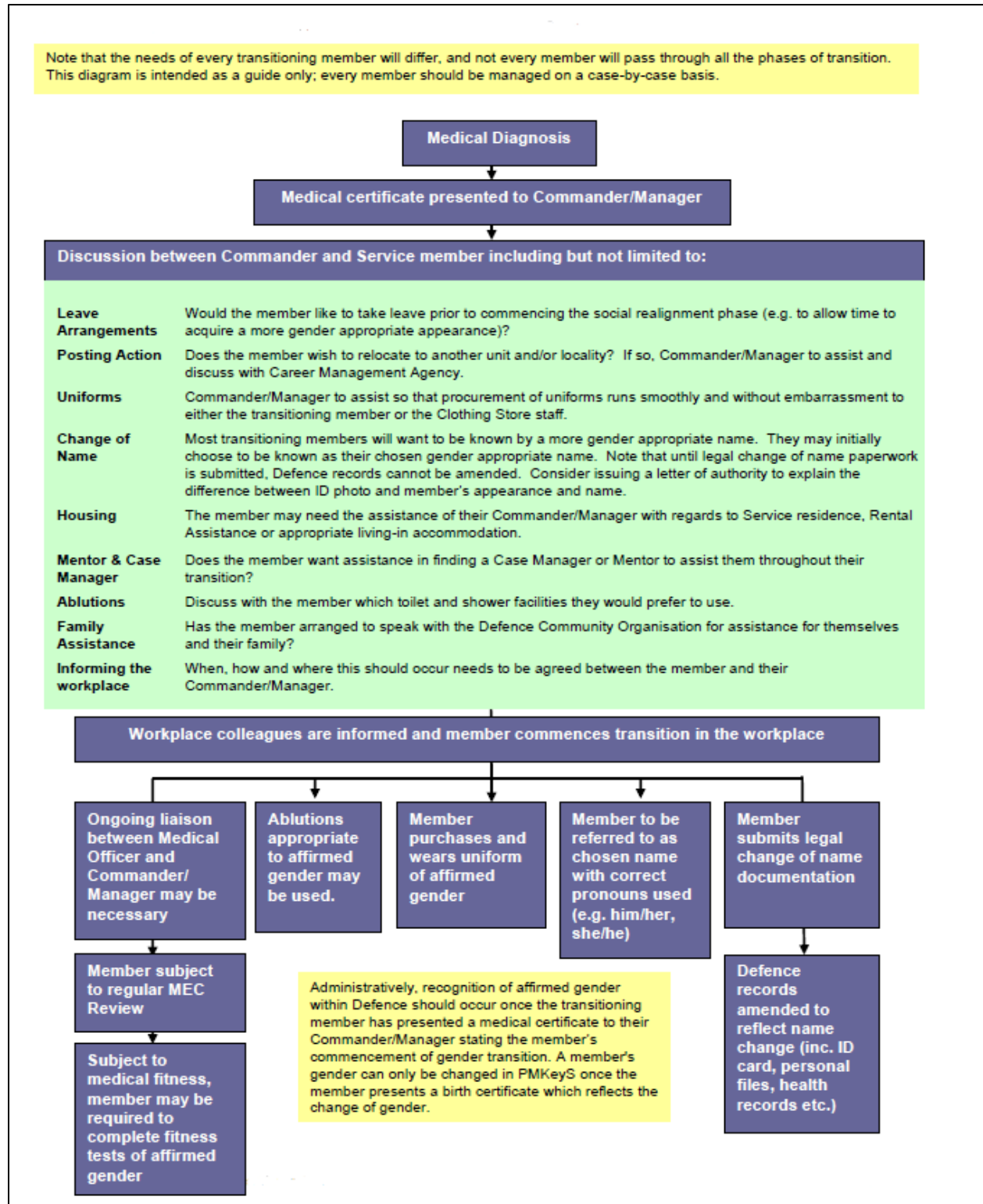
Transgender service members simply want to serve with honor and integrity.

⁴⁵ The Hague Centre for Strategic Studies. (2014). *Online Interactive Map of LGBT Inclusion in Armed Forces*. Retrieved from <http://projects.hcss.nl/monitor/88/>

⁴⁶ The Daily Beast. (2010, February 2). *Adm. Mullen Blasts Don't Ask Don't Tell*. Retrieved from <https://www.youtube.com/watch?v=X83ldnqOSdk>



APPENDIX A: Example transition timeline (Australian Defence Force)



Source: *Understanding Transitioning Gender in the Workplace*, Australian Government, Department of Defence. v1.02 dated 17 August 2011. ("Annex B: Administration of Transitioning ADF Members")