



SERVICE MEMBERS. PARTNERS. ALLIES FOR RESPECT AND TOLERANCE FOR ALL



Transgender Military Service: A Guide to Implementation

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About the Authors

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Tannehill serves as Director of Advocacy for SPARTA, and on the board of Equality Ohio. She currently lives in Xenia, Ohio with her spouse and their three children.

Allyson Dylan Robinson enlisted in the Army in 1989 as a combat medic. She accepted an appointment to West Point the following year and was commissioned as an Air Defense Artillery officer in 1994 after graduating with a degree in physics. She commanded PATRIOT missile units in Europe and the Middle East, served as a senior NATO evaluator, and advised the armed forces of Saudi Arabia, Kuwait and Qatar. Robinson left active duty in 1999 to follow a call to Christian ministry, leading congregations for nearly a decade and earning a master of divinity degree from Baylor University. After her gender transition, Robinson led internal and external diversity initiatives at the Human Rights Campaign and was the first transgender person to lead a national LGBT organization as executive director of OutServe-SLDN. In 2013 she founded Warrior Poet Strategies, a Washington, D.C. based consulting firm.

As SPARTA's Director of Policy, Robinson represents the organization's members in Washington. She, her wife of 20 years, and their four children live in D.C.'s Maryland suburbs.

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Fulton currently serves as President of SPARTA, and lives with her wife Penny Gnesin in Asbury Park, NJ.

SPARTA is an association of lesbian, gay, bisexual, and transgender people who currently serve or have served in the U.S. armed forces and their families. Its mission is to advocate for and support our actively serving LGBT service members, veterans, and their families. As a membership organization, SPARTA exists by and for the LGBT military community. The name SPARTA originated as an acronym for "Servicemembers, Partners, and Allies for Respect and Tolerance for All."

Introduction

This guide recommends specific steps to implement the inclusion of transgender service members into the United States Armed Forces, based on a detailed review of relevant allied military and US civilian policies and practices.

The guide's military policy analysis is broken down into eleven chapters, which examine those policy areas that must be addressed to facilitate inclusion of transgender service members in the DOD. These sections also include excerpts of interviews with transgender service members in the United Kingdom, Australia, Canada, and New Zealand. Conducted between June 2013 and November 2014, these interviews reflect the manner in which our allies have implemented the various aspects of transgender inclusion, as well as the strengths and weaknesses of their respective policies from the perspective of the transgender service member.

This guide also examines the policies of certain U.S. civilian analogues to the DOD to further inform the development and implementation of transgender-inclusive policies within DOD. These analogues include civilian police and fire departments, commercial airlines, Department of State (DOS) Foreign Service Officers, and the Intelligence Community (IC).

At the end of each chapter, we provide specific policy recommendations for the Department of Defense.

Taken together, the Conclusions and Recommendations sections of each chapter provide a roadmap for a comprehensive policy allowing for the effective inclusion of transgender service members in DOD.

Appendices include supporting material, as well as a "Frequently Asked Questions" (FAQ) document that can serve as a primer on the topic for senior leaders and other decision makers.

Background

Current DOD policy is outdated. Current DOD regulations and policies fail to reflect the most current medical, psychological, and psychiatric understandings of gender identity, resulting in frequent confusion and conflicting guidance for DOD medical and behavioral health personnel.

Briefly, DOD regulations view transgender people as medically disqualified for service. The overarching basis for military policy preventing transgender military service is the DOD Instruction 6130.03: Medical Standards for Appointment, Enlistment, or Induction in the Military Services¹.

This document lists disqualifying conditions which preclude military service, and includes:

14 Female Genitalia f: History of major abnormalities or defects of the genitalia including but not limited to change of sex (P64.5) (CPT 55970, 55980), hermaphroditism, pseudohermaphroditism, or pure gonadal dysgenesis (752.7).

15 Male Genitalia f: History of major abnormalities or defects of the genitalia including but not limited to change of sex (P64.5) (CPT 55970, 55980), hermaphroditism, pseudohermaphroditism, or pure gonadal dysgenesis (752.7).

29.r: Current or history of psychosexual conditions (302) including but not limited to transsexualism (sic), exhibitionism, transvestitism, voyeurism, and other paraphilias.

The language used in the regulations above includes terms which are medically archaic (hermaphroditism, transsexualism), or represent outdated classifications (gender dysphoria is not classified as a paraphilia). The language on transgender phenomena in DODI 6130.03 is based on information in Diagnostic and Statistical Manual (DSM) III of the American Psychiatric Association. The DSM-III was released in 1980 and has been superseded four times since then.

In recent years, America's foremost medical and psychological professional organizations have adopted positions opposing discrimination against transgender individuals, including the withholding of medically necessary care.² In May 2013, the Fifth Edition of Diagnostic and Statistical Manual (DSM-5) of the American Psychiatric Association (APA) was released, which de-pathologized gender non-conforming identities, removed Gender Identity Disorder (GID) as a diagnosis entirely, and placed gender dysphoria in its own (non-paraphilic) category.³ The APA states, "It is important to note that gender nonconformity is not in itself a mental disorder."

Experience of Transgender Service Members. Transgender people account for .3% of the population.⁴ However, they are also twice as likely as the general populace to serve in the military, suggesting that up to .6% of service members are transgender.⁵ A recent study indicates there are more than 15,000 transgender individuals serving in the US Armed Forces today – and over 134,000 transgender veterans.⁶

¹ (DoD, 2011)

² (Lambda Legal, 2013)

³ [American Psychiatric Association (APA), 2013]

⁴ (Gates, 2011)

⁵ (Harrison-Quintana & Herman, 2013)

⁶ (Gates & Herman, 2014)

Transgender service members often experience isolation because they cannot seek medical help for their condition without jeopardizing their careers⁷ and cannot reveal their identity even within supposedly safe spaces.⁸ Sometimes they are even reluctant to engage support groups specifically for lesbian, gay, bisexual, and transgender (LGBT) service members, fearing the group members will prove untrustworthy with potentially damaging information.⁹

These factors drive some transgender service members to seek medical and mental health treatment outside the military medical system in violation of the UCMJ. Increasingly, those wishing to transition begin Hormone Replacement Therapy (HRT) under the supervision of a civilian physician at their own expense. In other cases they acquire HRT medications without a prescription from overseas providers.¹⁰

Those who find their way to SPARTA's confidential online support group for transgender service members, SPARTA Trans, frequently report that belonging to the group relieves the isolation, depression, and stress, while providing a strong sense of solidarity with others in a similar position. Group members have shown a significantly increased resilience in the face of isolation and resistance to negative mental health outcomes. This may be due to the combination of having a strong support network and being consistently employed. However, the risk of losing their employment if they are discovered to be transgender is a significant stressor. Additional stressors include the effort to hide who they are and the lack of access to appropriate medical care which follows WPATH, AMA, American Psychological Association, and American Psychiatric Association guidelines.¹¹

The experiences of transgender service members echo the experiences of gay and lesbian service members under the repealed "Don't Ask, Don't Tell" (DADT) policy. SPARTA Trans members frequently report that they do not fully engage with other members of their units for fear that "something will slip." They describe how being forced to hide their identity adversely affects unit cohesion and morale.¹² Ultimately many highly-trained top performers choose to leave the service prematurely.¹³ Many are separated involuntarily.

Increasingly, service members are choosing to reveal their experiences with gender dysphoria to medical or mental health personnel, or even to their commands. Over the last 24 months results with mental and medical health care professionals have become more positive.¹⁴ A growing number of DOD providers openly express frustration with the policy to transgender patients and encourage them to challenge the policies.¹⁵ Some health care providers have sought clarification of the policy or additional guidance via JAGC and Medical Corps channels.

One of the few negative interactions SPARTA Trans members have experienced with military mental health was a counselor who incorrectly believed gender dysphoria to be a delusion (that of being another gender). Ignoring diagnostic criteria, the provider inappropriately diagnosed the

⁷ (Kerrigan, 2010; Tannehill, 2013, September 12)

⁸ (Tannehill, 2013, December 16)

⁹ (Tannehill, 2012, September 12)

¹⁰ (Tannehill, 2013, January 2)

¹¹ (Eleazer, Nguyen, & Budge, 2014; Tannehill, 2013, December 16)

¹² (Eleazer, Nguyen, & Budge, 2014; Parco, 2014; Young, 2013, May 15)

¹³ (Tannehill, 2013, February 7)

¹⁴ (Tannehill, 2013, December 16)

¹⁵ (Wilson, 2014)

service member with schizophrenia. One mental health provider admitted initiating separation proceedings had nothing to do with the service member's performance or ability to continue to do their job, but that "getting rid of 'undesirables' is "in the military's best interest."

Results when transgender service members have revealed their condition to their commands has been mixed. Frequently commanders are attempting to find ways to retain top performing service members.¹⁶ Some commanders choose to pretend the conversation did not take place. Others choose to ignore that the individual is under a doctor's care for their condition.¹⁷ In a few cases, the transgender service member's identity has been actively acknowledged and supported by the chain of command, contravening the current policy.¹⁸ Many Reserve Component commanders have actively fought to retain transgender service members. Some recruiters have shown a willingness to request waivers for individuals who have completed a medical transition and desire to re-enter the service.¹⁹

In some cases, a single individual within an otherwise supportive unit has complained about the transgender service member to the chain of command and forced a separation.²⁰ However, in other cases individuals who come out have been supported by their peers.²¹ Most of the members who are open about their transgender identity and have been accepted to some degree are transgender men (people who were assigned female at birth who are transitioning or have transitioned to male).

Several members of SPARTA Trans have been sexually assaulted, but have chosen not to report it for fear of being "outed" during an investigation. One transgender man in SPARTA was repeatedly sexually assaulted by his supervisor, but would not report it for fear of being exposed as transgender. He was discharged due to the psychological trauma he suffered. Only after his discharge did he come out and report the assaults. He was rated as 70% disabled as a result of these assaults and the inability to receive appropriate medical attention and mental health care for them.

It must be noted that the majority of SPARTA Trans members report not having revealed that they are transgender to anyone else within the military. They view the clear risks as outweighing any potential benefits and recognize there is confusion among commanders, medical, and administrative personnel regarding how to apply the current policies. These leaders often struggle to determine appropriate courses of action when their professional ethics or standards of care come into conflict with DOD and service-specific regulations.

The result is a high degree of inconsistency in the application of the policies across the force, and therefore in how transgender service members are being treated by their commanders, peers, support personnel, and others of influence.²² With this inconsistency comes increasing risk for DOD. Not only are highly-trained, highly-qualified transgender service members being lost, but they run an increased risk for mistreatment or assault as long policy remains unchanged. DOD

¹⁶ (Tannehill, 2013, August 10)

¹⁷ (Tannehill, 2013, August 7)

¹⁸ (Wilson, 2014)

¹⁹ (Tannehill, 2013, February 7)

²⁰ (Tannehill, 2013, February 7)

²¹ (Tannehill, 2013, February 7)

²² (Eleazer, Nguyen, Budge, 2014; Harrison-Quintana & Herman, 2014; Parco, Levy, & Spears, 2014)

policies relevant to transgender service members reflect neither current medical practice nor lessons learned from allied military forces and other analogous domestic organizations like the police, fire departments and Intelligence Community (IC). DOD policy must be reviewed, brought up to date, and clear guidance must be issued to mitigate risk and rectify an unsustainable status quo.

Chapter 1. Definitions

The exact wording of definitions related to transgender personnel varies somewhat from agency to agency and country to country. However, they are generally sufficiently aligned as to connote very similar meanings. Appendix B provides examples of definitions used by the Office of Personnel Management (OPM), the UK Ministry of Defence (MOD), and the Los Angeles County Sheriff's Department (LASD).²³

Fortunately, federal workplace guidelines already provide most of the definitions needed for an updated DOD policy. Where they do not, they exist within private industry and the medical community.

While foreign military definitions may prove instructive, cultural differences in terms of language and common usage make their use in DOD policy potentially problematic. They should be used as a final option.

Conclusions and Recommendations:

All of the other militaries and agencies examined in this study felt it necessary to provide transgender related definitions within policy and guidance documents. Any DOD policy should include a definitions section, and use the following best practices:

- Clinical terminology and definitions in line with the WPATH Standards of Care 7 language should be employed for the creation of medical regulations.
- Existing OPM definitions (Appendix B) should be used for gender identity, transgender, and transition.
- More definitions will be needed, and the Department of Labor guidelines provide further instruction for concepts such as “target” or “affirmed” gender. Language used in private industry best practices should be considered when applied to non-medical documentation.
- In the few instances where none of the preceding sources provides sufficient language or definitions, consideration may be given to using language used by the UK, Canada, or Australia.

²³ Definitions drawn from the UK and Australia are similar enough not to be worth re-stating, as the Australian policy is based primarily on that of the UK (having implemented open service over a decade later). The language used outside the US varies enough from that used in North America that it can sound somewhat archaic. For this reason, care must be taken in adopting UK MOD policies for use in DOD.

Chapter 2. Medical Readiness and Health Care

This chapter addresses the provision of appropriate health care to transgender service members.²⁴ Despite the significant increase in awareness of transgender phenomena among Americans in the last 25 years, some continue to believe the health care many transgender individuals require to be overly complicated, experimental, prohibitively expensive, debilitating, or medically unnecessary – none of which aligns with current medical understanding and practice. Appendix C compares presents medical policies from the UK, Canada, and Australia with regards to transgender service members. Additionally, Appendix C references OPM medical policy for federal employees.

A. Types of Care

Transgender individuals typically experience some degree of gender dysphoria, a strong identification with a gender other than their sex assigned at birth. This can manifest in a variety of ways: a strong desire to be treated as the other gender, desire to change one's physical sex characteristics, a strong conviction that one has feelings and reactions typical of the other gender. For a person to be diagnosed with gender dysphoria (thus a candidate for relevant medical care), there must be a marked difference between the individual's expressed or experienced gender and the gender others would assign him or her, and it must persist for at least six months.²⁵

Most of the latest neurological theories on the origins of gender dysphoria revolve around prenatal development – specifically, the surge of testosterone responsible for sexual dimorphism in the brain, which occurs after the formation of primary sex characteristics. It is hypothesized that variations in timing or in testosterone levels of this surge may result in a brain morphology more consistent with members of the opposite sex.²⁶

Regardless of its ultimate cause, the stress experienced by transgender individuals derives from both internal and external sources. Internally sourced psychological stress, caused by the mismatch between one's body and one's mental self-perception, has been shown in numerous studies to be greatly reduced through access to timely and appropriate medical care.²⁷ With proper care, transgender individuals have co-morbidity rates similar to that of the general population.²⁸

External stressors include rejection by families, peers, and other support networks; anti-transgender bias and discrimination; lack of access to health care; minority stress; and an increased risk of unemployment and poverty.²⁹ Transgender individuals are twice as likely to be unemployed and four times as likely to live in extreme poverty as their non-transgender counterparts³⁰ – despite the fact that the largest study to date found transgender people are twice

²⁴ See Appendix C for a comparison of current medical policies from the UK, Canada, and Australia with regards to transgender service members, as well as OPM medical policy for transgender federal employees.

²⁵ (APA, 2013)

²⁶ (Bakker, 2014; Chung & Auger, 2013; Lombardo et al., 2012)

²⁷ (Monstrey et al., 2007; Dhejne et al., 2011; De Cuypere et al., 2005)

²⁸ (Yolanda & Smith, 2005; Murad, 2010)

²⁹ (Institute of Medicine, 2011; Meyer, 2003; Hendricks & Testa, 2012; Goldblum et al., 2013; Testa et al., 2013)

³⁰ (Grant et al., 2011)

as likely to hold an post-graduate degree, and 50% more likely to hold a bachelor's degree than the general population.³¹ While transgender individuals attempt suicide at a higher rate than the general population due to these and other external stressors, this effect is largely mitigated when proper medical care is available.³²

For individuals seeking care for gender dysphoria, a variety of therapeutic options can be considered based on their needs, as determined in partnership with the individual's medical and mental health providers. Courses of treatment will therefore vary from person to person. Individuals may or may not require Gender Confirmation Surgery (GCS), for example. 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 the opportunity to better understand his or her gender identity, address the negative impact of gender dysphoria and stigma on mental health, enhance support networks, and build resilience in preparation for gender transition. As part of this process internationally recognized standards of care generally that the individual begin to live in the gender role more consistent with their gender identity – also known as social transition. This shift is sometimes made prior to any further medical intervention and, often, as an eligibility requirement for receiving particular medical interventions.³³

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).³⁴³⁵

Internationally recognized Standards of Care (SOC) 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. The American Medical Association recognizes WPATH as "the leading international, interdisciplinary professional organization devoted to the understanding and treatment of gender identity disorders

B. Deployability

The primary medical question regarding transgender service members has been whether or not they are deployable at each of the various stages of their treatment. DOD officials up to and including Secretary of Defense Hagel have speculated that the military is incapable of providing

³¹ (Hartzell, Frazer, Wertz, & Davis, 2009)

³² (Ainsworth & Spiegel, 2010)

³³ (Bockting & Goldberg, 2006; Bolin, 1994; Rachlin, 1999; Rachlin, Green, & Lombardi, 2008; Rachlin, Hansbury, & Pardo, 2010)

³⁴ (Coleman et al., 2011)

³⁵ (APA, 2013)

appropriate care in “austere environments,” and that would jeopardize mission effectiveness, or overly burden forward-deployed medical resources.³⁶

Such speculation ignores the fact that DOD has been deploying transgender individuals for over a decade as DOD civilians and contractors to Afghanistan, Iraq, and the Persian Gulf while embedding them with US forces operating there.^{37,38,39} Transgender Americans have served openly in forward locations such as Iraq’s Camp Anaconda, Balad Air Base, New Kabul Compound, Kandahar Air Base, aboard US Navy ships operating in the Persian Gulf, and elsewhere around the globe. Additionally, our allies have successfully deployed transgender service members for more than 20 years to every theater of the Global War on Terror.⁴⁰

Transgender service members in allied countries report spending less than six months total in a medically non-deployable status during their gender transition. 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 Confirmation Surgery (GCS), 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 GCS.

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.⁴¹

– Flight Lieutenant Ayla Holdom, RAF

I have remained fully deployable throughout my transition and am currently deployed in Kenya. It is just a regular prescription, the military doctor assesses its use as to my role in the Army and found that it placed no restrictions on me.

– Captain Hannah Winterbourne, Royal Electrical & Mechanical Engineers

Outside of the period of transition, there are no unique or special medical requirements that would prevent a transgender service member from deploying to any location where US troops serve today.⁴² Previously, for many analogous endocrinological conditions (dysmenorrhea, endometriosis, menopausal syndrome, chronic pelvic pain, hysterectomy, and oophorectomy), Enclosure 4 to the now-cancelled DODI 1332.38 required referral for evaluation of deployability

³⁶ See, for example, Dunham (2014, May 11), “Hagel backs review of U.S. military ban on transgender troops.”

³⁷ (Tannehill, 2013, April 25)

³⁸ (Stetson, 2013)

³⁹ (Tannehill, 2013, April 25)

⁴⁰ See, for example, New York Times (1992, November 4). This ruling was also applied to transgender service members, who were also considered a sexual minority.

⁴¹ (A. Holdom, personal communication, August 7, 2013)

⁴² (Elders, et al., 2014)

only when performance of duties was affected. Other conditions requiring HRT, such as hysterectomy⁴³ and hypogonadism⁴⁴, do not require any fitness for duty medical evaluation.

Medications commonly prescribed to transgender individuals for HRT do not require refrigeration^{45, 46} nor do they take up significant space in storage. While the UK regulations state, “Deployment overseas may be precluded as some medications prescribed to transsexual people have specific storage requirements which may not be available in cold or hot environments,” this rarely affects deployability in practice:

I was on oral HRT from day one as this was prescribed by my NHS [National Health Service] 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.⁴⁷

– Flight Lieutenant Ayla Holdom, RAF

I currently take 2 patches of estrogen twice weekly and one 3 month anti-androgen injection. When I deployed to Kenya, I simply brought enough out with me to last. I deal with my own patches and booked a 5 min appointment with the medical centre to receive my injection. – Captain Hannah Winterbourne, Royal Electrical & Mechanical Engineers

My Squadron was deployed on Operations from 2003 to 2013. In that time I completed 10 operational flying tours; including 2 tours in Bosnia (2003 and 2004), 4 tours in Iraq (2005 to 2009) and 4 tours in Afghanistan (2009 to 2013). I often flew in these theatres knowing it might not be possible to return to the same location I had departed, or back to my operating base; on occasion I had to deploy with the aircraft into the open desert, unsupported for extended periods (48hrs or more) for specialist tasking. Control, supply or storage of my hormone medication was never a factor in these hostile environments and unpredictable routines. It is an individual service person's responsibility to take sufficient supplies of any required prescriptions on deployed ops, regardless of what that medication is for. Before I deployed I would make sure I had sufficient quantities for the whole tour of duty, as well as a reserve supply should my tour be extended unexpectedly. –

Flight Lieutenant Caroline Paige, RAF

When I was given orders to deploy to Afghanistan for a year, I immediately set up an appointment with my doctor to ask the question: what about my medical care overseas? I remember him looking at me with a raised eyebrow and asking "What do you mean they won't refill your prescription overseas? It's just as necessary as

⁴³ [Department of Defense (DoD), 2014]

⁴⁴ Male hypogonadism, for example, is a disqualifying condition for enlistment, but does not require referral for medical evaluation if a service member develops it after enlisting.

⁴⁵ Estrace Storage: (Cre) Room temperature. Protect from temperatures in excess of 40°C (104°F). Available at <http://www.pdr.net/drug-summary/estrace-tablets?druglabelid=899>

⁴⁶ Androgel Storage: (1%) 25°C (77°F); excursions permitted to 15-30°C (59-86°F). (1.62%) 20-25°C (68-77°F); excursions permitted to 15-30°C (59-86°F). Available at <http://www.pdr.net/drug-summary/androgel-162?druglabelid=5>

⁴⁷ (A. Holdom, personal communication, August 7, 2013)

anything else." He sent me away with a 1.5 years' worth of testosterone, which is small enough to fit into the palm of my hand. Ironically enough, the military was able to provide all of the females in my unit with enough hormonal birth control to last the duration of the deployment. They also sent us all with enough malaria medication to last and of course provided everyone with any other essential medications listed on their records – with no problems. – Former CT3 Landon Wilson, USN

The DOD's health care system already provides the medications commonly used for HRT to non-transgender service members as treatment for other conditions, some of which have been noted above. Service members with these conditions take the same prescriptions and are considered medically deployable while doing so. HRT for transgender service members would not require new pharmaceuticals, logistics, or significant additional cost.⁴⁸

For transgender women (people assigned male at birth who are transitioning or have transitioned to female), HRT in the field is functionally similar to taking oral birth control while deployed.⁴⁹ Given current logistic capabilities, loss of access to such prescriptions in a deployed environment is highly unlikely:

Before my deployment to Iraq, my health care provider counseled me on how to use hormonal birth control continuously to prevent my period - a huge hygienic benefit for me in the extremely austere environments in which I spent most of my deployment. There were only 8 of us at a remote LP/OP (listening post/observation post) on Sinjar Mountain. We were half an hour from even helicopter Quick Reaction Force (QRF) and had no electricity, not even generators, no running water, nothing, for many months. The Army supply system had no problem keeping me adequately supplied with my prescription.

– Sgt. Kayla Williams, Former US Army Arabic Linguist

In the event that supply operations were to be disrupted, outcomes for transgender service members would be comparable to other service members taking these same medications for analogous endocrinological conditions. Allied militaries in which transgender individuals serve openly have found the rate at which transgender service members are forced to go without their required medication due to battlefield conditions to be extremely low. In those circumstances where temporary loss of access to HRT medications is truly unavoidable, the effects are neither significantly debilitating nor life threatening.^{50,51}

C. Capabilities and Costs

Most of the ongoing care transgender service members require can be handled effectively by a general practitioner.⁵² DOD doctors already perform some of the surgical procedures transgender service members may need: breast reconstruction, breast augmentation, and hysterectomy.⁵³ Additionally, the DOD already offers genital reconstruction to the 1300 non-transgender service

⁴⁸ (Tricare, n.d.a)

⁴⁹ (Enwold, 2010)

⁵⁰ (Ashbee & Goldberg, 2006)

⁵¹ (Ashbee & Goldberg, 2006)

⁵² (National Health Service, UK, 2013)

⁵³ (Tricare, n.d.a)

members who have suffered combat related traumatic perianal injuries and amputations.⁵⁴ 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 those within TRICARE, to allow service members to obtain access to appropriate specialists outside DOD.⁵⁵

It is worth noting that none of the allied armed forces examined here requires GCS in order for transgender service members to continue serving or to deploy. This acknowledges the aforementioned variation in required courses of treatment among transgender individuals, as well as the sufficiency of social transition in treating some cases of gender dysphoria. Such a “common sense” policy also accounts for bioethical concerns (which forbid forcing an individual to submit to unwanted or unnecessary medical procedures) and functional differences in the surgical interventions often required by transgender women and men.

Male-to-female GCS has been performed regularly for over 40 years,⁵⁶ and modern surgical techniques have been well understood and practiced since the early 1970’s.⁵⁷ While the techniques for GCS may continue to be refined (as with any surgery), the expected outcome and effects are clear and the procedures are in no way experimental.⁵⁸ Patient satisfaction with male-to-female GCS is high⁵⁹ and presents a very low risk of serious or long-term complications.⁶⁰ Full recovery takes between 4-8 weeks, and vigorous exercise is possible at 6 weeks.⁶¹

Transgender men are statistically less likely to desire or require GCS, with only about 25% indicating a desiring to pursue phalloplasty.⁶² Genital surgical procedures for transgender men may include hysterectomy, ovariectomy (salpingo-oophorectomy), vaginectomy, metoidioplasty, scrotoplasty, urethroplasty, placement of testicular prostheses, and phalloplasty.⁶³ Phalloplasty complication rates are higher than vaginoplasty rates, but research shows similar benefits in quality of life.^{64,65,66,67} Creating a neophallus of good appearance, standing micturition, sexual sensation, and/or coital ability generally requires several separate surgical stages.^{68,69} While complication rates are higher, phalloplasty failure rates are similar to that of GCS for transgender women: roughly 1-2%.⁷⁰ Other GCS procedures often required for transgender men such as metoidioplasty, have lower complication and failure rates than phalloplasty.⁷¹

⁵⁴ (Kime, 2014)

⁵⁵ (Tricare, n.d.b)

⁵⁶ (Johansson et al., 2010; Van Kesteren, Gooren, & Megens, 1996)

⁵⁷ (Bouman, 1994)

⁵⁸ (Gordon, 1991)

⁵⁹ (Sutcliffe et al., 2009; Imbimbo et al., 2009; Lawrence, 2003; Michel, Ansseau, Legros, Pitchot, & Mormont, 2002; De Cuypere et al., 2006)

⁶⁰ (Wu et al., 2009 ; Jarolim et al., 2009; Perovic, Stanojelic, & Djordjevic, 2000)

⁶¹ (Bowers, n.d.)

⁶² (Grant et al., 2011)

⁶³ (Selvaggi Dhejne, Landen, & Elander, 2012)

⁶⁴ (Wierckx et al., 2011)

⁶⁵ (Selvaggi & Bellringer, 2011)

⁶⁶ (Selvaggi & Elander, 2008)

⁶⁷ (Monstrey et al., 2009)

⁶⁸ (Coleman et al., 2011)

⁶⁹ (Selvaggi & Bellringer, 2011)

⁷⁰ (Monstrey et al., 2009)

⁷¹ (Selvaggi & Bellringer, 2011)

Transgender women frequently require breast augmentation (though HRT often stimulates the production of sufficient breast tissue to make it unnecessary), while transgender men frequently require breast reduction or mastectomy. Full recovery from a mastectomy typically requires 3-6 weeks, and breast augmentation is typically 3-4 weeks.

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.⁷²

The most comprehensive study to date of the costs of coverage of transgender health care, including surgery, found that “employers report very low costs, if any, from adding transition-related coverage to their health benefits plans.”⁷³ Medical costs of retaining transgender service members will be more than offset by the savings generated by not having to train replacements for those separated under the current regulations.

Conclusions and Recommendations: Updated medical regulations will form the cornerstone of any satisfactory policy change allowing the inclusion of transgender service members.

A comprehensive review of DOD and service-level medical policies should begin immediately. Upon initiation of that review, DOD should issue an immediate clarification to military mental health providers that a transgender identity is not, in and of itself, a reportable “fitness for duty” issue. Additionally, DOD should discontinue separation proceedings for transgender service members until the policy review is complete. If this is not statutorily practicable, separation authority for transgender service members could instead be elevated to the assistant service secretary level or higher in order to ensure consistency of application and scrupulous attention to the unique details of each case. A similar policy was put in place during the months leading up to the repeal of “Don’t Ask, Don’t Tell.”⁷⁴

- a. **Defining medical readiness on the basis of the latest medical and mental health standards is fundamental to the successful modernization of current policy,** as is the consistent application of standards to both transgender and non-transgender personnel. For instance, if a man who is not transgender can deploy while taking testosterone supplements, a transgender man should be able to deploy while taking the same medications. The UK Defense Instruction Notice referenced in footnotes throughout this section and in Appendix C provide an excellent example of how such policy can be crafted.
- b. **Any updated DOD medical policy should comply fully with WPATH, American Psychological Association, American Psychiatric Association, and AMA standards,** beginning with DODI 6130.03. Compliance should extend to all relevant individual service and component regulations (such as AR 40-501 and AFI 48-123, for example). Together, these should provide a realistic pathway to full readiness for most transgender service members. Where necessary, TRICARE out-of-network referral

⁷² (Coleman et al., 2011)

⁷³ (Herman, 2013)

⁷⁴ (Garamone, 2010, October 21)

procedures should be streamlined to allow service members timely access to specialized care they may require. In most cases, this will be a one-time occurrence for each member.

- c. Finally, **updated policies should under no circumstances require transgender service members to undergo specific medical procedures in order to transition or continue to serve.** Forcing an individual to submit to unwanted or unnecessary medical procedures is a gross violation of medical ethics and none of our allies has found it necessary to include such language in their own policies on transgender service.

Chapter 3. Privacy of Personal Information

The US Office of Personnel Management (OPM), allied military forces, and private industry all provide explicit guidelines addressing the privacy of transgender individuals' personal and medical information. Any comprehensive policy regarding the inclusion of transgender service members should have explicit language detailing the handling of their personal information, particularly medical information. It must also make explicit the potential penalties for failure to abide by DOD and federal regulations for the handling of sensitive Personally Identifying Information (PII) and medical information.

The fact that an individual has transitioned is very sensitive and personal information. Guidance from the Transgender Law Center and used by the Los Angeles Sheriff's Department is clear and concise on the special issues concerning transgender people:

Transgender employees have the right to discuss their gender identity or expression openly, or to keep that information private. The transgender employee gets to decide when, with whom, and how much to share their private information. Information about an employee's transgender status (such as the sex they were assigned at birth) can constitute confidential medical information under privacy laws like HIPAA.

Management, human resources staff, or coworkers should not disclose information that may reveal an employee's transgender status or gender non-conforming presentation to others. That kind of personal or confidential information may only be shared with the transgender employee's consent and with coworkers who truly need to know to do their jobs.

Appendix D lists the OPM, Transgender Law Center, UK, Canadian, and Australian guidance for the handling of PII related to transgender employees.

Conclusions and Recommendations: Lessons learned from allied militaries show that protecting the personal and medical information of transgender service members should be a top concern, and civilian practice among analogous organizations in the U.S. confirms this.

The policy allowing for inclusion of transgender service members should clearly enumerate the following:

- a. Regulations regarding the handling of personnel records of transgender individuals
- b. Regulations and laws concerning the handling of medical records of transgender personnel
- c. Penalties for violation of applicable regulations and laws concerning the above
- d. Specific rights to privacy the transgender service member has
- e. Behavior expectations with regards to the privacy of transgender service members: for superiors, co-workers, chaplains, and medical personnel

OPM guidance, model private industry standards, and existing DOD policy should be used to address these requirements.

Chapter 4. Recruiting and Accession

Updates to DOD medical policies to allow current transgender service members to serve openly will by necessity be accompanied by corresponding updates to regulations governing recruitment and accession.

Of the allied military examples reviewed for this guide, only the UK has an explicitly delineated policy for the recruitment and accession of transgender personnel. Under this policy, those desiring to join the armed forces and are still in the process of transitioning are asked to complete their transition and re-apply.⁷⁵ (As noted in chapter 3 above, the definition of “complete” under the UK policy includes only those procedures deemed medically necessary for the candidate by his or her medical and mental health providers and does not necessarily include surgical procedures.) This stipulation is consistent with their broader medical policy, which places individuals in a P7 (nondeployable) status during some phases of transition. Transgender candidates who have completed their gender transition are accessed according to the same standards as any other person of their current (acquired) gender.

Similar, though less formal, procedures seem to be in place for recruitment and accession of transgender individuals in each of the other allied militaries studied for this guide. As of this writing, the Australian Defense Force is preparing its own explicit policy on the accession and recruitment of transgender individuals. Of note, the Australian Defence LGBTI Information Service (their officially sanctioned LGBT service members’ organization) issued the following statement:

The Defence Health Directive on Gender Dysphoria for serving members is currently being progressed through the Health Policy Process. The initial entry standards in HLTHMAN Vol. 1 are being progressed through that process concurrently to better reflect current clinical considerations.

In the meantime Defence Force Recruiting is assessing each transgender applicant on a case-by-case basis to ensure consistency with inherent requirements of service and legislation requirements (especially national anti-discrimination legislation).⁷⁶

While the policies of the Israeli Defense Forces (IDF) are not specifically examined in this paper, it is noteworthy that the IDF has allowed otherwise qualified post-transition individuals to join. Formal IDF policies have recently been developed.⁷⁷ Interviews with IDF members close to this process indicate the following evidence-based framework is under consideration:

1. Transgender individuals who have not yet begun their transition prior to joining the IDF will be enlisted according to their biological sex; however, upon social transition (in other words, at the point at which they begin to present themselves consistently in accordance with their acquired gender) they will be treated in accordance with their acquired gender, with the IDF providing formal support of the transition.

⁷⁵ See Ministry of Defense (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.”

⁷⁶ See DEFGLIS website at <https://www.defglis.com.au/index.php/info/transgender>

⁷⁷ (Dekel, 2013, August 7)

2. Individuals who began transition before enlisting and who changed their sex in their government identity documents will be treated in accordance with their acquired gender.
3. Individuals who began transition before enlisting, but have not yet changed their government identity documents, will be enlisted in their biological sex. However, as soon as they are enlisted, they will be treated in accordance with their acquired gender.⁷⁸

The IDF announced in December 2014 that they have established a formal policy that enacts the framework enumerated above.⁷⁹ Such a policy would effectively account for the effects of various transition-related medical therapies and procedures on physical performance – ensuring transgender candidates are evaluated according to physical standards appropriate to their ability while preventing any candidate from having an unfair advantage over others of their same gender.⁸⁰

Appendix E enumerates the UK DIN policy.

Conclusions and Recommendations: The UK policy has proven both sufficiently flexible and sufficiently protective of the needs of that nation’s armed forces that the forthcoming ADF policies are highly likely to follow a similar pattern. Based on the effectiveness of these policies (and similar, though less formalized procedures in other allies’ forces), we recommend DOD recruitment, enlistment, and accession policies should generally follow suit. That said, additional detail is required to create evidence-based DOD accession standards that account for the various possible conditions under which a transgender applicant might present themselves for entry into our armed forces.

- a. **Transgender applicants to the US military who have completed transition should be evaluated according to their acquired (post-transition) gender** and should be treated as such throughout the recruitment, enlistment, and accessions processes. The definition of “complete” should include only those procedures deemed medically necessary for the candidate by his or her medical and mental health providers.
- b. **Transgender applicants who, under the revised medical standards recommended above, would be deemed nondeployable due to their stage of transition should be required to complete that stage before re-applying.**
- c. **Transgender applicants who have not yet completed their transition, but who would otherwise be deemed deployable under revised medical standards at the time of their entry, should be allowed to enter:**
 - Applicants who require, but have not yet initiated, HRT should be evaluated for entry according to the gender they were assigned at birth. Those who have transitioned socially should be treated as such throughout the recruitment, enlistment, and accessions processes.

⁷⁸ (Anonymous Israeli LGBT Leader, personal communication, October 1, 2013) Text available upon request.

⁷⁹ (Haaretz, 2014, December 26)

⁸⁰ For more information on appropriate physical fitness standards for transgender candidates, recruits, and service members, see chapter 7.

- Those applicants who (a) have socially transitioned, (b) are already undergoing HRT, and (c) who additionally require one or more surgical interventions as determined by their medical and/or mental health providers, but who have not yet undergone those procedures, should be evaluated for entry according to the standards of their acquired gender and should be treated as such throughout the recruitment, enlistment, and accessions process. They should be made aware that surgical interventions will only be available to them via the DOD medical system after successful completion of an accessions program. (Exceptions should be made for accessions programs of extraordinary length, such as service academies.)
 - Transgender applicants whose transitions do not require HRT or surgical interventions (in other words, those for whom social transition alone is sufficient treatment for gender dysphoria) should be evaluated for entry according to the standards of the gender they were assigned at birth. Those of this grouping who have completed transition should otherwise be treated in accordance with their acquired gender throughout the recruitment, enlistment, and accessions process. Those who have not should otherwise be treated in accordance with the gender they were assigned at birth until such time after accession as they are able to complete transition.
- d. Finally, **DOD should provide a viable pathway for former service members discharged under the current policy to re-enter the military and return to duty** – similar to the process created for those discharged under DADT. Standards for re-accession of these previously discharged individuals should be based on the recommendations above.

Chapter 5. Recognizing Gender Changes

Policies vary widely between existing US policy and the policies in place in Canada, Australia, and the UK. Changing gender markers with most federal agencies, including the Veteran's Administration, Department of State, and Social Security Administration has been matched, creating a unified set of requirements. However, requirements for changing birth certificates in the US vary greatly from state to state, and often require unwanted surgery. Unlike Canada and Australia, there is no single gender marker throughout the federal system, and domestic federal agencies usually do not require changing one's birth certificate to change sex or gender markers.

In Australia and Canada individuals are required to change gender markers at the provincial level first. However, because many provinces place undue surgical burdens on transgender individuals to change gender markers, this often makes it difficult or impossible for Australian or Canadian service members to change their gender markers throughout the federal system. This sometimes creates situations necessitating "carry letters." This is particularly true in the United Kingdom as well, where service members can often wait more than two years after living in their target gender to obtain full legal recognition.

However, legal recognition of gender changes by the UK MOD is relatively simple, and follows procedures very similar to those used by the Department of State, Department of Veterans Affairs, and the Social Security Administration.

I established early on a mutually agreed timetable for transition with my command chain and my colleagues were also briefed of this date. A 'line in the sand' like this is quite arbitrary in fact, but clears up any confusion for others. In the weeks running up to this date I spoke with my admin cell to make sure the simple administrative changes of my name and gender marker could be done at the correct time. This was conducted with no fuss by a single individual in admin. I simply presented a letter stating intent from my doctor, plus my signed Deed Poll of name change. This was no harder than changing the same details on my bank account or on my passport. – Flight Lieutenant Ayla Holdom, RAF

Changing gender markers is distinct from social transition in the UK, the point at which the individual begins living in their target gender full time. Once living in this gender, they do have explicit legal protections, even if not full legal recognition of their new gender. Additionally, once the agreed upon social transition has occurred, the service member is held to grooming, fitness, uniform, standards of their (new) target gender, and use the facilities of their target gender. All of this is done without having legally changed their gender marker in national systems.

Any DOD policy should match other federal policies to the maximum extent practical to streamline the administrative process, ensure continuity between records in different federal level systems, and protect service members from being inadvertently "outed" after they have transitioned. An inability to change gender markers in DOD systems effectively discloses medical information about transgender service personnel.

Appendix F lists the policies for changing gender markers according to OPM, Department of State, UK MOD, Canadian Forces, and the ADF.

Conclusions and Recommendations: One of the more significant challenges our allies have faced with the integration of transgender service members is the link between federal recognition of legal gender and how it is recognized at the provincial level. The US model is different, in that federal recognition of a legal gender is independent of the state level recognition of legal gender. This has allowed various federal agencies to set their own standards for recognizing the new (target) gender of transgender individuals.

Currently, the processes by which one changes their gender marker with the State Department, Social Security Administration, and Department of Veterans Affairs are well aligned. The requirements to do so are also in accordance with current medical opinion on transition. Thus, our recommendations for changing gender markers within DOD systems are:

- a. The policy should mirror the requirements set forth by the Department of State for changing gender on passports to the maximum extent practical.
- b. Where (a) is not feasible, policy should not be contraindicated by WPATH standards for transition-related care (i.e., receipt of specific types of medical interventions in order to be legally recognized).
- c. It should explicitly state that social transition determines housing, facilities, and uniform regulations.
- d. It should state that legal protections of gender identity (and sex) are not based on legal recognition (or change thereof) to the individual's target gender (i.e., transgender individuals are protected by the EO policy whether or not their gender marker has been changed in any given DOD personnel system). This proscribes discrimination if an individual has acknowledged being transgender, but has not yet begun to transition.
- e. DOD policy should enumerate all the agencies with which the service member needs to change their gender marker, and how to do so.
- f. Changing of gender markers and social transition should happen simultaneously in order to prevent potential issues with a mismatch between gender presentation and identity documentation.

Chapter 6. Facilities and Facility Use

There is broad agreement among published policies regarding sex-segregated facilities and their use by transgender service members. Each is focused on ensuring safe and appropriate access to toilets, showers, and changing rooms in both fixed facilities and in the field.

In the case of toilets, the four allied policies examined all agree that service members who have transitioned socially should use toilet facilities that correspond with their acquired gender. Privacy concerns (of both transgender service members and their colleagues) are mitigated by the existence of stalls and single-occupant restrooms in the vast majority of facilities. In this regard, our allies' policies agree with best practices that have emerged over the last decade in the U.S. civilian workforce.⁸¹

As for facilities in work I just started using the female facilities, there has never been an issue come of it ... it's not like I leave the door open.

– Captain Hannah Winterbourne, Royal Electrical & Mechanical Engineers

While the physical configuration of shower facilities and locker rooms in military environments can vary, open bay facilities are practically nonexistent in the DOD today outside of basic training. In those fixed facilities where additional privacy is needed, it can be secured/created by simply adding shower curtains – an accommodation that has already been retrofitted into many older DOD facilities. For transgender service members whose transition includes GCS no special consideration is needed.

Privacy in field environments is a common and persistent concern for service members, who in response have developed creative means of securing it in these contexts. Mixed-gender groups of service members who share field quarters today often hang blankets, utilize enclosed vehicles, or improvise other means of protecting one another's privacy. Where there is only one field shower facility available for all service members, a gender-segregated schedule is employed. Informal measures such as these saw wide adoption during the recent conflicts in Iraq and Afghanistan and will become nearly universal as the integration of women into combat roles moves to completion.

One of my biggest concerns when I began deployment training, and again a concern when I arrived in Afghanistan, was not knowing what to expect when it came to showers. I had this deep seated fear about what to do or how many times I could mentally handle it when I had to explain to a female why I was in her barracks or her latrine. Then when it was clear that I was expected to only use male facilities, the fear vanished. I was put into situations where the showers were open bay, but long gone were the days where everyone wanted to openly shower - shower dividers had already been put in place. I never had any fear or worries about my privacy, because everyone else was after the same thing: taking care of personal business and returning right back to the mission.

– CT3 Landon Wilson, USN

⁸¹ See Human Rights Campaign Foundation (2008) *Restroom Access for Transgender Employees*. Available at <http://www.hrc.org/resources/entry/restroom-access-for-transgender-employees>

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 GCS. This presented minor issues due to the communal bathroom facilities, shared with a corridor of people (all SAR [Search and Rescue] 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.⁸²

– Flight Lieutenant Ayla Holdom, RAF

Facilities have not been an issue. In Kenya we have open (shower) cubicles and so I just erected a curtain. In the event where this would not be possible we would just manage specific times for me to shower.

– Captain Hannah Winterbourne, Royal Electrical & Mechanical Engineers

All of these allied policies agree that transgender individuals should be asked to utilize separate toilet, shower, or locker/changing facilities only on a temporary basis to facilitate transition or while more appropriate facilities are being secured.⁸³ OPM guidance for the civilian federal workforce agrees:

Department of Labor's Occupational Safety and Health Administration (DOL/OSHA) guidelines require agencies to make access to adequate sanitary facilities as free as possible for all employees in order to avoid serious health consequences.⁸⁴ For a transitioning employee, this means that, once he or she has begun living and working full-time in the gender that reflects his or her gender identity, agencies should allow access to restrooms and (if provided to other employees) locker room facilities consistent with his or her gender identity. While a reasonable temporary compromise may be appropriate in some circumstances, transitioning employees should not be required to have undergone or to provide proof of any particular medical procedure (including gender reassignment surgery) in order to have access to facilities designated for use by a particular gender. Under no circumstances may an agency require an employee to use facilities that are unsanitary, potentially unsafe for the employee, or located at an unreasonable distance from the employee's work station.

Appendix G enumerates the policies for facilities set forth by OPM, the Transgender Law Center, UK MOD, Canadian Forces, and Australian Defence Force.

Conclusions and Recommendations: While these practices may be unfamiliar to some DOD leaders, they are well-documented and proven in practically every other allied military context and

⁸² (A. Holdom, personal communication, August 7, 2013) Available upon request.

⁸³ (A. Holdom, personal communication, August 7, 2013) Available upon request.

⁸⁴ [Occupational Safety and Health Administration (OSHA), 1998]

among American civilian organizations as well – and are, in fact, already mandated for civilian federal entities. Furthermore, as noted above, most toilets, showers, and changing rooms in fixed DOD facilities already provide sufficient privacy for all service members through the use of stalls, curtains, and single-occupant restrooms. Service members have already proven to be particularly resourceful in developing privacy solutions in the field.

Therefore, **DOD facilities use policies should mirror existing OPM guidance to the fullest extent practicable**, clearly stating that transgender service members should utilize facilities appropriate to their acquired gender upon the completion of social transition (i.e., at the point at which they begin presenting full-time in their acquired gender).

However, given the relative unfamiliarity of these practices to many in DOD, DOD should issue guidance that is sufficiently detailed so as to assuage the privacy concerns of both transgender service members and their non-transgender counterparts, and to minimize confusion, wrongful application, and abuse of the policy:

- **DOD guidance should make clear that all parties have a right to privacy at a “reasonable person” standard** – for example, refusing to use the same bathroom as a transgender person when there are stalls with doors to guarantee everyone’s privacy is not reasonable.
- **It should expressly prohibit any arrangements that would conflict with OPM guidance**, such as treating transgender service members as a *de facto* “third sex,” requiring use of remote facilities when the same is not required of others, requiring proof of having undergone any particular medical procedure for access, or attempting to make temporary compromises permanent.
- **For situations in which temporary compromises are necessary, it should give unit commanders the flexibility to balance the needs and privacy concerns of all individuals** through mutually agreed upon arrangements that are free of coercion. **It should state that no special considerations or accommodations are necessary for those transgender service members who have undergone GCS.**

The experiences of other organizations that have implemented transgender-inclusive policies, both military and civilian, show that concerns about privacy in sex-segregated facilities will account for the largest share of anxiety in the ranks. The most successful inclusion initiatives have been those that addressed these questions broadly and head-on, in a no-nonsense fashion, leaving little to interpretation and drawing on shared organizational values of professionalism and respect.

Therefore, in order for the aforementioned implementation guidance to have the desired effect, **DOD should initiate a force-wide, all hands training effort on how the new policy is to be put into practice.** This training should utilize the same commonsense approach that has proven so effective in other contexts, drawing on service members’ shared commitment to mutual respect and military professionalism.

Chapter 7. Uniforms, Grooming, and Dress Codes

As with facilities use, there is broad general agreement between OPM guidance, private industry models, and policies put in place by allied countries for their transgender service members regarding grooming and dress codes. In most countries where transgender individuals serve openly, regulations stipulate a negotiated timeline within which the events of a service member's transition will take place. The transitioning service member works with his or her chain of command to adapt the transition timeline so that it best addresses both the needs of the service member and those of the unit. On-the-job gender transition is handled similarly in the federal civilian workforce and across private industry.

The transition timeline centers on the date on which the service member's gender will be changed in his or her military records, which ideally coincides with the date at which he or she will socially transition. Prior to that date, transitioning service members are held to the same uniform and grooming standards as others of the same sex at birth. From the date of the records change, transgender service members are held to the uniform and grooming standards of their acquired gender.⁸⁵ For many, their daily uniform is unisex and little change is required.

*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.*⁸⁶

– Senior Aircrewman, 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.*⁸⁷

– CPL Rebekah Anderson, RAF

British Army policy is that you agree on a date and change all uniforms, grooming standards, which facilities you use, etc... at the same time.

– Captain Hannah Winterbourne, Royal Electrical & Mechanical Engineers

Examples of policies from those allied militaries studied, along with OPM guidance and a model policy for civilian employers, is provided in Appendix H: Uniforms, Grooming, and Dress Code Policies.

Conclusions and Recommendations:

An updated, transgender inclusive DOD policy on uniform, grooming, and dress codes should stipulate that **service members undergoing gender transition will adhere to the uniform and grooming standards of their assigned gender up to the point at which their gender is changed in their official records and social transition occurs.** This helps ensure continuity in the ability to confirm a transitioning service member's identity (by verifying it against the information on a Common Access Card, for example) throughout the process.

⁸⁵ (Royal Australian Air Force, 2013)

⁸⁶ (Anonymous U.K. transgender Servicemember, personal communication, August 7, 2013) Text available upon request.

⁸⁷ (R. Anderson, personal communication, August 7, 2013) Available upon request.

From the point at which the service member's gender is changed in DOD records, service members will adhere to the uniform and grooming standards of their acquired gender. If needed, the transgender service members should be allowed to take leave prior to social transition to allow them sufficient opportunity to comply with standards.

Service members who would otherwise be eligible for a uniform allowance should receive a pay scale based replacement uniform allowance to offset the cost of new uniforms. This should occur far enough in advance of the date the service member's gender is changed in his or her records to ensure he or she has the uniforms required for their acquired gender on that date.

Chapter 8. Physical Fitness Standards

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.⁸⁸ For this reason, the NCAA 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.⁸⁹

In allied militaries where transgender service members serve openly, they often 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.⁹⁰

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 GCS, 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

As above, fitness standards change in line with your transition date. However in the case of FtM transitions, facilities are made due to the time taken to reach male fitness standards. – Captain Hannah Winterbourne, Royal Electrical & Mechanical Engineers

In some job-specific cases, fitness standards are unisex, and no transitional period is necessary. Appendix I enumerates the specific policies of the NCAA, UK, Canada, and Australia with regards to fitness standards for transgender athletes and service members.

Conclusions and Recommendations: In this area of policy, the NCAA guidelines and the UK DIN seem most instructive. Male-to-female individuals have a residual advantage in terms of muscle mass and cardiovascular endurance at the start of HRT, and female-to-male individuals are at a similar disadvantage in these same areas at the start of HRT. Thus, in order to mitigate potential advantages or disadvantages when starting HRT and/or social transition, DOD policy on physical fitness for transgender service members should:

- a. Hold service members to **non-gender based fitness standards throughout transition.**

⁸⁸ (Devries, 2008)

⁸⁹ (Griffin & Carroll, 2011)

⁹⁰ (Ministry of Defence, U.K., 2009)

- b. Medically waive the gender-based physical tests **for the first cycle after commencing HRT** to mitigate potential advantages or disadvantages.
- c. Provide reasonable opportunity for female-to-male service members to build the muscle mass and endurance required to pass male standards after beginning HRT.
- d. Hold transgender service members to the **same physical fitness standards as their target gender** after the one-cycle grace period after beginning HRT, unless circumstances have prevented (c) (above).

Chapter 9. Housing

There is no reason transgender service members cannot be billeted with others of their officially recognized gender both mid- and post-transition. Where potential conflicts arise mid-transition, senior NCOs and unit leadership have the ability to make temporary arrangements. In the field where mixed gender troops live and work together, improvised privacy already exists.

In the UK, during the period between the official change of gender and the completion of transition, Single Living Accommodation (SLA) is often used.⁹¹ In many circumstances no change is needed (when individuals live off-base, for example).⁹²

*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.*⁹³ – **Senior Aircrewman, RAF**

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

This was a simple matter for me as I live in an Officers Mess which is mixed accommodation. – **Captain Hannah Winterbourne, Royal Electrical & Mechanical Engineers**

Appendix J lists housing policies for transgender service members in the U.K. and the ADF.

Conclusions and Recommendations: Upon social transition, service members in other nations are universally housed as members of their target gender. In general, once individuals are past basic training, there are few situations where some level of privacy cannot be achieved. Troops in the field already have developed ways of finding some privacy in mixed gender facilities, often as simple as hanging a blanket between racks or changing undergarments inside XXL sweatshirts. Our allies' experiences with transgender service members have not indicated that housing has been an area that required a great deal of special accommodation.

- a. Upon social transition, transgender service members should be housed in facilities in accordance with their target (acquired) gender and commensurate with their rank.
- b. If there are particular circumstances that make (a) infeasible, commanders should have discretion to resolve any issues, based on what has proven successful for mixed-gender quarters (e.g., makeshift barriers).

⁹¹ (Ministry of Defence, U.K., 2009)

⁹² (Ministry of Defence, U.K., 2009)

⁹³ (Anonymous U.K. transgender Servicemember, personal communication, August, 2013) Text available upon request.

- c. Off-base housing shall be considered as a last resort on a temporary basis only if no workable option in (a) or (b) exists at time of transition. This temporary situation should be remedied expeditiously by unit leaders.
- d. Housing availability should not be used to segregate or isolate transgender service members, nor should it be used as a pretext to delay a service member's transition.
- e. Housing should not be used adversely impact the career of the transitioning service member.
- f. If the service member has undergone GCS, or lives in private accommodations, no special consideration for housing is necessary.

Chapter 10. Non-Discrimination Policies

The US, UK, Australia, and Canada have all implemented explicit gender identity protections for transgender workers due to the high levels of discrimination and stigma they often face in society. Such policies align with other non-discrimination policies (race, religion, gender, etc.) and recognize that it only takes a small number of individuals to create a hostile working environment. Explicit non-discrimination policies, and definitions of what constitutes harassment, have enabled commanders in the UK, Australia, and Canada to enable transgender service members to transition successfully.

The transgender service members themselves report very little to no negative reactions in recent years, many positive ones, and often attribute the successful implementation of transgender service to the inclusion of explicit non-discrimination language.

Policy definitely forced a change in behavior a decade ago, but of course it took some time for attitudes and perceptions to really change... By being damn good at their jobs, the respect they earned as professionals amongst their peers and their command chain quickly overcame the inherent bigotry that had been policy up until the turn of the century.

But this was an improvement on outright bigotry and things have improved considerably in recent years; to mean that even the ignorant sniggering is now becoming less common and only found in pockets within certain areas of the military. This means there is still work to be done, especially in the realm of unconscious bias; but to my experience, the minute people come into working contact with someone they know to be transsexual (or indeed gay, or black, or left-handed any other 'thing' perceived to be different from the norm) they quickly realize it's actually quite a normal thing. To the point that it's almost entirely forgotten about as more pressing concerns (like work) push to the fore.

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 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.

I personally do feel that the Gender discrimination act does help as it supports Transgender people and reinforces their basic human rights. – Senior Aircrewman, RAF

I know of some people who had issue and most kept it to themselves. I do believe that the legislation within the armed forces has helped to keep them in check. – CPL Rebekah Anderson, RAF

Yes in some respects it (the non-discrimination) must have (prevented harassment and discrimination), but I prefer to think that peoples open minded and respectful nature had much more to do with it.

One individual under my command did not (keep his opinions to himself), however anti-discrimination protections are in place and he was educated as to his misconduct. It did not affect me.

Overall people handled it very well. An individual or two were not keen on the idea but we live and work in a professional army and almost everyone acted professionally.

I was positively surprised by the way that people jumped on board in willing me on – I received a party with all the officers in my unit to celebrate my starting hormones. – Captain Hannah Winterbourne, Royal Electrical & Mechanical Engineers

Appendix K includes gender identity non-discrimination policy language used by OPM, Department of Labor, UK MOD, Canada, and the ADF. It also includes the Executive Order Amending Executive Orders 11478 and 11246 which amend federal government EO policy.

Recently, the Office of the Special Counsel (OSC) investigated an allegation of harassment and discrimination against a transgender Department of the Army civilian employee.⁹⁴ They found the claim to be credible, and that denial of access to facilities, deliberate misgendering, deliberate use of a previous name, and giving gag orders to transgender employees constitute a pattern of harassment, discrimination, and a hostile work environment. Additionally, it found that the DOD must comply with OPM guidelines for the handling of transgender employees to the maximum extent practical. This investigation's findings detail some of the activities that must be proscribed in a future policy for service members.

Conclusions and Recommendations: All of the allied nations reviewed in this document have provided specific legal protections to transgender service members, often based on national law.

⁹⁴ (U.S. Office of the Special Counsel, 2014)

Additionally, each service has found it beneficial to expand upon national level guidance and provide specific directions for unit commanders as to how to prevent unlawful harassment and discrimination. Virtually all of the transgender service members interviewed cited the strong legal protections as being a key part of the successful integration of transgender service members.

Currently, service members are the only federal employees exempted from protections for gender identity and sexual orientation. The lack of protection for sexual orientation also lags the vast majority of private industry as well. If protections for transgender individuals were simply limited to existing Military Equal Opportunity (MEO) policy on sex, it would leave a legal gap that could allow harassment and discrimination of transgender service members for their perceived sexual orientation. Thus, the following recommendations are made for implementing non-discrimination policies as they relate to transgender inclusion in the armed services:

- a. The DOD should adopt language into the MEO program that includes gender identity and sexual orientation without special exceptions.
- b. The DOD should provide specific guidance to unit commanders as to what constitutes harassment of transgender service members. The UK's DIN provides a baseline level of examples:
 - (1) Refusing to associate with or ignoring someone because they are transgender;
 - (2) Refusing to address the person in their acquired gender or to use their new name;
 - (3) Probing into the person's private life and relationships;
 - (4) Spreading malicious gossip about that person;
 - (5) Failing to maintain confidentiality of information about a person's gender identity or medical history;
 - (6) Indefinite refusal to allow use of sanitary facilities appropriate to their acquired gender after a reasonable transition period;
 - (7) Treating that person less favorably than others in regard to sickness or other absences; and
 - (8) Adverse evaluations based on their gender identity or transition.
- c. The policy on transgender inclusion should include legal delineation of the responsibilities of unit commanders to enforce MEO, and prevent hostile work environments.
- d. The policy should clearly define what recourse transgender service members have when faced with disputes, or potentially hostile work environments.
- e. Training shall be given to units where a service member effects a social transition to ensure awareness of DOD MEO requirements and implementation as it pertains to transgender individuals.

Chapter 11. Leadership Best Practices

Canada was the first of the Commonwealth nations to implement transgender service in 1992. The United Kingdom followed in 1999, and Australia implemented an inclusive policy in 2010. The New Zealand Defence Force is currently writing a policy which builds on best practices established by preceding policies within the Commonwealth. It can be seen with every iteration that best-practice instructions for commanders have become more in-depth, and the process more clearly defined. The most recent ones give a significant amount of flexibility to commanders and transgender service members to create a transition plan which minimizes unit and personal disruption, as well as allow the service member to continue their career in an environment free of harassment, bullying, and discrimination.

Current Equal Opportunity and Diversity training gives commanders a framework to ward off divisive and destructive behaviors in their units. Training and education about transgender people can similarly support both service members and leaders. Detailed medical information isn't necessary; simple messages that "a transgender woman is a woman, and a trans man is a man, period" can help set an atmosphere that all should be judged by their performance.

In our allies' experience, strong leadership and professionalism have been emphasized effectively, and the lessons learned implemented successfully. Transgender service members in the UK who have begun transition more recently report that it is essentially a "non-event."

I informed my Commanding Officer (CO) in person as to my intentions, whilst starting the medical process in tandem. We had a frank and open discussion in line with our policy and came to an agreement of how to proceed in a way that I had all the support I needed whilst still maintaining the ability to do my job. (The conversation was handled) very well – it was a grown up and respectful discussion.

Our transgender policy is excellent; it explains in detail whose responsibility it is to do what, and when – a fantastic handrail. We also have an LGBT network with social functions, social media to interact with other trans individuals and 2 transgender representatives for the British Army. We can provide advice, support, education, and interact with the chain of command as required. – Captain Hannah Winterbourne, Royal Electrical & Mechanical Engineers

Initially I sought the help and advice of my Senior Medical Officer, who then referred me to a military psychiatrist. Eventually, when the need arose for me to speak to my chain of command, I had a confidential sit down 'chat' with the OC of my section to highlight and explain the issues and the way forward. I handed over a pack-up I had made of all relevant information regarding transitioning; Gender Dysphoria, and also the Military Policies and regulations pertaining to his position within my line management and how to deal with transgender personnel.

After this he then aided me with ‘coming out’ to my direct line management and he also directly briefed the staff I work alongside of my own rank, and also laid down the rules with regards to E&D policies and the zero tolerance on any form of bullying or harassment.

It was handled very well and with a pleasing amount of professionalism. My bosses were understanding and took it all in their stride, even if they were a little ignorant to a great deal of the issues surrounding it, mainly due to lack of knowledge or experience dealing with a transgender member of staff. – Senior Aircrewman, RAF

I had seen my service GP first and foremost to get that medical backup and begin the process of diagnosis. That same week, I asked my immediate boss for a chat in his office. I sat down and simply said that I had been to see my doctor and was diagnosed with GID. I had printed off the UK military guidelines for transsexual personnel and quickly offered him these as a point of reference as well as an open door to ask me anything he needed to in the coming months. I very much presented it as just a little something I was keen fix in the background, without it affecting my work or my team (as far as practical). I was open, pragmatic and forthright in working with them to find solutions where necessary and to not be overly sensitive about the situation. It was simply what it was.

Once that was done, my boss could research a little himself before informing a few key people further up the command chain and they were very aware of the legal requirement for confidentiality. At every stage of him telling someone, he asked my permission, in accordance with UK law. I did begin to come out to colleagues individually; simply making them a brew and beginning, “I’ve got something to let you know...”

For the next year, I had regular informal and honest ‘how-goes-it’ chats with my boss. I was always aware that he was looking out for me as much as he was the rest of the Flight. Quite frankly, he was my rock and he was supported by a strong Equality and Diversity policy, understanding people on my unit and by myself (mutual-support is I think one of the key elements).

The situation was handled with respect and dignity.

Ostensibly, while at work, I was still presenting as male for a year after I’d come out as being transsexual. Everyone knew and I was always happy to chat about it. When the time came to complete my public transition, I think that everyone was quite bored of the subject – I was old news! I took 2 weeks leave before returning as myself at work for the first time. For me, this was a huge event. I know that my colleagues were happy for me and passed on their best wishes, but quite honestly it was a bit of a non-event by then! – Flight Lieutenant Ayla Holdom, RAF

Appendix L presents example documents/excerpts of best practices for leadership and transitioning service members in the UK and Australia.

Conclusions and Recommendations: Over time, allied militaries have provided increasingly detailed guidance for unit commanders on the handling of transgender service members and their transitions. It is not enough to simply provide an administrative checklist; medical personnel and unit commanders have found both basic information on transgender issues and more detailed guidance useful. Additionally, this guidance can be partly derived from the experiences of transgender service members, providing a valuable feedback loop of lessons learned from past issues.

The UK's DIN provides a basic outline of expectations for unit commanders and medical personnel. The RAAF Diversity Handbook: Transitioning Gender in the Air Force provides more detailed guidance to transgender service members and their unit commanders. Both types of guidance are necessary for successful inclusion of transgender service members. The following is recommended as guidance and is based on our allies' best practices for transgender service members:

- a. Guidance shall be provided or available to medical providers, unit commanders, and transgender and other service members.
- b. Policy documentation should be modeled after the UK's DIN, and constitute formal instructions.
- c. Best practices guidance should initially be modeled after the ADF's "Transitioning Gender in the Air Force" document.
- d. At a minimum, guidance for medical personnel, service members, and unit commanders should describe best practices for each of the stages: diagnosis, commencement of treatment, disclosure, commencement of real life experience, and surgery.
- e. Guidance documents should provide a flexible template for transition plans.
- f. Guidance should provide unit commanders with best practices for maintaining a safe work environment.
- g. Guidance should prepare service member for how their transition will interact with each of the policy areas previously discussed (Chapters 1-10).
- h. Guidance should provide administrative and medical checklists, as well as references as to how to accomplish each checklist item (if necessary).
- i. Guidance should allow for feedback and revision from medical providers, unit commanders, and transgender service members, based on lessons learned.

Chapter 12. Related Civilian-Sector Policies

This chapter addresses how US organizations outside of the Department of Defense have addressed inclusion of transgender individuals. We have specifically chosen sectors/industries relevant to military service: police, fire, Department of State Foreign Service Offices, the intelligence community, and the airline industry.

Interviews were conducted with transgender employees, leaders responsible for policy implementation, and medical experts for these agencies/organizations. Where possible, we have included written policies used by these agencies (in the appendices to this document). However, in most cases, organizations such as police and fire departments do not have a specific written policy regarding handling of transitioning individuals.

Police Policies on Transgender Employees

The Transgender Law Center (TLC) and the National Center for Transgender Equality (NCTE) are the two largest transgender rights organizations in the United States. Based on communications with these organizations, only one police department in the US has a fully documented and implemented policy describing how to handle transitioning employees: the Los Angeles County Sheriff's Department (LASD).^{95,96}

The Los Angeles County Sheriff's Department (LASD) is the largest sheriff's department in the world, comprising more than 18,000 budgeted personnel, including sworn and professional staff, roughly equal to the NZDF. The LASD is responsible for more than 10 million residents, providing direct law enforcement services to approximately 3 million of those residents who live in the 130 unincorporated communities and 40 contract cities. Additionally, the LASD provides law enforcement services to nine community colleges, the Metropolitan Transportation Authority, and the 48 Superior Courts of the country's largest court system.

The LASD also has the responsibility of housing, feeding, medically treating, and securing approximately 19,000 inmates in eight custody facilities in the nation's largest jail system. Deputies answering calls for service diplomatically navigate through more than 100 cultures and languages on a day-to-day basis. Deputies patrol through coastal beaches, city streets, mountain roads and even in the water and sky. Meanwhile, detectives from Narcotics Bureau, Homicide Bureau, Special Victims Bureau, Major Crimes Bureau, Arson/Explosives Detail, and Operation Safe Streets Bureau are initiating or completing other investigations.

The LASD maintains specialized search-and-rescue teams which often deploy from helicopters, mounted patrol, and rescue teams to emergencies or disasters anywhere within the county and sometimes beyond. Many of the team members are reserve sheriff's deputies and volunteers who

⁹⁵ (M. Davis, personal communication, September 16, 2014) Available upon request.

⁹⁶ (H. J. Tobin, personal communication, September 16, 2014) Available upon request.

bring specialized skills or training to the LASD, including specialized training in swift water and ocean rescue operations.⁹⁷

The LASD Transgender Employee Guide is based primarily on the Model Transgender Employment Policy developed by the TLC, frequently word for word.⁹⁸ The LASD policy covers several areas:

- Purpose
- Definitions
- Privacy
- Official Records
- Names/Pronouns
- Restroom Accessibility
- Locker Room Accessibility
- Dress Code
- Transitioning on the Job
- Sex Segregated Job Assignments
- Discrimination/Harassment
- Additional Resources
- Sample Transition Plan Outline

When the LASD policy document is compared with its closest foreign military analogs, the Royal Australian Air Force's *Air Force Diversity Handbook: Transitioning Gender in the Air Force* and the Australian Defence Force's *Understanding Transitioning Gender in the Workplace*, there are many similarities.^{99,100} The Australian documentation addresses definitions, privacy, records, names, pronouns, restrooms, locker rooms, dress codes, sex-segregated assignments, and discrimination issues in a manner not significantly different from the policy used by the LASD.

The full text of the LASD policy is included in Appendix M.

Lt. Don Mueller of the LASD is the department's LGBT community liaison, and provided an official response to our query regarding the implementation to this policy in Appendix N. According to Lt. Mueller, the LASD currently employs three transgender officers, one of whom is a helicopter pilot who works with the SWAT team. He described the role of this policy:

"This policy actually assists us in recruiting the most talented and gifted employees, regardless of their sexual orientation or gender identity. And it helps to protect us by holding managers and supervisors accountable for their behavior and actions (or inactions). We realized that the majority of our supervisors do not mean to be insensitive or discriminatory, but they often have little education or

⁹⁷ (The County of Los Angeles, 2010)

⁹⁸ (Transgender Law Center, 2013)

⁹⁹ (Royal Australian Air Force, 2013)

¹⁰⁰ (Australian Defence Force, 2011)

understating in regards to gender identity issues. Our policy is in reality a “guide.” It is a resource for supervisors, to help them know what they should and should not do, and how to best assist a transgender employee under their command”.

Lt. Mueller also provided amplifying information on how medical standards are applied:

“The Los Angeles County Sheriff’s Department does not have a separate medical policy regarding transgender employees and fitness for duty. Trans employees are treated under the same medical policies and standards as the gender that they identify with. This applies to hiring standards and to on-going fitness for duty standards. If they are in the process of transition and have undergone medical procedures that temporarily require them to be removed from field duty, they will be assigned administrative duties or given time off until they are physically back to full health. This is no different than any employee undergoing a medical procedure. Once their doctor signs off that they are able to perform their full duties again, they will be returned to their same previous assignment.”

The medical policy of the LASD effectively mirrors the policy set in place by the United Kingdom in their Defence Instruction Notice regarding transgender service members.¹⁰¹ It also mirrors the recommendations of the Elders report in 2014, which suggested that transgender health issues be treated like other similar medical issues, and not placed in a special category.¹⁰²

Physical fitness standards for the LASD are somewhat different than military physical fitness standards. There is no annual physical readiness test. However, there is an entrance physical test. Lt. Mueller stated that the academy holds transgender men (female-to-male) recruits to the same physical fitness standards as other men, and transgender women (male-to-female) individuals to female entrance standards.

Lt. Mueller believes that the analog between military and police implementation of transgender service is a strong one.

“I personally see the parallels between military and local law enforcement with this issue as almost identical. The same claims of “lack of trust”, a “breakdown in unit cohesion”, and “reduced mission readiness” have been used against both of us. And in both cases, these are all proving to be completely without merit. The more diverse we are, the better we reflect and serve our communities. And discharging anyone, simply because of their orientation or identity, only hurts our departments as we deny ourselves some of our most talented and experienced people.”

¹⁰¹ (Ministry of Defence, U.K., 2009).

¹⁰² (Elders, Brown, Kolditz, & Steinman, 2014)

Fire and Emergency Medical Department Policies on Transgender Employees

Multiple sources familiar with transgender issues and their relationships to fire departments and transgender issues state that they do not believe that any fire department has a formal policy in place specifically addressing transgender firefighters. This included leadership from GLAAD, NCTE, and Fire Captain Lana Moore. Ms. Moore is a Captain with the Columbus, OH Fire Department, a board member of GLAAD (formerly Gay and Lesbian Alliance Against Defamation), and a transgender woman.

“We don’t have any written policy specifically for transgender people. We just used our Equal Employment policy and Sexual Harassment policy. Beyond that, they just accommodated me based on my needs and what I requested.”

Transgender firefighters in New York, Dallas, and San Francisco gave similar descriptions of how workplace transitions were handled. In general, logistics of transition were handled informally based on consensus between leadership and the individual transitioning. Agreements were respectful of all parties, and, if necessary, temporary arrangements were made for the transgender individual.

“While I was working at the main fire complex, I was given the choice of a couple single use restrooms, which had been put in place for female firefighters.

After my Sex Reassignment Surgery I had a meeting with the Assistant Chief and I told him that now that I was anatomically female, I would no longer restrict myself to the single use facilities. I told him that if any other females had a problem with that then they could use the single restroom facilities. He agreed.” – Capt. Lana Moore

The departments with transgender employees who facilitated successful transitions had the following philosophies in common:

1. “Keep it simple” approach
2. Kind and supportive attitude
3. Positive leadership from the top down
4. Clear command intent
5. Flexibility
6. Collaborative approach to solutions

Captain Moore described how leadership set the tone for a highly successful and public transition of one of the city’s four captains: “Chief Pettus told me that he wanted me to ‘be a success story.’ That kind of ‘buy-in’ from the top guy was key to how smoothly things went.”

Additionally, firefighters indicated that after a period of time, they have returned to full medically available status.

These philosophical guidelines closely mirror what has been observed with the New Zealand Defence Force. Sergeant Lucy Jordan of the Royal New Zealand Air Force began transition without a formal policy in place in 2010, and described a similar mindset and philosophy within their military.

“I think an empathetic and supportive CO is a significant determinant of how well a transition in the Military will go... He was incredibly sympathetic and supportive and his initial response was due largely to a complete lack of information and guidance on how this should be handled. We got in touch with the HR person in the Police that had handled their individual’s transition a few years earlier and he was a wealth of information...

Not having any official policy kind of worked in our favour as the two of us were able to cherry pick the best bits from others and make up stuff where we needed to. It gave us a good degree of flexibility to come up with the best approach that would work for us in the confines of the NZDF but would give us, me especially, the best outcome...

My request/intent to transition was brought to the attention of the Chief of Air Force in a quicker time frame when we had initially intended. He responded magnificently and released a statement at the end of 2010 to all the Flight Commanders and Unit Warrant Officers stating that someone in the Air Force Family was going to transition, Command knew about this (and fully supported it) and we were all just going to be cool and professional about the whole thing. When the top boss does that, there’s not really much more anyone needs to say or do except fall into line”¹⁰³ – SGT Lucy Jordan, RNZAF

It is worth noting that the NZDF was rated the most successful of all countries at integrating LGBT service members according to the Hague Centre for Strategic Studies in 2014. The NZDF is currently developing its own transgender transition policy.

The flexibility and command support demonstrated by some US fire departments mirrors the success of the NZDF in working with transitioning employees, and reflects best practices.

Airline Policy on Transgender Employees

Airline policy on transgender employees does not differ significantly from other private sector employers who have implemented explicit policies. Appendix O shows an excerpt of the United Airlines Employee Conduct Manual as it relates to transgender employees.

Based on interviews with transgender airline pilots and staff at NCTE, the most significant hurdle to transgender individuals in the airline industry is uneven or incorrect application of Federal Aviation Administration (FAA) medical regulations to transgender pilots.

¹⁰³ (L. Jordan, personal communication, August 15, 2014) Available upon request.

The FAA changed the regulations concerning medical evaluations of transgender pilots in July 2012. These new requirements were less stringent than prior regulations, but still left considerable room for interpretation, especially by physicians not familiar with transgender medicine and psychology. The current FAA regulations are as follows:

Decision Considerations - Aerospace Medical Dispositions

Item 41. G-U System - Gender Identity Disorder

Gender Identity Disorder (GID) and gender reassignment require a complete review of the individual's relevant medical history and records. For initial consideration the Examiner must defer and submit the following to AMCD or RFS:

- *A current status report to include:*
 - *All current medications, dosages, and side-effects; and*
 - *Copies of all pertinent inpatient and outpatient medical records pertaining to the individual's GID diagnosis, work-up, and treatment.*
- *Psychiatric and/or psychological evaluations by a board certified psychiatrist and/or a licensed psychologist experienced in transgender issues that includes an assessment of any substance abuse or misuse. Neurocognitive testing is not required unless clinically indicated.*
- *Hospital and post-operative report from the surgeon if individual has had surgery.*

NOTE: *If the individual refrains from surgery, no surgical report is required. However, if surgery is elected at a later date, follow-up reports from a psychiatrist and/or psychologist and the surgeon will be required.*¹⁰⁴

While these regulations are theoretically less restrictive than previous ones, in practice they have been problematic. Currently, an admission of gender dysphoria often results in immediate revocation of flight certificates. Getting one re-issued can require months, and involves a level of screening far higher than seen in the UK and Australia. One pilot described the work up process required:

"I also hired a Forensic Psychiatrist to do an evaluation on me. That took sessions over two days and required me to pull my Bureau of Criminal Identification background check, credit report, driving record, and other supporting documentation. She also did telephone interviews with my gender therapist and my wife. She then wrote up her evaluation on me, which I received a few days later." – Transgender Pilot with United Airlines

Appendix P provides a detailed analysis by NCTE of why the pre-2012 FAA regulations were unnecessarily burdensome. The Elders report comes to a similar conclusion that transgender individuals should not be subjected to excessive standards.¹⁰⁵ The intent of the new regulations

¹⁰⁴ (Federal Aviation Administration, 2012)

¹⁰⁵ (Elders, Brown, Kolditz, & Steinman, 2014)

was to simply require a report of treatment to date, rather than a battery of new tests. The policy assumes the transgender individual has already been evaluated and treated in some way by a mental health provider.

However, a lack of understanding of transgender health by medical examiners, lack of clear direction in the FAA guidelines, and a lack of training and oversight have led to a breakdown in implementing the current policy. Transgender pilots can end up undergoing many unnecessary tests, waiting for months for a medical decision before they get a reissued medical certificate. In a military setting, this would be detrimental to mission effectiveness and a pilot's career.

Furthermore, the language used by the FAA's current regulation predates the current DSM-5. In May 2013, the Fifth Edition of Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-5) was released, which de-pathologized gender non-conforming identities, removed Gender Identity Disorder (GID) as a diagnosis, and placed gender dysphoria in its own category.¹⁰⁶ The American Psychiatric Association states in this document, "It is important to note that gender nonconformity is not in itself a mental disorder." This acknowledges that in the absence of clinically significant distress, there is nothing to diagnose.

Department of State Foreign Service Officers

The Department of State routinely sends individuals overseas as part of Foreign Service Officer postings. Being posted overseas, sometimes to remote locations, requires both medical and security clearance. The Department of State does not consider being transgender a bar to either.

Medically, the needs of the individual are looked at as a whole to see if they can receive adequate medical care while posted. According to Ajit Joshi, USAID's Senior LGBT Advisor, "It's really about the whole health of the person, not trans issues per se. The main issue is whether a regional medical office or a country medical office can provide care, and the ability of the person to access health care."¹⁰⁷ In practice, this has not prevented transgender FSOs from performing their duties or overseas postings.

Robyn McCutcheon was posted to Bucharest, Hungary when she began medically transitioning in 2011. She is currently serving in Astana, Kazakhstan.¹⁰⁸ Ms. McCutcheon's transition was specifically cited by Secretary of State Kerry as a success in a public speech.¹⁰⁹ Another transgender man is currently posted in Mexico City. Dr. Mark Cohen, Clinical Director of the Department of State's Office of Medical Services, states:

"Gender (and, therefore, being a transgender person or transitioning) is not a clearance consideration for our overseas assignments."

¹⁰⁶ (APA, 2013)

¹⁰⁷ (A. Joshi, personal communication, September 19, 2014) Available upon request.

¹⁰⁸ Robin McCutcheon has blogged about her experiences while transitioning in Bucharest. Retrieved from <http://attitude-analyst.blogspot.com/>

¹⁰⁹ See Secretary John Kerry's (2014) Remarks at GLIFAA Pride Event. Available at <http://www.state.gov/secretary/remarks/2014/06/228045.htm>

We use criteria based solely on medical requirements of the employee and whether the requirements can be met at Post (including availability of medications, mail order pharmacy capability, specific testing that might need to be done, etc.)”¹¹⁰

Transgender FSOs have uniformly been able to have their medical needs met at Post, and therefore have not been limited in their assignments.¹¹¹

While transitioning in Bucharest, the most significant hurdle was the Foreign Services Benefits Plan exclusions of transgender related health care. The actual treatments she needed were readily available. These exclusions have since been removed, and the full range of medical options will be covered beginning January 1, 2015.¹¹² Other considerations included local media coverage, and retroactive records changes. Ms. McCutcheon produced an after action report, lessons learned, and recommendations after returning from Bucharest. The full text is enclosed in Appendix Q.¹¹³

In general, OPM guidelines on transgender employees were sufficient, except as noted in the report.¹¹⁴ The Department of State also specifically references gender identity as a protected class in its Statement on Discriminatory and Sexual Harassment.¹¹⁵

A transgender identity is not considered an adverse indicator for security clearances by the Department of State, nor is seeking mental health counseling in and of itself. The latter is barred by both the Department of State Adjudicative Guidelines for Determining Eligibility for Access to Classified Information, as well as by Executive Order 12968.^{116,117} In the past, the sexual orientation language in EO 12968 has often been assumed to apply to transgender individuals.

The adjudicative guidelines for Department of State clearances states that, “No adverse inference concerning the standards in the Guideline may be raised solely on the basis of the sexual orientation of the individual.” There is no mention of gender identity within the document.¹¹⁸ Some individuals within the LGBT employee resource group expressed concerns that the section on “Sexual Behavior” as an adverse indicator could be misinterpreted (deliberately or otherwise) to prevent transgender individuals from obtaining a clearance.

¹¹⁰ (M. Cohen, personal correspondence, September 23, 2014) Available upon request.

¹¹¹ (M. Cohen, personal communication, September 23, 2014) Available upon request.

¹¹² (S. Ariturk, personal communication, September 22, 2015) Available upon request.

¹¹³ (LGBT Aid and Development Workers, 2015)

¹¹⁴ (Office of Personnel Management, 2015)

¹¹⁵ See Department of State (2015), *Statement on Discriminatory and Sexual Harassment*: “Harassment consists of any conduct targeting a protected class such as race, color, national origin, age, religion, sex (including pregnancy and gender identity), disability, sexual orientation, retaliation, or genetic information, which results in an adverse employment decision or that creates a hostile work environment. The Department upholds a zero tolerance policy regarding discriminatory and sexual harassment.” Available at http://careers.state.gov/uploads/84/9a/849a7a8182535d65b35c629325df2c37/Statement_on_Discriminatory_and_Sexual_Harassment.pdf

¹¹⁶ See Department of State (2006), *Adjudicative Guidelines for Determining Eligibility for Access to Classified Information*: “No adverse inference concerning the standards in the Guideline may be raised solely on the basis of the sexual orientation of the individual.” Available at <http://www.state.gov/m/ds/clearances/60321.htm#d>

¹¹⁷ See Executive Order 12968 (1995), “No negative inference concerning the standards in this section maybe raised solely on the basis of mental health counseling. Such counseling can be a positive factor in eligibility determinations.” Available at <http://www.gpo.gov/fdsys/pkg/FR-1995-08-07/pdf/95-19654.pdf>

¹¹⁸ (Department of State, 2006)

The Intelligence Community

The experiences of the Intelligence Community (IC) as they relate to integration of transgender employees generally mirror those of the FSO. Transgender IC employees are also covered by the same executive orders as employees of the Department of State. The LGBT employee resource group for the IC (ANGLE) has developed best practices for managers of transgender employees in the intelligence community (Appendix R).

In this best practices document, it states that, “There are no additional security considerations regarding an employee’s decision to come out as transgender or to transition. All employees are expected to adhere to the regular personnel security requirements of their position.” However, this is not an official policy document for the intelligence community.

In fact, the IC guidance on personnel security adjudication (ICPG 704.2) uses the same language regarding sexual orientation and mental health counseling as the US Department of State Adjudicative Guidelines,¹¹⁹ and contains the same language on “Sexual Behavior” and “Psychological Conditions” as an adverse indicator. Interviews with transgender members of the IC have demonstrated a pattern of heightened scrutiny where security clearances are concerned, and some security managers have misinterpreted transgender identities as a security risk under Section III.D (Sexual Behaviors)¹²⁰ or Section III.I (Psychological Conditions) of the ICPG 704.2.¹²¹

Additionally, the equivalent DOD document to the ICPG 704.2, the DODD 5200.2-R, continues to list being transgender as a potentially disqualifying condition for holding a security clearance.¹²² This is widely disregarded, as transgender defense contractors and DOD civilian employees are given clearances consistently. However, the fact that it remains on the books could cause unwanted, unnecessary issues for the DOD.

In terms of deployability, public statements by a transgender CIA employee have acknowledged that she has been able to take overseas assignments post transition. Private conversations with this individual (who must remain anonymous) confirmed her, and the agencies’, public statements that she has had overseas assignments, and being transgender has not affected her deployability.¹²³ It is also worth noting that the Department of Defense Instruction on Deployment

¹¹⁹ (Office of the Director of National Intelligence, 2008)

¹²⁰ “I fear a transphobic adjudicator could conceivably try to include a diagnosis of Gender Identity “Disorder” in that category. I am also concerned whether they might consider going stealth to be making oneself open to “pressure, coercion, exploitation, or duress.” (Anonymous transgender NSA employee, personal communication, September 22, 2014). Text available upon request.

¹²¹ “I did personally have a problem several months ago where I moved between divisions and was outed to my new supervisor by Security; the supervisor of the person who outed me defended it as relevant to security because he believed, and I quote, “not all (transgender people) are as well-adjusted as you.” I’m not sure if this was his own personal prejudice or a belief held by Security in general.” (Anonymous transgender NSA employee, personal communication, September 22, 2014). Text available upon request.

¹²² (Department of Defense, 1996)

¹²³ “Aside from her gender, Jenny says little has changed in her post-transition work life. ‘I am still traveling around the world,’ she says. ‘I’m still getting to brief policymakers. I’m still writing for the president, which is why I joined the CIA. But now I can be my full self and not feel like I have to hide anything.’” (Brydum, 2014, August 14).

Limiting Medical Conditions for Service Members and DOD Civilian Employees (DODI 6490.07) makes no mention of any condition specifically related to transgender health care.¹²⁴

Conclusions and Recommendations

Conclusions. Significant observations about how to successfully integrate transgender employees can be drawn from each of the public and private sector career fields with military-like aspects examined in this report.

- a. US police and fire departments have successfully integrated transgender employees by responding in the same way as the New Zealand Defence Force, with flexibility, collaboration, and strong leadership. We may infer that:
 - (1) Lessons learned from military-like organizations are often applicable to actual military organizations.
 - (2) Lessons learned from foreign, English-speaking militaries are probably culturally valid in the US as well.
- b. Strong leadership – as seen in police and fire department examples – is the starting point for successful integration. Leadership must clearly convey that failure is not an option. This was also how New Zealand succeeded in the absence of formal policy.
- c. Formal, written policy is beneficial to, and necessary for, uniform and successful integration of transgender employees.
- d. There is consistency across formal EO policy and best practices for facilitating transition and integration of transgender employees across these examples, and these are similar to those implemented by the UK, Australia, and New Zealand militaries. Formal EO protections are important to support leaders' intent in fair treatment for transgender members.
- e. Current FAA guidelines and oversight for medical certification of transgender pilots is insufficient to ensure a uniform process that is timely and not overly burdensome.
- f. The FSO and Intelligence communities have employed similar policies for transgender employees, using the OPM guidelines as a starting point.
 - (1) The Department of State and the Intelligence Communities do not view being transgender in and of itself as an impediment to receiving a clearance, or being posted overseas.
 - (2) However, specific exclusion of sexual orientation but not gender identity in security clearance adjudication policy for the Department of State and the IC is sometimes a source of confusion or potential harassment.
- g. DOD security clearance adjudication standards contain language that is outdated and seldom enforced.

¹²⁴ (DoD, 2010)

Recommendations. Based on these conclusions, the following are recommended for effective implementation of transgender service.

- a. When open transgender service happens, DOD leadership must strongly convey intent that this effort must succeed.
- b. Leadership must embrace the successful philosophies where transgender integration has worked well:
 - (1) “Keep it simple” approach
 - (2) Kind and supportive attitude
 - (3) Positive leadership from the top down
 - (4) Clear command intent
 - (5) Flexibility
 - (6) Collaborative approach to solutions
- c. DOD Policy for transgender service members should, at a minimum, address all of the issues mentioned in the TLC model policy and OPM guidelines. This includes:
 - (1) Purpose
 - (2) Background on transgender issues / gender identity / transition
 - (3) Definitions
 - (4) Privacy
 - (5) Official Records
 - (6) Names / Pronouns
 - (7) Restroom Accessibility
 - (8) Locker Room Accessibility
 - (9) Dress Code / grooming standards / personal appearance
 - (10) Transitioning on the Job
 - (11) Sex Segregated Job Assignments
 - (12) Discrimination / Harassment Policy (including examples of unacceptable behavior)
 - (13) Additional Resources
 - (14) Sample Transition Plan Outline
 - (15) Point of Contact for Questions
 - (16) Transitioning on the Job
 - (17) Sex Segregated Job Assignments
 - (18) Discrimination / Harassment Policy (including examples of unacceptable behavior)
 - (19) Additional Resources
 - (20) Sample Transition Plan Outline
 - (21) Point of Contact for Questions
- d. Establish aeromedical standards that are specific, formal, uniform, standardized, expeditious, provide a level of screening commensurate with current medical

understanding of transgender health issues, and do not unduly interfere with the transitioning service-member's ability to perform their duties.

- e. Rescind and replace, or amend, the DODD 5200.2-R. The “moral turpitude” language regarding transgender individuals is antiquated, and rarely, if ever, enforced. The directive should be replaced by a new version that specifically enumerates both gender identity and sexual orientation as items which are not adjudicative.
- f. Include both sexual orientation and gender identity in the Military Equal Opportunity list of protected classes. LGBT service members are the only federal employees not protected. If gender identity is simply included under “sex” in the MEO, the ambiguity between harassment on the basis of sex, gender identity, and sexual orientation will weaken leadership's ability to successfully implement transgender integration.

Chapter 13. Final Conclusions

Current regulations are outdated, not commensurate with current medical knowledge, and at odds with federal policy outside the DOD. Indiscriminately separating highly trained, motivated, and capable individuals who are more expensive to replace than to retain disrupts units, affects operational readiness, 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.¹²⁵ 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. For these reasons, retaining the status quo is not the worst of all available options.

These policies 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.¹²⁶ 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 falls even further behind. As with any organization, being viewed as lagging, behind the times, or biased costs our military top recruits and exemplary performers.

There is over 20 years of accumulated knowledge, lessons learned, and policy updates by Commonwealth nations on the inclusion of transgender individuals in the armed forces. The overall theme seen is that actual implementation is relatively simple as long as policy fully addresses all the critical issues, command intent is clear, and local leadership supports implementation. Transition has become a non-event both internally and externally. Much like our Services after the repeal of DADT; service members are consistently receiving strong support from their commands and media interest in transgender service members in the UK has dwindled to nothing.

There was no media coverage. I was willing to do some but there was no interest.

– CPL Rebekah Anderson, RAF

I have never experienced negative media. – **Captain Hannah Winterbourne,
Royal Electrical & Mechanical Engineers**

I have had no real contact with the media with regards to this, thankfully no one decided to ‘out’ me to the media. I find that now people transitioning in the military in the UK is ‘old news’ and so the media does not find it as interesting anymore. –

Senior Aircrewman, RAF

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

¹²⁵ (Burks, 2011; Eleazer, Nguyen, & Budge, 2014)

¹²⁶ (Polchar & Sweijs, 2014; Sweijs & Polchar, 2014)

their health and readiness. Of even greater concern, however, is that DOD is forcing transgender service members to disregard the shared value of 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.*¹²⁷

¹²⁷ See The Daily Beast. (2010, February 2). *Adm. Mullen Blasts Don't Ask Don't Tell*. Retrieved from <https://www.youtube.com/watch?v=X83IdnqOSdk>

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Appendix A: Transgender Military Service: Frequently Asked Questions

Transgender phenomena are anything but new; the first successful gender reassignment surgeries were performed in the early 1920's, almost a century ago. But 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;*
- 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.

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. 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 androgen insensitivity or endocrine affecting chemicals), it has been shown to affect gender identification, role behavior, and sexual orientation.¹²⁸

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

A: There are approximately 700,000 transgender people in the US.¹²⁹ Transgender people are twice as likely to have served in the military as the general population.¹³⁰ 15,450 are estimated to be serving currently.¹³¹

Q: Are transgender individuals psychologically unstable?

A: They are 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 American Psychiatric Association states in this document, “It is important to note that gender nonconformity is not in itself a mental disorder.”¹³² 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.¹³³

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

A: Treatment for gender dysphoria may include a variety of therapeutic options ranging from psychotherapy to surgery. As with many conditions, the individual decides upon a course of treatment based on the recommendation of his or her doctor and other

¹²⁸ (Bakker, 2014, pp 3-23; Winneke et al., 2013; Chung & Auger, 2013)

¹²⁹ (Gates, 2011)

¹³⁰ (Harrison-Quintana & Herman, 2103)

¹³¹ See Gary Gates & Jody Herman (2014). Transgender Military Service in the United States. Los Angeles, CA: Williams Institute.

¹³² (APA, 2013)

¹³³ (Lambda Legal, 2013)

consulting specialists. The number and type of these interventions and the order in which they are received varies from person to person.¹³⁴

Treatment options may include the following:

- Psychotherapy (individual, couple, family, or group) for purposes such as better understanding one's gender identity, role, and expression; addressing the negative impact of gender dysphoria and stigma on mental wellness; alleviating internalized transphobia; enhancing social and peer support; and promoting resilience.
- Changes in gender expression and role (which may involve living part-time or full-time in a gender role more consistent with one's gender identity);
- 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).¹³⁵

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 1979.¹³⁶

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.¹³⁷ 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 half a million dollars to train CT3 Landon Wilson¹³⁸, 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 \$30,000.¹³⁹

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

¹³⁴ (Bockting & Goldberg, 2006; Bolin, A., 1994; Rachlin, 1999; Rachlin, Greem, & Lombardi., 2008; Rachlin, K; (Hansbury & Pardo, 2010)

¹³⁵ (Coleman et al., 2011)

¹³⁶ (Coleman et al., 2011)

¹³⁷ (Herman, 2013)

¹³⁸ (Londoño, 2014, April 26)

¹³⁹ (Department of Insurance, State of California. 2012).

A: Most of the care transgender service members require can be handled by a general practitioner.¹⁴⁰ DOD doctors already perform some of the surgical procedures transgender service members may need, such as breast reconstruction, augmentation, reduction, and hysterectomy.¹⁴¹ 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.¹⁴²

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.^{143 144}

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 with US forces there.^{145,146,147} 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.¹⁴⁸ There are no special medical requirements that would prevent a transgender service member from deploying to any location where US troops serve today.¹⁴⁹

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

¹⁴⁰ (National Health Service, U.K., 2013)

¹⁴¹ (Tricare, n.d.a)

¹⁴² (Tricare, n.d.b)

¹⁴³ (Feldman, 2007)

¹⁴⁴ (Coleman et al., 2011, p. 65)

¹⁴⁵ (Tannehill, 2013, June 11)

¹⁴⁶ (Stetson, 2013, March)

¹⁴⁷ (Tannehill, 2013, April 11)

¹⁴⁸ (New York Times, 1992, November 4)

¹⁴⁹ (Elders, Brown, Kollditz, & Steinman, 2014)

transgender service members would not require new pharmaceuticals, logistics, or significant cost.¹⁵⁰

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.

“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.”¹⁵¹ –
Flight Lieutenant Ayla Holdom, RAF

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 (GCS), 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 GCS.

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.”¹⁵²
– **Flight Lieutenant Ayla Holdom, RAF**

¹⁵⁰ (Tricare, n.d.a)

¹⁵¹ (A. Holdom, personnel communication, 7 April 2013) Available upon request.

¹⁵² (A. Holdom, personnel communication, 7 April 2013) Available upon request.

Q: What about uniforms?

A: In most countries where transgender individuals serve openly, regulations stipulate a timeline within which 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.

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.¹⁵³ For many individuals, their daily uniform is unisex and little change is required.

*"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."*¹⁵⁴ – **Senior Aircrewman, 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."*¹⁵⁵
– **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.¹⁵⁶ In many circumstances no change is needed (when individuals live off-base, for example.¹⁵⁷)

*"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."*¹⁵⁸
– **Senior Aircrewman, RAF**

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

¹⁵³ (Royal Australian Air Force, 2013)

¹⁵⁴ (Anonymous U.K. transgender Servicemember, personal communication, 7 April 2013) Text available upon request.

¹⁵⁵ (R. Anderson, personal communication, August 2013) Available upon request.

¹⁵⁶ "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." (Ministry of Defence, U.K., 2009, para. 78).

¹⁵⁷ (Ministry of Defence, U.K., 2009, para. 80).

¹⁵⁸ (Anonymous UK transgender Servicemember, personal communication, August 2013) Text available upon request.

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.¹⁵⁹ For this reason, the National Collegiate Athletic Association (NCAA) 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.¹⁶⁰

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.¹⁶¹

"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 GCS, 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.

¹⁵⁹ (Devries, 2008)

¹⁶⁰ (Griffin & Carroll, 2010)

¹⁶¹ "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." (Ministry of Defense, U.K., 2009).

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.

Transgender service members should only be asked to utilize separate facilities on a purely temporary basis to facilitate transition.¹⁶²

"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 GCS. 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."¹⁶³ – **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 who are still in the process of transitioning are asked to complete transition and re-apply when they have finished.¹⁶⁴

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

¹⁶² "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." (Ministry of Defense, U.K., 2009, para. 79)

¹⁶³ (A. Holdom, personal communication, April 7, 2013) Available upon request.

¹⁶⁴ "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." (Ministry of Defense, 2009, para. 48).

coverage for transition-related medical care.¹⁶⁵ 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.¹⁶⁶

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

A: No. Only those who have received appropriate counseling and expressed a clear, consistent, and persistent gender identity different than the sex they were assigned at birth as would be allowed to transition and change their official gender.

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. Both the President¹⁶⁷ and the Chief of Naval Operations have unknowingly met and interacted with transgender service members in the last 12 months and treated them as their affirmed 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

¹⁶⁵ See, for example, Human Rights Campaign (2009), *San Francisco Transgender Benefit: Actual Cost & Utilization (2001-2006)*. Available at <http://www.hrc.org/resources/entry/san-francisco-transgender-benefit-actual-cost-utilization-2001-2006>.

¹⁶⁶ (Human Rights Campaign, 2014)

¹⁶⁷ (Anonymous U.S. Transgender Soldier, 2013, May 31) Available at <http://outservemag.com/2013/06/transman-soldier-meets-the-president/>

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 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, 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 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.¹⁶⁸ 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."*¹⁶⁹

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

¹⁶⁸ (The Hague, 2014)

¹⁶⁹ Adm. Mullen testimony before the Senate Armed Services Committee. (2010, February 2) Video retrieved from <https://www.youtube.com/watch?v=X83IdnqOSdk>

Appendix B: Definitions

Office of Personnel Management Definitions:

Gender identity is the individual's internal sense of being male or female. Gender identity is generally determined in the early years of an individual's life and, if different from the individual's physical gender, may result in increasing psychological and emotional discomfort and pain. The way an individual expresses his or her gender identity is frequently called "gender expression," and may or may not conform to social stereotypes associated with a particular gender.

Transgender: Transgender individuals are people with a gender identity that is different from the sex assigned to them at birth. Someone who was assigned the male sex at birth but who identifies as female is a *transgender woman*. Likewise, a person assigned the female sex at birth but who identifies as male is a *transgender man*. Some individuals who would fit this definition of transgender do not identify themselves as such, and identify simply as men and women, consistent with their gender identity. The guidance discussed in this memorandum applies whether or not a particular individual self-identifies as transgender.

Transition: Some individuals will find it necessary to transition from living and working as one gender to another. These individuals often seek some form of medical treatment such as counseling, hormone therapy, electrolysis, and reassignment surgery. Some individuals, however, will not pursue some (or any) forms of medical treatment because of their age, medical condition, lack of funds, or other personal circumstances. Managers and supervisors should be aware that not all transgender individuals will follow the same pattern, but they all are entitled to the same consideration as they undertake the transition steps deemed appropriate for them, and should all be treated with dignity and respect.¹⁷⁰

Transgender Law Center Definitions:

Note: The information provided by the Transgender Law Center on the treatment of transgender employees should be considered representative of the best practices derived from private industry over the past decade as active transgender inclusion has become more common.

Gender identity: A person's internal, deeply-felt sense of being male, female, or something other or in-between, regardless of the sex they were assigned at birth. Everyone has a gender identity.

Gender expression: An individual's characteristics and behaviors (such as appearance, dress, mannerisms, speech patterns, and social interactions) that may be perceived as masculine or feminine.

Transgender: An umbrella term that can be used to describe people whose gender identity and/or expression is different from their sex assigned at birth.

-- A person whose sex assigned at birth was female but who identifies as male is a transgender man (also known as female-to-male transgender person, or FTM).

¹⁷⁰ (Office of Personnel Management, 2015)

-- A person whose sex assigned at birth was male but who identifies as female is a transgender woman (also known as male-to-female transgender person, or MTF).

-- Some people described by this definition don't consider themselves transgender – they may use other words, or may identify simply as a man or woman. A person does not need to identify as transgender in order for an employer's nondiscrimination policies to apply to them.

Gender non-conforming: This term describes people who have, or are perceived to have, gender characteristics and/or behaviors that do not conform to traditional or societal expectations. Keep in mind that these expectations can vary across cultures and have changed over time.

Transition: The process of changing one's gender from the sex assigned at birth to one's gender identity. There are many different ways to transition. For some people, it is a complex process that takes place over a long period of time, while for others it is a one- or two-step process that happens more quickly. Transition may include "coming out" (telling family, friends, and coworkers); changing the name and/or sex on legal documents; and, for many transgender people, accessing medical treatment such as hormones and surgery.

Sexual orientation: A person's physical or emotional attraction to people of the same and/or other gender. Straight, gay, and bisexual are some ways to describe sexual orientation. It is important to note that sexual orientation is distinct from gender identity and expression. Transgender people can be gay, lesbian, bisexual, or straight, just like non-transgender people.

LGBT: A common abbreviation that refers to the lesbian, gay, bisexual, and transgender community.¹⁷¹

United Kingdom Ministry of Defence:

Acquired Gender: Acquired Gender refers to the gender of a person who is in the process of getting, or has actually had their gender reassigned and/or legally recognised. This is not the gender that they were registered in at birth, but it is the gender in which they should be treated. It is possible for an individual to transition fully without medical treatment or surgical intervention.

Attributed Gender: The gender that a person is taken to be by others. This is usually an immediate, unconscious categorisation of a person as being a man or woman, irrespective of their mode of dress.

Bisexuality: Is where sexual attraction is to individuals of either or both genders. Bisexuality should not be confused with gender dysphoria.

Cross-Dressing: Is the desire to adopt the clothes, appearance and behaviour normally associated with the opposite gender. This may be simple "dressing up" or "Dual Role Cross Dressing", which is the need to adopt the opposite role as fully as possible on a temporary or full-time basis. People who cross-dress in this way are sometimes known as "Transgenderists." It should not be assumed that people who cross-dress are either gay or transsexual.

¹⁷¹ (Transgender Law Center, 2013)

FTM: A female to male transsexual person. A person who is changing, or has changed, gender role from female to male.

Gender: The overwhelming majority of people have a gender that accords with their anatomical sexual presentation. Gender consists of two related aspects: gender identity, which is a person's internal perception and experience of their gender; and gender role, which is the way that the person lives in society and interacts with others, based on their gender identity. Gender is less clearly defined than anatomical sexual presentation, and does not necessarily represent a simple "one or the other" choice. Some people have a gender identity that is neither clearly female nor clearly male. For the purpose of the law, people can only be male or female.

Gender Dysphoria: Gender dysphoria or gender identity disorder are the medical terms for the condition where a person who has been assigned one gender (usually at birth on the basis of their sex), identifies as belonging to another gender. It is a psychiatric term for what is often called transsexuality.

A person with gender dysphoria may feel that they have a gender identity that is different from their anatomical sexual presentation. As a result, they may experience anxiety, uncertainty, or persistently uncomfortable feelings about their birth gender. Gender dysphoria should not be confused with sexual orientation.

Gender Identity: A person's own psychological identification as male or female.

Gender Identity Disorder: Another term for gender dysphoria or transsexualism. (See above)

Gender Reassignment /Transitioning: A complex process which is undertaken over a long period of time under medical supervision for the purpose of reassigning a person's gender by changing physiological or other characteristics in relation to the acquired gender. This may include counselling, hormone treatment and (although not always) surgery involving, inter alia, chest and/or genital alteration. The process also includes legal adjustments such as changing the name and gender on legal documents.

Gender Recognition: Gender Recognition is the process whereby a transsexual person may apply for legal recognition of his or her acquired gender. The process was established under the Gender Rights Act (GRA).

Gender Recognition Certificate: A full GRC shows that a person has satisfied the criteria for legal recognition in his or her acquired gender. The recipient of the certificate is considered, for all intents and purposes, as being of the gender listed on the certificate from that moment onward and not of their birth gender. The legal basis for creating a GRC is found in the GRA 2004.

Legal Recognition: Legal recognition means that in the eyes of the law a person is seen to be of his or her acquired gender, as opposed to the gender that was registered on that person's birth record when he or she was born.

MTF: Male to female transsexual person. A person who is changing, or has changed, gender role from male to female.

Post-Operative Stage: This is when an individual has undergone surgery and now presents some, or all, of the anatomical sexual characteristics relevant to their acquired gender.

Real Life Experience: This is the phase of gender reassignment during which the individual must live and work in his or her acquired gender before certain medical procedures will be carried out.

Sexual Orientation: An orientation towards persons of the same sex (lesbians or gay men) or an orientation towards a person of the opposite sex (heterosexual) or an orientation towards persons of the same sex and opposite sex (bisexual). Sexual orientation is not to be confused with Transsexualism.

Trans: A generic term generally used by those who identify themselves as transgender, transsexual or transvestite. The term should only be used as an adjective.

Transgender: An umbrella term for people whose gender identity and/or gender expression differs from their birth gender. This term should only be used as an adjective; that is, individuals should be referred to as “transgender people”, not “transgenders.”

Transsexualism: Another term for gender dysphoria or gender identity disorder. Transsexualism is to be preferred to the term transsexuality.

Transsexual Men: Transsexual men are people who were registered at birth as female (or a girl) but now present to the world as male. **Transsexual women** were registered at birth as male (or a boy) but now present as female.

Transitional Period: When a transsexual person decides to live fully in their preferred gender. They must do so for two years to be able to apply for a GRC. Normally during this time they will receive counselling, medication and, if they so wish, prepare for surgery (this can then also be known as the “pre-operative stage” or the “real life experience”).

Transsexual Person: For the purposes of this policy, the term transsexual is used to mean a person who intends to undergo, is undergoing or has in the past undergone gender reassignment (which may or may not involve hormone therapy or surgery). The term “transsexual” should be used as an adjective, not a noun, i.e. individuals should be referred to as “transsexual people” rather than “transsexuals.”

Transvestite: The clinical name for a cross-dresser. A person who dresses in the clothing of the opposite gender. Generally, transvestites do not wish to alter their body and do not necessarily experience gender dysphoria.¹⁷²

¹⁷² (Ministry of Defence, U.K., 2009)

Appendix C: Medical Policies

Office of Personnel Management

It is the policy of the Federal Government to treat all of its employees with dignity and respect and to provide a workplace that is free from discrimination whether that discrimination is based on race, color, religion, sex (including gender identity or pregnancy), national origin, disability, political affiliation, marital status, membership in an employee organization, age, sexual orientation, or other non-merit factors. Agencies should review their anti-discrimination policies to ensure that they afford a non-discriminatory working environment to employees irrespective of their gender identity or perceived gender non-conformity.

Employees in transition who already have Federal insurance benefits must be allowed to continue their participation, and new employees must be allowed to elect participation, in their new names and genders.¹⁷³

There is an evolving professional consensus that treatment is considered medically necessary for certain individuals who meet established Diagnostic and Statistical Manual (DSM) criteria for a diagnosis of Gender Identity Disorder/Gender Dysphoria. Accordingly, OPM is removing the requirement that FEHB brochures exclude “services, drugs, or supplies related to sex transformations” in Section 6 of the FEHB plan brochure effective with the 2015 plan year.¹⁷⁴

United Kingdom Ministry of Defence

Initial actions for serving personnel wishing to undergo gender transition. As already stated at para 3 above, transsexualism is a medical condition and a serving Service person who gives notification of wishing to undergo gender transition to the Chain of Command should be referred to their Medical Officer for an initial clinical assessment and onward referral as appropriate. Following clinical assessment and confirmation of gender dysphoria, future actions should be discussed between the relevant medical authorities (with the individual’s full and informed consent), personnel management staffs and the chain of command. Each case should be considered on its own merits. The placing of a transsexual person into a reduced Medical Employment Standard (MES) (which may particularly become necessary when drug or surgical treatment is started or in progress) may restrict his or her postings within the Service and some form of assignment restriction may be necessary. It would however be unlawful to restrict assignment of an individual purely on the grounds of transsexualism. The transsexual person does not lose the right to stay with his or her existing unit if he or she wishes to remain (subject to the exception set out in paragraph 35 relating to roles closed to women and any medical considerations).

Once a diagnosis of gender dysphoria has been confirmed by a psychiatrist or psychologist, it will be necessary to allocate a Medical Category appropriate to the stage of transition and the treatment being undertaken, commensurate with safety considerations for the individual.

¹⁷³ (Office of Personnel Management, 2015)

¹⁷⁴ (Office of Personnel Management, 2014)

Downgrading to P7, UK only, no sea service may be required to protect the individual from deployment or posting away from sources of support and treatment and to ensure availability to attend appointments. However, downgrading may not be required in all cases, especially where the individual elects not to undergo gender reassignment surgery.

The proposed medical grading should be discussed with the individual by medical staff in order to ensure that they understand the process of medical grading, and the reasons for it, and that they have no concerns about it.

Medical grading of serving transsexual personnel not wishing to undergo treatment with hormones or surgery. Serving personnel with gender dysphoria who do not wish to undergo hormone treatment or surgery may remain P2 unless the opinion of a Service psychiatrist, occupational physician or psychologist advises otherwise.

Medical grading of serving transsexual personnel who undergo hormone treatment or surgery. Serving personnel with gender dysphoria who choose to undergo hormone treatment or surgery will require medical downgrading (probably P7, UK only, no sea service) until the hormone treatment is stabilised or until the treatment no longer precludes deployment overseas and/or the recovery from surgery is completed. Deployment overseas may be precluded as some medications prescribed to transsexual people have specific storage requirements which may not be available in cold or hot environments.

Medical grading of Service personnel who have completed transition and who are living in their acquired gender. Transsexual Service personnel who have completed transition (and where appropriate have been stabilised on hormone medication and have fully recovered from surgery) may be graded P2, subject to fulfilling normal medical standards according to their legal gender.

Service personnel who retain a reduced MES for a significant period of time may need to be permanently graded or invalided. Permanent grading will be undertaken in accordance with single Service medical boarding procedures. A decision to recommend medical discharge (P8) should normally only be made by a consultant in occupational medicine, in accordance with HM Treasury recommendations on ill-health retirement. Transsexual personnel are treated no differently in this respect.

Cost of treatment associated with hormone therapy and/or surgery. Medication (e.g., hormonal treatment) prescribed by a Service or MOD doctor is paid for from the MOD budget, in the same way as for any other medical condition. The cost of some surgical and other specialist treatment for transsexual personnel is provided by the National Health Service (NHS); however, corrective surgery is normally provided privately at the individual's expense. This is no different from any other medical condition.

Australian Defence Force:

Health Management/Hormonal Realignment. Although there is no single model of treatment, typically an effective model of treatment will utilise hormone therapy, counseling and psychotherapeutic approaches, electrolysis, speech therapy and sometimes surgical reconstruction. Hormone therapy is taken to gradually change the person's body shape, strength, appearance and behaviour, and is normally required to be taken for the rest of the person's life.

Surgical Realignment. The person undergoes surgery and acquires physical characteristics appropriate to the affirmed gender. Surgical procedures may be performed on the genitalia, breasts, waist, nose and facial bones, reduction of the external appearance of the larynx and modification of the vocal chords. Surgical procedures may be carried out over a number of years.

Post Operative. The person returns to a normal routine in his or her new identity.

It is important to note that the phases may overlap, and not all those wishing to transition gender will go through all five phases. The transition process from initial diagnosis to surgical realignment is lengthy, and as gender realignment surgery is major and may lead to other medical consequences, not all transitioning people will opt to undergo this surgery.¹⁷⁵

For the most part of your transition, you will not need to access Sick Leave (DI(G)PERS 16-21 - *Sick and Convalescence Leave – Defence Members*), however you are likely to need Sick Leave to recover from some medical or surgical treatment. Accordingly, when Sick Leave is recommended for greater than four continuous calendar weeks you will be required to have a Medical Employment Classification Review (MECR) and a rehabilitation assessment.

Transitioning gender may affect your IR, for example, if you have been medically downgraded or there have been delays in undertaking an annual PFT and weapons testing requirements or if you have chosen to make yourself unavailable to deploy.

Air Force IR policy (DI(AF)OPS 4-8) states a Commander is to be informed by Form PM 101 when, as a result of any condition or planned medical treatment, a member will be, or has become, non-deployable for any period likely to exceed 28 days. Commanders may grant an IR waiver for up to a period of 12 months under certain circumstances. Refer to DI(AF) OPS 4-8 for further information.

As Gender Incongruence is recognized as a bone fide medical condition, management of your transition will invariably be a combination of administrative and medical tasks, with a requirement to follow the ADF policy on the Medical Employment Classification (MEC) system (DI(G)PERS 15-15).

Consideration in the MEC and MECR process needs to be discussed with your treating MO and other specialists and will be dependent upon your personal medical, psychological and pharmaceutical requirements.

As with most member's who transition gender, you are likely to be classified as MEC 3 – Rehabilitation - for at least some of your gender affirmation journey, which means you are being defined as temporarily unfit for operational deployment. For some parts of your transition you may be able to negotiate a MEC 2 – Employable and Deployable with restrictions – because depending on your circumstances, a MECR Board may not consider being transgender and/or taking hormonal medication a medical barrier to deployability. However, as indicated earlier in this document, should you require sick leave for greater than four continuous weeks, you will be required to have a MECR and a rehabilitation assessment.¹⁷⁶

¹⁷⁵ (Australian Defence Force, 2011, p. 4)

¹⁷⁶ (Royal Australian Air Force, 2013)

Appendix D: Personal Information Policies

Office of Personnel Management:

An employee's transition should be treated with as much sensitivity and confidentiality as any other employee's significant life experiences, such as hospitalization or marital difficulties. Employees in transition often want as little publicity about their transition as possible. They may be concerned about safety and employment issues if other people or employers become aware that he or she has transitioned. Moreover, medical information received about individual employees is protected under the Privacy Act (5 U.S.C. 552a).

Employing agencies, managers, and supervisors should be sensitive to these special concerns and advise employees not to spread information concerning the employee who is in transition: gossip and rumor-spreading in the workplace about gender identity are inappropriate. Other employees may be given only general information about the employee's transition; personal information about the employee should be considered confidential and should not be released without the employee's prior agreement. Questions regarding the employee should be referred to the employee himself or herself. If it would be helpful and appropriate, employing agencies may have a trainer or presenter meet with employees to answer general questions regarding gender identity. Issues that may arise should be discussed as soon as possible confidentially between the employee and his or her managers and supervisors.

Transgender Law Center:

Transgender employees have the right to discuss their gender identity or expression openly, or to keep that information private. The transgender employee gets to decide when, with whom, and how much to share their private information. Information about an employee's transgender status (such as the sex they were assigned at birth) can constitute confidential medical information under privacy laws like HIPAA.

Management, human resources staff, or coworkers should not disclose information that may reveal an employee's transgender status or gender non-conforming presentation to others. That kind of personal or confidential information may only be shared with the transgender employee's consent and with coworkers who truly need to know to do their jobs.

United Kingdom Ministry of Defence:

Right to privacy – prohibition of disclosure of “Protected Information.” Section 22 of the Gender Recognition Act establishes a right to privacy for the transsexual person in that it is a criminal offence for a person to disclose information that he or she has acquired in an official capacity about an individual's application for a GRC or about the gender history of an applicant. It is important to note that the liability under section 22 is a personal liability and it is a criminal offence. If someone is convicted of this offence they could be subjected to a fine of up to £5,000 and would incur a criminal record. Such information is “protected information.” The term “official capacity” includes functions such as a member of the Armed Forces, the Civil Service, a

constable, an employer or prospective employer, or a person acting in the course of business or the supply of professional services.

Once a transsexual person has a GRC, if someone whose duties gave access to that person's personal data disclosed that the person was born a different gender to the one in which they now live, an offence would be committed, subject to various exemptions, some of which are listed below. Section 22(4)(b) of the Act permits disclosure where the individual "has agreed to disclosure of the information" and, if such consent is forthcoming, can be used for HR purposes. Under section 22(4)(c) of the Act the prohibition on disclosure only extends to those people who know or believe that a GRC has been issued. However, if the holder of a GRC chooses to inform his or her respective Service Personnel Centre (SPC) that a GRC is held, apart from the specified exceptions set out below, an offence would be committed if the SPC disclosed the individual's gender history without his or her specific consent. It should be noted that the holder of a GRC is not obliged to inform their employer that one is held.

Exceptions to the prohibition of disclosure of information. The Gender Recognition Act contains a series of exceptions in section 22(4) that allow "protected information" to be disclosed for valid public policy reasons. A right to privacy does not mean absolute secrecy. There may be some situations in which a transsexual person will be required by law or necessity to prove a link between their current legal gender and their former one. There are also certain circumstances where disclosure of protected information does not constitute an offence. These include: disclosure for the purposes of prevention or investigation of crime; for the purposes of processing a claim for pensions and benefits; for religious purposes, e.g., whether it is permissible to officiate at or permit the marriage of the person to whom the information relates; for medical purposes in an emergency; disclosure by or on behalf of a credit reference agency; and disclosure for purposes in relation to insolvency or bankruptcy. In addition, it is not an offence to disclose "protected information" where it does not enable the person to be identified or where the individual to whom the information relates consents to the disclosure.

The Data Protection Act (DPA) (1998). Section 1 of the DPA defines "personal data", to which this act applies. Any personal data that relates to transsexualism and gender reassignment is "sensitive personal data." Under the DPA there are specific requirements attached to the recording, management and disclosure of sensitive personal data. In cases of doubt, further information and advice about the DPA should be sought from DG Info- AccessPol8 on telephone number 020 721 80509 (Mil Tel 9621 80509).

Freedom of Information Requests. Requests for Information made under the Freedom of Information Act 2000 (FOIA 2000) seeking information about an individual's gender history should be handled with care in order to avoid the inadvertent disclosure of protected information. Where an application is made under the FOIA 2000 for information that is "protected information" under the Gender Recognition Act, that information will be exempt from disclosure under section 44(1)(a) of FOIA in that the disclosure is prohibited by another law. The duty to confirm or deny under FOIA is excluded if compliance with that duty would involve disclosing protected information. The exemption at section 40 of FOIA may also apply, if the information requested is not prohibited under the GRA, but does fall within the definition of personal data under the DPA. Further advice about the FOIA is available from DG Info-AcessPol 8 (see 25 para above).

Requests for information on how many individuals serving in the Armed Forces have undergone or are undergoing gender reassignment should be answered with statistical data only. This means that the number of individuals should be rounded to the nearest 10 prior to release and no names or any other personal information should be disclosed.

Canadian Forces Policy:

A transsexual individual should expect the URS/Res Units to be dealt with the utmost privacy and respect. Only sections and individuals are to be informed, the “need to know” basis must be applied, (e.g.: when changing the gender in a system, there is no reason to indicate as to why).¹⁷⁷

For CF transsexual members undergoing transition, unit leadership's support is crucial. The unit CO shall provide a work environment free from discrimination and prejudice, respectful of the transsexual individual's right to privacy and to be treated with dignity.¹⁷⁸

Australian Defence Forces Policy

Units and organisations must manage the disclosure of information about a person's transition carefully and sensitively. The person's right to privacy and the requirement for confidentiality should be clearly explained to peers and colleagues. All Defence people should be reminded of the prohibitions on use and disclosure of personal information under the *Privacy Act 1988*.

¹⁷⁷ (Canadian Department of National Defence, 2010)

¹⁷⁸ (Canadian Department of National Defence, 2011)

Appendix E: Recruiting and Accession Policies

United Kingdom Ministry of Defence

Medical grading of applicants who have completed transition and are living in their acquired gender. Transsexual applicants who have completed transition (and, where appropriate, have been stabilised on hormone medication and fully recovered from surgery) may be graded P2, subject to fulfilling the normal medical standards according to the individual's legal gender.

Psychiatric assessment of applicants. As part of the screening process of applicants wishing to join the Armed Forces, all applicants are asked if they have a history of mental health problems or deliberate self-harm. Although transsexual people generally may have an increased risk of suicide, depression and self-harm, transsexual applicants should not automatically be referred to a Service Psychiatrist. The decision to refer a transsexual applicant for psychiatric assessment should be left to the single Service Consultant responsible for recruitment and should be based on an assessment of whether the individual meets the guidelines relating to fitness to join the Armed Forces set out in JSP 346 and single Service medical standards for entry. Transsexual applicants with no history of mental health problems or deliberate self-harm who meet other fitness standards should be passed as being fit to join the Armed Forces.

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. However, a transsexual person in gender transition may only need support for a comparatively short time before being able to resume a self-sufficient life. Applicants for recruitment who are not undergoing surgery or receiving hormonal treatment may be suitable for recruitment, subject to meeting the fitness standards required to join the Armed Forces.

Medical grading of applicants who are undergoing hormone therapy. Applicants who are receiving hormonal treatment may be graded P2 providing the dose of medication is stable, there are no significant side effects and the medication regime and its monitoring do not preclude worldwide deployment. (Worldwide deployment may not be possible as some medications have specific storage requirements which may be affected by deployment to cold or hot environments). In the very early stages of hormone treatment, it may be necessary to grade the individual P8 until treatment is stabilised, as with any other condition that is being treated or requires surgery at the time of application to join the Armed Forces.

Medical grading of applicants who are undergoing surgical treatment. Applicants who are about to undergo, or are still recovering from surgery to change the external appearance of their body into that of the acquired gender should be graded P8, as with any other condition that is being treated or requires surgery at the time of application, until they are fully recovered from the surgery.¹⁷⁹

¹⁷⁹ (Ministry of Defence, U.K., 2009)

Appendix F: Policies for Recognizing Gender Changes

United States Office of Personnel Management

Recordkeeping: Consistent with the Privacy Act, the records in the employee's Official Personnel Folder (OPF) and other employee records (pay accounts, training records, benefits documents, and so on) should be changed to show the employee's new name and gender, once the employee has begun working full-time in the gender role consistent with the employee's gender identity. See 5 U.S.C. 552a(d).¹⁸⁰

United States Department of State:

Medical Certification Accepted for Gender Change/Transition.

- (1) A full validity U.S. passport will be issued reflecting a new gender upon presentation of a signed original statement, **on office letterhead**, from a licensed physician who has treated the applicant for his/her gender-related care or reviewed and evaluated the gender-related medical history of the applicant.

NOTE: Such licensed physicians include Medical Doctors (M.D.) and Doctors of Osteopathy (D.O.). The physicians may specialize in various medical fields, including, but not limited to, internists, endocrinologists, gynecologists, urologists, surgeons, psychiatrists, pediatricians, and family practitioners.

Statements from persons who are not licensed physicians, such as psychologists, nurse practitioners, health practitioners, chiropractors, and pharmacists are not acceptable.

The statement **must** include the following information (See 7 FAM 1300 Appendix M Exhibit 1):

- (a) Physician's full name;
- (b) Medical license or certificate number;
- (c) Issuing state, country, or other jurisdiction of medical license/certificate;
- (d) Drug Enforcement Administration (DEA) registration number assigned to the doctor or comparable foreign registration number, if applicable;
 - (i) If the U.S.-based licensed physician does not provide a DEA number, you must request that this be provided in a new statement. If the statement with the DEA number is not provided after an appropriate period of time (generally 90 days), the application must be denied.
 - (ii) Licensed physicians in foreign countries might not have a DEA number, but might have a comparable foreign registration number. For all foreign licensed physician gender change requests, domestic passport agencies/centers must scan copies of the application and attach all

¹⁸⁰ (Office of Personnel Management, 2015)

submitted documents to Passport Services' Adjudication Policy Division (CA/PPT/S/A/AP) at CA-PPT-Suggestion-Box@state.gov. CA/PPT/S/A/AP works with the Overseas Citizens Services' Office of Legal Affairs (CA/OCS/L) to verify the bona fides of the foreign physician with the applicable post abroad.

- (iii) Posts must verify their own foreign-based licensed physicians or, if the statement is from a physician in another country, contact the post which covers that country for verification.
- (e) Address and telephone number of the physician;
- (f) Language stating that he/she has treated the applicant or has reviewed and evaluated the medical history of the applicant and that he/she has a doctor/patient relationship with the applicant;
- (g) Language stating the applicant has had appropriate clinical treatment for gender transition to the new gender of either male or female; and
- (h) Language stating "I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct."¹⁸¹

United Kingdom Ministry of Defence:

The Gender Recognition Act 2004 (GRA 2004). The GRA 2004 provides transsexual people with legal recognition in their "acquired" gender. Legal recognition follows from the issue of a full Gender Recognition Certificate (GRC) in cases where the Gender Recognition Panel (GRP) (a body made up of judicially trained lawyers and doctors) is satisfied that the applicant has, or has had, gender dysphoria; has lived in the acquired gender throughout the preceding two years; and intends to continue to live in the acquired gender until death. An applicant for a GRC must also prove that he or she is 18 years old or more. It should be noted that medical treatment is not a requirement for the issue of a GRC. There are many implications for an individual who receives official recognition in his or her new gender. Individuals should therefore be advised to read the guidance produced by the GRP which will help them make informed decisions about whether they wish to apply for gender recognition. (Contact details for the GRP are at Annex E). ***There is no requirement for a transsexual Serviceperson to acquire a GRC. Transsexual personnel who choose not to apply for a GRC (or who are unable to qualify for a GRC) should be treated the same as an individual who does have a GRC with regard to protection from discrimination.***¹⁸² (emphasis added)

¹⁸¹ (Department of State, 2013)

¹⁸² (Ministry of Defence, U.K., 2009, p. 5)

Canadian Forces:

CF administrative personnel are provided technical guidance regarding CF transsexual members in A-PM-245-001/FP-001, chapter 34. Given the many different aspects of transition, the following areas are highlighted:

- change of name will be entered into the CF personnel system of record (PeopleSoft/HRMS), on receipt of appropriate legal documents;
- supply and Clothing Online systems will need to reflect the new entitlements in line with the new gender (to be effected with CF2018 medical chit);
- identification cards, security passes and government of Canada (green) passports will need to be re-issued (to be effected with CF2018 medical chit); and
- change of gender will be entered into the CF personnel system of record (PeopleSoft/HRMS), on receipt of appropriate legal documents (i.e. birth certificate in the new gender).

This is not an exhaustive list but merely representative of the changes that will need to occur for a CF member undergoing transition.

Note that when there has been no legal recognition of name or gender change, unit administration staff shall not amend any military personnel record systems for these two specific fields (name change and gender). The effective date of amendments shall not be back-dated. Honours and awards, such as medals, earned under a different name and gender shall not be re-issued with the new name/identity.

For greater clarity, while changes to other systems may be possible without legal recognition (e.g. supply/clothing, security passes, provincial driver's license), the amendment of military personnel record systems shall be held in abeyance until legal recognition is received. Provincial recognition of the name change and provincial recognition of the completion of the transition process shall be the basis for amending the member's military personnel record system file to reflect the new name and gender.¹⁸³

Australian Defence Force:

Recognition of Affirmed Gender

Administratively, recognition of affirmed gender within Defence should occur once the transitioning person has presented a medical certificate to their commander or manager stating the person's commencement of gender transition. This will allow the person to gain the support and assistance of their commander or manager throughout their forthcoming transition.

On administrative recognition of their affirmed gender, the person should be addressed appropriate to their affirmed gender, and ADF members permitted to wear the uniform appropriate to their affirmed gender. However, the person's sex as recorded in PMKeyS can only be amended

¹⁸³ (Canadian Department of National Defence, 2011)

once the transitioning person presents a copy of their re-issued birth certificate showing the change of sex.

For more information regarding registering a change of sex and applying for a reissued birth certificate, people should refer to their State/Territory Registry of Births, Deaths and Marriages.

Changes to Military/Civilian Service Records and ID Cards.

All Defence employees are required to provide evidence to support changes to personal circumstances, e.g., marriage/divorce documentation, birth certificate, change of name documents.

It should be noted that there may be an unavoidable delay between the commencement of the social realignment phase and updating the transitioning person's identification card. It may be prudent for the person's commander or manager to provide the person with a letter which explains the difference between the transitioning person's current appearance and the photograph on their existing ID card.¹⁸⁴

Change of name and gender

It is likely that you will wish to choose a name which is more gender-appropriate as well as amending your gender on various official documents. For some of these documents you may wish to commence notification/amendment immediately after gender realisation, but many can be done before you transition in the workplace. For most document changes, a medical certificate confirming your gender is required.

Changing your name to be more gender appropriate is done through your State of residence Birth, Deaths & Marriages office and does not require any surgery. The requirements to change your gender on your birth certificate will depend on the State it was issued by, but usually requires medical supporting documents.

Here is a list of private documentation which others have found useful, but this list is not exhaustive:

1. Driver's License.
2. Bank accounts.
3. Tax File Number details.
4. Superannuation.
5. Insurance policies.
6. Other licenses or endorsements, e.g. Forklift, Shooters License.
7. Educational records, e.g. Degrees, diplomas.
8. Citizenship papers (if applicable).
9. Civilian passport.
10. Other government agencies, e.g. Centrelink, Medicare.

¹⁸⁴ (Australian Defence Force, 2011)

11. Birth Certificate (Note: all Australian States/Territories recognise the affirmed sex of an individual after surgery, unless the person is married. There are different requirements if you were born overseas).

You will need Administrative assistance to change your name/gender on these official Defence documents:

1. Defence ID cards.
2. PMKeyS –Change of name (Form AD150).
3. Account names of service applications (e.g. PMKeyS, CMS, ROMAN, etc.).
4. Change of Circumstances Notification (Form SVA003).
5. Defence DRN/DSN email accounts. Note: items 2 and 3 above must be completed before this can be actioned. Complete a DRN Access Request to update your Outlook account and change your account name (Form AD261).
6. MedKeyS / Medical documentation.
7. Personnel file.¹⁸⁵

¹⁸⁵ (Royal Australian Air Force, 2013)

Appendix G: Facilities Policies

Office of Personnel Management:

Department of Labor's Occupational Safety and Health Administration (DOL/OSHA) guidelines require agencies to make access to adequate sanitary facilities as free as possible for all employees in order to avoid serious health consequences.¹⁸⁶ For a transitioning employee, this means that, once he or she has begun living and working full-time in the gender that reflects his or her gender identity, agencies should allow access to restrooms and (if provided to other employees) locker room facilities consistent with his or her gender identity. While a reasonable temporary compromise may be appropriate in some circumstances, transitioning employees should not be required to have undergone or to provide proof of any particular medical procedure (including gender reassignment surgery) in order to have access to facilities designated for use by a particular gender. Under no circumstances may an agency require an employee to use facilities that are unsanitary, potentially unsafe for the employee, or located at an unreasonable distance from the employee's work station. Because every workplace is configured differently, agencies with questions regarding employee access to any facilities within an agency should contact OPM for further guidance.¹⁸⁷

Transgender Law Center Model Policy:

Restroom Accessibility

Employees shall have access to the restroom corresponding to their gender identity. Any employee who has a need or desire for increased privacy, regardless of the underlying reason, will be provided access to a single-stall restroom, when available. No employee, however, shall be required to use such a restroom.

All employees have a right to safe and appropriate restroom facilities, including the right to use a restroom that corresponds to the employee's gender identity, regardless of the employee's sex assigned at birth. That is, transgender women must be permitted to use the women's restroom, and transgender men must be permitted to use the men's restroom. That decision should be left to the transgender employee to determine the most appropriate and safest option for them. Some employees – transgender or non-transgender – may desire additional privacy. Where possible, an employer will make available a unisex single-stall restroom that can be used by any employee who has a need for increased privacy, regardless of the underlying reason. For example, if any employee does not want to share a multi-person restroom with a transgender coworker, they can make use of this kind of option, if available.

Locker Room Accessibility

All employees have the right to use the locker room that corresponds to their gender identity. Any employee who has a need or desire for increased privacy, regardless of the underlying reason, can be provided with a reasonable alternative changing area such as the use of a private area, or using the locker room that corresponds to their gender identity before or after other employees.

¹⁸⁶ (OSHA, 1998)

¹⁸⁷ (Office of Personnel Management, 2015)

Any alternative arrangement for a transgender employee will be provided in a way that allows the employee to keep their transgender status confidential.¹⁸⁸

United Kingdom Ministry of Defence:

Single Living Accommodation (SLA). 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. The following guidelines should be used.

Prior to social reassignment the individual should remain in his or her current living accommodation. Once social reassignment is planned and the process starts, the transsexual person should usually be accommodated in the accommodation of the gender to which he or she intends to transition. When the social reassignment stage has been reached (i.e., when the individual starts to dress and present in the clothes of their acquired gender) it will usually be appropriate for the transsexual person to use the toilet facilities of his or her acquired gender. Under no circumstances should a transsexual person be expected, after transitioning, to use the facilities of their former gender. 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.

Canadian Forces:

For CF transsexual members undergoing transition, unit leadership's support is crucial. The unit CO shall provide a work environment free from discrimination and prejudice, respectful of the transsexual individual's right to privacy and to be treated with dignity. That having been said, the unit CO will need to strike the appropriate balance in meeting the needs of the CF transsexual member and that of others in the unit (in such areas as privacy in the use of public facilities (e.g. a washroom or change room)), taking into account the relevant considerations in devising a suitable and appropriate solution.

Note that not all persons who are transsexual will undergo the surgical procedures to completely re-align their anatomical sex structure to match their new gender. This may cause significant concern and negative reaction from other users of public facilities when confronted with the presence of a transsexual individual.

While it is important to stress the right of a transsexual individual to have access to these facilities, the privacy of other users must also be considered. As a result, the unit CO must lead an effort to find a balanced solution that is satisfactory for all, without excluding access to any of the parties. Ultimately, Canadian legislation and interpretation of these laws have provided, and continue to provide, the legal foundation for the way transsexual members are to be treated. It is important to stress the legitimate right of these transsexual members to use public facilities without fear of

¹⁸⁸ (Transgender Law Center, 2013)

physical or verbal assault or harassment.

Incidents regarding harassing behaviour shall be dealt with using the DND/CF harassment prevention and resolution policy.

Incidents regarding workplace violence shall be dealt with using existing health and safety policies.¹⁸⁹

Australian Defence Force:

What accommodation and/or ablutions should be used?

Once social realignment commences, the dress and bearing of the transitioning person will need to be aligned with their affirmed gender. At this point, the transitioning person must be permitted to use the ablution facilities appropriate to their affirmed gender if they so choose. A transitioning person may choose to use separate facilities such as an accessible toilet for disabled people. However, it will be discriminatory to insist that the transitioning person permanently use facilities for the disabled or facilities of their assigned gender.

Should the situation arise where open communal same sex showers are the only showers available (i.e., field exercises/deployments), the transitioning person and their commander or manager should discuss and agree upon an appropriate arrangement to ensure the needs of all people are met. This situation would only apply prior to the transitioning person undergoing gender realignment surgery.

People working within the same work environment as the transitioning person should be given the opportunity to discuss any concerns they may have with their commander or manager.¹⁹⁰

¹⁸⁹ (Canadian Forces, 2011)

¹⁹⁰ (Australian Defence Force, 2011)

Appendix H: Uniforms, Grooming, and Dress Code Policies

Existing Policies

Office of Personnel Management:

Dress and Appearance: Employees who begin the “real life experience” stage of their transition are required under the WPATH Standards of Care to live and work full-time in the target gender in all aspects of their life, which includes dressing at all times in the clothes of the target gender. Once an employee has informed management that he or she is transitioning, the employee will begin wearing the clothes associated with the gender to which the person is transitioning. Agency dress codes should be applied to employees transitioning to a different gender in the same way that they are applied to other employees of that gender. Dress codes should not be used to prevent a transgender employee from living full-time in the role consistent with his or her gender identity.¹⁹¹

Transgender Law Center:

Dress Codes: Our company does not have dress codes that restrict employees’ clothing or appearance on the basis of gender. Transgender and gender non-conforming employees have the right to comply with company dress codes in a manner consistent with their gender identity or gender expression.

United Kingdom Ministry of Defence:

Agreement of transition programme. To assist a transsexual person to complete his or her transition successfully it is useful for the individual to agree with their line management and other Service authorities an action plan for managing the process of transition. It is important to remember that the precise content and timescale for this process will be different in each individual case and could vary significantly and will depend on the circumstances of the individual. Key elements of the process include:

...

g. agreeing a procedure for changing to the uniform of the acquired gender;¹⁹²

Appropriate supply authority demands temperate scale clothing relative to the individual’s acquired gender. Advice of individual’s Medical Officer is to be sought before the individual starts duty in uniform. For practical reasons it may be appropriate for the individual to work in civilian clothes for an interim period. The decision to authorise the wearing of uniform should be made on a case-by-case basis.¹⁹³

Issue of uniform relevant to the acquired gender. Every effort should be made to ensure that the issue of new uniform relevant to a transsexual person’s acquired gender is done in a single issue, especially for items of gender-specific kit. This avoids causing embarrassment or anxiety to the individual if repeated visits to uniform clothing stores are required. Arrangements and

¹⁹¹ (Office of Personnel Management, 2015)

¹⁹² (Ministry of Defence, U.K., 2009)

¹⁹³ (Ministry of Defence, U.K., 2009)

entitlements for the issue of uniform clothing to transsexual personnel are contained in the respective single-Service uniform regulations.

Medal replacement and inscription policy for transsexual Service personnel who change their name and/or Service Number. The Policy on the provision of replacement medals and inscription of medals for transsexual Service personnel is set out in Annex D to Chapter 1 of JSP 7613. Serving transsexual members of the Armed Forces wishing to have their medals reissued with their revised details should apply in writing to the MOD Medal Office, marking the envelope “Personal for the Officer in Charge”, sending back their original medals and providing details of their new surname, initials and Service or Employee Number. Re-issued medals will be inscribed with the updated name, initials and Service or Employee Number, but will retain the rate or rank held by the individual at the time that the medal was originally awarded. Medals issued under these circumstances will not be marked “Replacement” and may be provided at public expense.¹⁹⁴

Wearing of qualification badges. Transsexual personnel who were entitled to wear qualification badges earned in their previous gender may continue to do so in their new gender if they so wish. They should however bear in mind that this may identify them as having previously been of a different gender.

Canadian Forces:

Once initiated, and during the transition period, a CF transsexual member will be kitted for, and dressed as, their target gender. During the transition period, they shall wear their uniform in accordance with existing regulations for their target gender. Once transition is complete, and the CF transsexual member is legally recognized in their new gender, the standards with regard to dress and deportment are no different for a transsexual member than for any other CF member.¹⁹⁵

A transsexual member shall dress consistent with their target gender and shall comply with the same standards of dress and deportment as applied to all other members of that gender see A-AD-265-000/AG-001, Dress Instructions.¹⁹⁶

Australian Defence Force:

Change of Uniform

Upon written confirmation by a Medical Officer of a transitioning member's affirmed gender, the member will be permitted to wear the uniform appropriate to their affirmed gender. For further information on the provision of uniforms, members should consult with their relevant Service policy and their unit/ship Clothing Store.

Wearing of ADF Qualification Badges

Transitioning members who were entitled to wear qualification badges earned in their previous gender may continue to do so in their affirmed gender. The transitioning member should bear in mind that their decision to wear a particular badge may identify them as having previously been of

¹⁹⁴ (Ministry of Defence, U.K., 2009)

¹⁹⁵ (Canadian Department of National Defence, 2011)

¹⁹⁶ (Canadian Department of National Defence, 2010)

the opposite gender.¹⁹⁷

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.

The Air Force Clothing Policy (AAP 3032.001(AM1)) provides for free exchange of personal clothing due to a medically supervised weight loss program where a member's body shape has undergone a noticeable change. Similarly, gender transition is a medically supervised change in body shape and an entitlement to a free re-issue of uniform seems therefore reasonable. According to AAP3032.001, you can apply for a free re-issue by submitting a Minute, endorsed by your ADF Medical Officer, to the OIC Air Force Clothing Entitlements (OIC AFCE – RAAF Williams) through your Area Health Network. The MO must declare you have been on a medically supervised program which has changed your body shape such that you should be considered for an entitlement to a free exchange of personal clothing at public expense. On receipt of the Minute, AFCE will seek final approval from DCOORD-AF and advise all concerned of the outcome.

If you have ribbon bars with 4 (or more) medal ribbons, you will to have these adjusted as the Air Force Manual of Dress (AAP 5195.003(AM1)) requires that the row of ribbons consists of not more than four ribbons for a male member and three ribbons for a female member. If you have already been issued with your ribbon bars, you will need to apply to have the amendment to your ribbon bar as a free re-issue along with your application for free exchange of uniform above.¹⁹⁸

¹⁹⁷ (Australian Defence Force, 2011)

¹⁹⁸ (Royal Australian Air Force, 2013)

Appendix I: Physical Fitness Standards Policies

National Collegiate Athletic Association Policy on Transgender Student-Athlete Participation:

The following policies clarify participation of transgender student-athletes undergoing hormonal treatment for gender transition:

1. A trans male (FTM) student-athlete who has received a medical exception for treatment with testosterone for diagnosed Gender Identity Disorder or gender dysphoria and/or Transsexualism, for purposes of NCAA competition may compete on a men's team, but is no longer eligible to compete on a women's team without changing that team status to a mixed team.
2. A trans female (MTF) student-athlete being treated with testosterone suppression medication for Gender Identity Disorder or gender dysphoria and/or Transsexualism, for the purposes of NCAA competition may continue to compete on a men's team but may not compete on a women's team without changing it to a mixed team status until completing one calendar year of testosterone suppression treatment.¹⁹⁹

“Research suggests that androgen deprivation and cross sex hormone treatment in male-to-female transsexuals reduces muscle mass; accordingly, one year of hormone therapy is an appropriate transitional time before a male-to-female student-athlete competes on a women's team.” **Eric Vilain, M.D., Ph.D., Professor, Director of the Center for Gender-Based Biology and Chief Medical Genetics Department of Pediatrics, UCLA**

Any transgender student-athlete who is not taking hormone treatment related to gender transition may participate in sex-separated sports activities in accordance with his or her assigned birth gender.

- A trans male (FTM) student-athlete who is not taking testosterone related to gender transition may participate on a men's or women's team.
- A trans female (MTF) transgender student-athlete who is not taking hormone treatments related to gender transition may not compete on a women's team.²⁰⁰

United Kingdom Ministry of Defence:

FITNESS TESTING AND TRANSSEXUAL PERSONNEL

Physical fitness is a fundamental requirement for all members of the Armed Forces and personnel are required to take fitness tests at regular intervals to meet both single-Service 'general fitness' requirements and, for some trades and arms, physical tests specific to that post. Where the test is

¹⁹⁹ (Goorin & Mathijs 2004)

²⁰⁰ (Griffin & Carroll, 2011)

set to measure fitness for a specific task, trade or arm the standard set will be absolute. This requires all personnel in that trade or arm to be able to pass the test at a single standard irrespective of age or gender. In this instance all personnel whether male, female or transgender will have to pass this single standard to remain eligible for service in that trade or arm.

Conversely, tests of 'general fitness' are there to ensure that individuals have the physical fitness attributes to cope with general nonspecific physical demands such as prolonged working, stressful situations and arduous environments. The ability to cope with these situations is enhanced by undertaking regular physical exercise and thus 'general fitness' tests standards are set to both encourage and measure an individual's adherence to regular physical exercise. 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. While there is an expectation that, in principle, transsexual personnel will meet the 'general fitness' standards of their acquired gender once transition has been completed there may, on rare occasions, be female to male transsexual personnel who cannot achieve the 'male' standard in a 'general fitness' test. A female to male Serviceperson who is unable to pass the required fitness test (of their acquired gender) should be referred for a medical assessment. In these circumstances it would be entirely consistent with the rationale for setting 'general fitness' standards for an appropriate standard to be applied to such individuals on a case-by-case basis.

One potential consequence of repeated failure to achieve the single- Service 'general fitness' standard is administrative discharge. There is nothing in this guidance on transgender fitness testing that alters this and thus, once an appropriate standard has been agreed, failure to attain it should result in the same sanction as would be applied to any other Service person.²⁰¹

Canadian Forces:

CF transsexual personnel shall be tested in accordance with DAOD 5023-2 *Physical Fitness Program*, against the standards of their legally recognized gender.²⁰²

Australian Defence Force:

Physical fitness is a fundamental requirement for all ADF members and they are required to take fitness tests at regular intervals to meet their specific Service fitness requirements. To account for physiological differences between males and females, tests of general fitness set appropriate standards relative to the gender and age of those taking the test. On commencement of the Health Management/Hormonal Realignment phase, the transitioning member may be required to

²⁰¹ (Ministry of Defence, U.K., 2009)

²⁰² (Canadian Department of National Defense, 2011, p. 8)

meet the physical fitness requirements applicable to their affirmed gender. Completion of the physical fitness tests will be dependent upon the member being medically fit to participate.²⁰³

The PFT is a fundamental requirement of service in the Air Force. To account for physiological differences between males and females, the PFT is a sub-maximal, general fitness test with standards relative to the birth gender and age of those taking the test. On commencing the social/hormonal realignment phase of your transition, you may then be required to meet the PFT of your affirmed gender if you are deemed medically fit to do so. Which test you are required to take, and when, will be determined by your treating MO and can be provided to your PTI on a PM101.

Air Force fitness testing policy (DI(AF)PERS 53-13) indicates that members with a medical condition that affects their ability to undertake individual components of the PFT are to be assessed by a MO and given remedial training prior to undertaking the test. However, medical restrictions to performing components of the PFT are only to apply when the member has been allocated a MEC which specifies employment restrictions in accordance with DI(G)PERS 16-15.²⁰⁴

²⁰³ (Australian Defence Force, 2011)

²⁰⁴ (Royal Australian Air Force, 2013)

Appendix J: Housing Policies

United Kingdom Ministry of Defence:

Single Living Accommodation (SLA). The rules for transsexual personnel should be no different from 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. The following guidelines should be used.

Prior to social reassignment the individual should remain in his or her current living accommodation. Once social reassignment is planned and the process starts, the transsexual person should usually be accommodated in the accommodation of the gender to which he or she intends to transition.

Service Family Accommodation (SFA). Transsexual Servicemen or women who are married or in a civil partnership are therefore in PStatCat1 and retain their entitlement to SFA. However, if transsexual Servicemen or women who occupied SFA in PStatCat1 separate/divorce from their spouse or civil partner, they must vacate it within the timescale set out in JSP 464 (Tri- Service Accommodation Regulations), in the same way as any other Service person who is married or in a civil partnership. If the individual is in PStatCat2 (has parental responsibility for any children within the terms of the Children Act 1989) they will retain entitlement to SFA, or if they are PStatCat 3/4 then they retain eligibility for surplus SFA, in accordance with JSP 464.²⁰⁵

Australian Defence Force:

Housing Entitlements

Transitioning ADF members who occupy living-in accommodation should be housed in accommodation appropriate to their affirmed gender or may seek rental assistance for accommodation off base.

A married transitioning member who undergoes gender realignment surgery will not lose their entitlement to Defence housing provided that there is no unreasonable delay between the dissolution of their marriage and the approval of recognition of their interdependent partnership. Members in this situation should seek assistance from Defence Housing Australia and their commander or manager to manage the situation as early as possible. Refer to DI(G) PERS 53-1 – *Recognition of interdependent partnerships* and the ADF PACMAN for further details.²⁰⁶

²⁰⁵ (Ministry of Defence, U.K., 2009, p. 21)

²⁰⁶ (Australian Defence Force, 2011, p. 11)

Appendix K: Gender Identity Non-Discrimination Policies

United States Office of Personnel Management:

It is the policy of the Federal Government to treat all of its employees with dignity and respect and to provide a workplace that is free from discrimination whether that discrimination is based on race, color, religion, sex (including gender identity or pregnancy), national origin, disability, political affiliation, marital status, membership in an employee organization, age, sexual orientation, or other non-merit factors. Agencies should review their anti-discrimination policies to ensure that they afford a non-discriminatory working environment to employees irrespective of their gender identity or perceived gender non-conformity.²⁰⁷

United States Secretary of Labor:

*“These changes reflect current law. In *Macy v. Holder*, for example, the Equal Employment Opportunity Commission concluded that discrimination because a person is transgender is sex discrimination in violation of Title VII of the Civil Rights Act of 1964. The Office of Federal Contract Compliance Programs and Civil Rights Center, along with the Employment and Training Administration, will issue guidance to make clear that discrimination on the basis of transgender status is discrimination based on sex. While the department has long protected employees from sex-based discrimination, its guidance to workers and employers will explicitly clarify that this includes workers who identify as transgender. The department will continue to examine its programs to identify additional opportunities to extend the law’s full protection against discrimination to transgender workers.”²⁰⁸ – Secretary of Labor Tom Perez*

Executive Order -- Further Amendments to Executive Order 11478, Equal Employment Opportunity in the Federal Government, and Executive Order 11246, Equal Employment Opportunity

By the authority vested in me as President by the Constitution and the laws of the United States of America, including 40 U.S.C. 121, and in order to provide for a uniform policy for the Federal Government to prohibit discrimination and take further steps to promote economy and efficiency in Federal Government procurement by prohibiting discrimination based on sexual orientation and gender identity, it is hereby ordered as follows:

Section 1. Amending Executive Order 11478. The first sentence of section 1 of Executive Order 11478 of August 8, 1969, as amended, is revised by substituting "sexual orientation, gender identity" for "sexual orientation".

²⁰⁷ (Office of Personnel Management, 2015)

²⁰⁸ (Geidner, 2014, August 10)

Sec. 2. Amending Executive Order 11246. Executive Order 11246 of September 24, 1965, as amended, is hereby further amended as follows:

- (a) The first sentence of numbered paragraph (1) of section 202 is revised by substituting "sex, sexual orientation, gender identity, or national origin" for "sex, or national origin".
- (b) The second sentence of numbered paragraph (1) of section 202 is revised by substituting "sex, sexual orientation, gender identity, or national origin" for "sex or national origin".
- (c) Numbered paragraph (2) of section 202 is revised by substituting "sex, sexual orientation, gender identity, or national origin" for "sex or national origin".
- (d) Paragraph (d) of section 203 is revised by substituting "sex, sexual orientation, gender identity, or national origin" for "sex or national origin".

Sec. 3. Regulations. Within 90 days of the date of this order, the Secretary of Labor shall prepare regulations to implement the requirements of section 2 of this order.

Sec. 4. General Provisions. (a) Nothing in this order shall be construed to impair or otherwise affect:

- (i) the authority granted by law to an agency or the head thereof; or
 - (ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.
- (b) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

Sec. 5. Effective Date. This order shall become effective immediately, and section 2 of this order shall apply to contracts entered into on or after the effective date of the rules promulgated by the Department of Labor under section 3 of this order.²⁰⁹

United Kingdom Ministry of Defence:

The Sex Discrimination Act 1975 (SDA 75). The SDA outlaws any form of discrimination on the grounds of an individual's gender. The Armed Forces have an exemption from the Act in respect of actions taken for the purpose of ensuring combat effectiveness but otherwise must comply with the Act's provisions.

The SDA was extended by the Sex Discrimination (Gender Reassignment) Regulations 1999 to outlaw discrimination against transsexual people in the workplace, making it unlawful for an employer to discriminate against someone on the ground that he or she has undergone, is undergoing or intends to undergo gender reassignment, unless being of a particular gender is a genuine occupational qualification for a particular job or one of a limited number of genuine occupational qualifications which apply during the reassignment process is applicable.²¹⁰

²⁰⁹ (White House, 2014)

²¹⁰ (Ministry of Defence, U.K., 2009, p. 4)

The Equality Act 2006 and Gender Equality Duty. The Equality Act amends the SDA 1975 with effect from 6 April 2007 to place a statutory duty on all public authorities, when carrying out their functions to have due regard to the need:

- a. to eliminate unlawful discrimination and harassment;
- b. to promote equality of opportunity between men and women.

The Gender Equality Duty includes a duty to pay due regard to the elimination of discrimination and harassment of transsexual personnel.²¹¹

Discrimination and harassment on the grounds of gender reassignment. Discrimination on the grounds of gender reassignment is defined in terms of comparative treatment of the transsexual person and that of “other persons” for whom gender reassignment grounds do not exist. This means treating a transsexual person less favourably than you treat (or would treat) someone else who is not undergoing gender reassignment (or contemplating it, etc). Harassment of an individual on the grounds of gender reassignment, either by their line management or by other Service personnel, is a form of unlawful discrimination. Such discrimination should be dealt with in the same way as harassment against any other Service person, for example on the basis of their sex or race. It is MoD policy that it is the right of each and every member of the Armed Forces to work in an environment which is free from harassment, intimidation and bullying and to expect to be treated with dignity and respect. Details of how to make, respond to and deal with complaints of harassment are set out in JSP 763, the MOD Harassment Complaints Procedure.

Some examples of discrimination on the grounds of gender reassignment may include:

- a. Refusing to associate with or ignoring someone because they are transsexual;
- b. Refusing to address the person in their acquired gender or to use their new name;
- c. Probing into the person's private life and relationships;
- d. Spreading malicious gossip about that person;
- e. Failing to maintain confidentiality of information about a person's transsexual status;
- f. Indefinite refusal to allow use of sanitary facilities appropriate to their acquired gender after a reasonable transition period;
- g. Treating that person less favourably than others in regard to sickness or other absences.
- h. Refusing to let people participate in sport with members of their acquired gender, subject to the guidance in paras 31 and 32.²¹²

Units/organisations must manage the disclosure of information about an individual's transition carefully and sensitively to prevent sexual harassment or discrimination occurring. At the same time, care should be taken to ensure, as far as possible, that the individual's colleagues do not avoid contact with him or her because of concerns about saying the wrong thing. This can result in the individual feeling isolated. Education and awareness-raising are key here.²¹³

²¹¹ (Ministry of Defence, U.K., 2009, p. 9)

²¹² (Ministry of Defence, U.K., 2009, p. 10-11)

²¹³ (Ministry of Defence, U.K., 2009, p. 18)

Canadian Forces:

This policy sets out the CF position with respect to the management of CF transsexual members and is intended to assist CF personnel and chains of command to understand their obligations and responsibilities and to prevent discrimination and harassment because of gender identity differences.

By promulgating this policy regarding CF transsexual members, the CF is:

- Promoting the dignity and equality of those whose gender identity does not conform to traditional social norms;
- Preventing discrimination and harassment based on gender identity through education and awareness; and
- Providing guidance regarding accommodation of the unique requirements of CF transsexual members as they transition

For CF transsexual members undergoing transition, unit leadership's support is crucial. The unit CO shall provide a work environment free from discrimination and prejudice, respectful of the transsexual individual's right to privacy and to be treated with dignity. That having been said, the unit CO will need to strike the appropriate balance in meeting the needs of the CF transsexual member and that of others in the unit (in such areas as privacy in the use of public facilities (e.g., a washroom or change room)), taking into account the relevant considerations in devising a suitable and appropriate solution.

Australian Defence Force:

Defence must comply with the *Australian Human Rights and Equal Opportunities Commission Act 1986*, *Privacy Act 1988*, *Sex Discrimination Act 1982*, *Occupational Health and Safety Act 1991*, *Public Service Act 1999*, and other Commonwealth, State and Territory anti-discrimination legislation. DI(G) PERS 50-1 – *Equity and Diversity in the Australian Defence Force* and DPI 1/2001 – *Equity and Diversity in the Department of Defence* require that all Defence people should be treated with respect, fairness and without harassment.

Traditionally, society has had little understanding of what it means to transition gender. As a result, many transitioning people have been subjected to hostility, ridicule and discrimination. Every person has the right to have their gender identity recognised and respected and all Defence people who wish to transition gender will be provided with the necessary support and management to do so.

Personal Responsibilities - Fostering an equitable, fair and safe workplace is everyone's responsibility

All Defence people should expect to be treated with respect, fairness and without harassment or discrimination. DI(G) PERS 50-1 – *Equity and Diversity in the Australian Defence Force* and DPI 1/2001 – *Equity and Diversity in the Department of Defence* state that all Defence people have a responsibility to foster an equitable, fair and safe workplace environment free from all forms of

unacceptable behaviour.

Discrimination or harassment of a person because they are transitioning gender is a form of unlawful discrimination. Such discrimination should be dealt with in the same way as any other unacceptable behaviour.

Details of how to manage and report complaints of unacceptable behaviour are available in DI(G) PERS 35-3 – *Management and Reporting of Unacceptable Behaviour*.

Change of Name and Forms of Address

When the transitioning person commences the social realignment phase, they will usually want to be known by a name that is more gender-appropriate. Everyone should be advised to use the chosen name when addressing or referring to the transitioning person.

It is also important to use the correct pronouns such as ‘she’ or ‘her’ in the case of a male transitioning to a female or ‘he’ or ‘him’ in the case of a female transitioning to a male. Using the term ‘it’ is disrespectful and completely unacceptable. The continued deliberate use of pronouns and names relating to the previous gender identity will be construed as sexual harassment.²¹⁴

Harassment and Bullying

Transphobic attitudes and harassment is one of the most pervasive, frightening, and potentially damaging threats members can face. If a member is being bullied, called names, threatened, or physically harmed at their workplace because of their Gender Dysphoria, it is a command responsibility to act to stop the harassment and rectify the situation. If the Chain of Command (CoC) does not do anything to protect the member, they can be held liable.

The impact harassment can have on members should not be underestimated; it has the potential to effect the member both personally and professionally. One Airman reflects on overhearing two colleagues making derogatory remarks about his sexuality:

‘This was the point that I felt I had lost the fight for Equality within my Squadron. I started contemplating leaving the RAAF. I started participating in self-destructive activities (such as binge drinking) and my self-esteem was broken. Although I had to stay at the SQN, I lost my spark and my drive to be at work or participate in SQN activities. I never wanted to be around anyone and I became recluse.’

Allowing inappropriate jokes, attitudes or comments which marginalise transgender persons is equally damaging to an inclusive workplace culture, especially considering that it is very difficult to know whether there is a transgender person within the unit or not. If a transgender person has made a decision to not disclose their gender dysphoria, it’s very unlikely they will come forward to report unacceptable behaviour.

The member’s colleagues, supervisors, chain of command or anyone in their workplace does NOT have the right to “out” someone without the affected member’s permission. This can have tragic and dire consequences. Threatening to disclose personal information violates a member’s right to privacy.²¹⁵

²¹⁴ (Australian Defence Force, 2011, p. 10)

²¹⁵ (Royal Australian Air Force, 2013, p. 20)

Appendix L: Leadership Best Practices: UK and ADF

United Kingdom Ministry of Defence:

This document sets out the Armed Forces' policy on the recruitment and management of transsexual personnel and provides general information on transsexualism and the process of gender reassignment. Its purpose is to provide guidance to serving personnel, Commanding Officers and Line Managers on how the relevant law applies, including the statutory duty to have due regard to the need to eliminate discrimination and harassment on the grounds of gender reassignment and the issues relating to the recruitment and management of transsexual people in the Armed Forces.

The incidence of transsexualism in the general population is comparatively low and it is unlikely that Commanding Officers and Line Managers will encounter many transsexual people in the course of their duties. It is important however that they are aware of the Armed Forces' policy on the recruitment and management of transsexual people and gender reassignment and understand what they must do, should the situation arise.

Definition of Transsexualism. Transsexual people have a deep conviction that their gender identity does not match their appearance and/or anatomy. The incongruity between identity and body can be so strong that individuals wish to present themselves in the opposite (also referred to as acquired) gender. This is a widely recognized medical condition variously referred to as gender dysphoria, gender identity disorder or transsexualism. It is a strong desire to live in the opposite gender to that in which a person has been registered at birth and be accepted in all respects as a member of that gender. Transsexualism is not a symptom of another medical condition.

Recognising that someone has gender dysphoria may not be straightforward. An individual who has gender dysphoria may show symptoms similar to those of a stress or anxiety related condition. In addition, people who have gender related issues are used to concealing them, especially from authority figures. Service personnel who consider themselves to be transsexual are likely to have been through a turbulent and emotional period of coming to terms with their suspected gender identity. Sensitive and sympathetic handling of the individual is therefore essential. Any individual who declares him or herself to be a transsexual is to be offered the appropriate level of care and support whilst he or she considers, or pursues, gender reassignment.

It should be noted that gender identity and sexual orientation are two distinctly different issues and they should not be confused. Nor should transsexualism be confused with cross-dressing. Cross-dressing is far more common than Transsexualism and a Service person who cross-dresses in private life is unlikely to undergo gender reassignment. It is not appropriate to treat a transsexual person at any time as belonging to a "third gender."

The process of adopting the opposite gender role is generally known as "transition" and is often accompanied by treatment that may include counseling, hormone therapy, reconstructive surgery and cosmetic treatment (such as electrolysis for hair removal). Some people elect not to undergo

any form of medical treatment and simply live their life in their new gender role. The term gender reassignment or transition refers to the process that a person goes through to present themselves permanently in their acquired gender. This usually includes a regime of specialist psychiatric evaluation, hormone treatment, real-life experiences and sometimes reconstructive surgery. The following table sets out the 5 stages in the process of changing gender through which transsexual personnel generally go, although it must be stressed that they will not all wish, or be able, to go through any, or all 5, stages. An individual's MES should be reviewed at every stage of the reassignment process.

Gender Realisation: The individual realises that he or she is a transsexual person and will be medically diagnosed as such.

Social Reassignment (Transition): The individual dresses and lives in their new gender role and is treated as being of the gender with which they identify. The individual is required to live and work in their new gender role for a period of one year prior to any irreversible surgical intervention.

Medical Treatment/Hormonal Reassignment: Medical treatment may include counseling and psychotherapy, hormones and antiandrogens, electrolysis and speech therapy. Hormone treatment is taken to change, gradually, the individual's body shape, appearance and behaviour. Hormone therapy is normally required for the rest of the individual's life.

Surgical Reassignment: The individual undergoes surgery and acquires physical characteristics appropriate to the acquired gender. Surgical treatment may include: genital surgery, breast augmentation or removal, re-shaping of the waist, plastic surgery to the nose and facial bones, reduction of the external appearance of larynx and modification of the vocal chords. Surgical procedures may be carried out over a number of years.

Post Operative: The individual returns to a normal routine in his or her new identity. As the transition process from initial diagnosis of gender dysphoria to surgical reassignment is lengthy (possibly up to 3 years), careful and sensitive management of the individual's assignment and domestic and accommodation requirements will be needed.

Agreement of transition programme. To assist a transsexual person to complete his or her transition successfully it is useful for the individual to agree with their line management and other Service authorities an action plan for managing the process of transition. It is important to remember that the precise content and timescale for this process will be different in each individual case and could vary significantly and will depend on the circumstances of the individual. Key elements of the process include:

- a. whether the individual wishes to stay in their current post or be assigned, although assignment will not be automatic, unless the individual fails to meet the medical standard of the post or roles closed to women;
- b. the expected timescale of the medical and surgical procedures;
- c. the amount of time off required for medical appointments, treatments and surgical procedures;

- d. the expected point or phase of change of name, personal details and social gender;
- e. whether the individual wishes to inform their Line Manager and colleagues personally, or would prefer this to be done for them, and whether training or briefing of colleagues will be necessary;
- f. what amendments will need to be made to records and systems;
- g. agreeing a procedure for changing to the uniform of the acquired gender;
- h. make arrangements for the individual to be moved to accommodation appropriate to his or her acquired gender;
- j. an undertaking that details of the action plan and notes of any discussions or meetings should be kept strictly confidential.

It should be noted that each case will differ, depending on the circumstances and preferences of the individual involved. In addition to the need for sensitive management of the individual, the interests of the Service also need to be considered at an early stage. Early notification by the transitioning individual will help the Career Manager, the individual's Unit and any other individuals who may be affected to ensure that reduction in Operational Capability is minimised. Normally, a minimum of four weeks' notice will need to be given prior to the start of transition to enable the necessary administrative arrangements to be made/agreed.

Informing colleagues. Agreement between line management and the individual is imperative before communication and disclosure of the impending gender identity transition. How this is done depends not only on the individual's wishes but also on the size and structure of the unit or organisation where the individual is serving. In a small unit informing all personnel together may be the best approach. In a large unit or organization it may be unnecessary to inform colleagues who have no direct contact with the individual. Sufficient detail should be provided to explain the facts in an appropriate manner and at a suitable level, without going into unnecessary personal or graphic detail.

Units/organisations must manage the disclosure of information about an individual's transition carefully and sensitively to prevent sexual harassment or discrimination occurring. At the same time, care should be taken to ensure, as far as possible, that the individual's colleagues do not avoid contact with him or her because of concerns about saying the wrong thing. This can result in the individual feeling isolated. Education and awareness-raising are key here. Commanding Officers who have transsexual personnel within their units should seek advice from the relevant single Service Equality and Diversity staffs as early as possible about their management. The individual's right to privacy and the requirement for confidentiality should be clearly explained to peers and colleagues.

Personnel should be informed that they have a personal liability under section 22 of the GRA not to disclose information obtained in an official capacity.

Australian Defence Force:

Australian Defence Force:

TIPS FOR COMMANDERS FROM MEMBERS WHO HAVE TRANSITIONED GENDER

- Protect the member's privacy. Information management is very important.
- Become very familiar with Understanding Transitioning Gender in the Workplace.
- Seek guidance and advice from the Padre, Psychology section and Medical services. Attend medical case management meetings to ensure you are well informed on the issues surrounding your member.
- Seek guidance and advice from other Commanders & Managers who have experience with gender issues. AFWD or DEFGLIS may be able to put you in contact with other Commanders/managers who have been through a similar management process.
- If the member has not articulated a transition plan encourage the member to develop a transition plan to include a notification plan.
- Listen to the member's wishes with respect to disclosure to the workplace and the broader community.
- Provide the member with a Mentor who the member is comfortable with.
- Be sure you understand your member's wishes with regards to their transition.
- Be open with your transitioning member. Feel free to ask them questions.
- Ensure that other members in the unit know that intolerance, bullying or any other ill-behaviour towards the member transitioning will not be tolerated.

ADF GENDER TRANSITION SUPPORT PLAN

Introduction

This plan provides Commanders/Managers, Supervisors and transgender members with some extra guidance on the implementation of a gender transition arrangement.

Meeting

Commanders/managers and the transitioning member will need to develop a transition plan or roadmap for mutual clarity and guidance. There is no standard template to be used but the plan should include consideration of the duration of transition, the pathways being taken for the member to transition, and posting considerations.

Timelines

Complete gender transition can take years, however much of the early journey will happen between the member and their health care providers, usually hidden from the unit management and personnel.

- **Diagnosis (up to 12 months):** For a member to seek medical advice and receive an accurate diagnosis can take several months. This phase includes the process of obtaining a specialist

referral, waiting times for specialist medical appointments, a number of appointments to enable assessment by the specialist, then eventually a specialist diagnosis.

- **Commence Treatment:** After specialist diagnosis, hormonal realignment therapy is usually commenced. Again the member will need a different specialist referral (and associated wait times) to obtain a prescription for and to commence hormonal treatment. Treatment may be commenced prior to disclosure or commencing Real Life Experience.

- **Disclosure:** After diagnosis, the member will need to decide on who and when to tell family friends and work colleagues. This Support Plan should be commenced as soon as the member chooses to disclose their condition and intent to transition gender to the Unit management. Seeking out an appropriate mentor and other support structures is very important at this point. Members will most likely have identified a new name for themselves and will want to commence changing their name and aligning their gender identity with official documents.

- **Commence Real Life Experience (at least 12 months):** Member begins living full time in their affirmed gender to stabilise their life and ensure this change is definitely right for them. This will occur for at least 12 months before gender reassignment surgery is considered. At the beginning, members may want to consider a period of leave or ways to maintain a low profile whilst developing a more gender-appropriate appearance. Where possible, the timing of this stage can be linked with posting cycles (especially if transitioning into a new unit) and/or stand down periods.

- **Surgery (up to 6 months):** Members requiring surgery will need to obtain the necessary approvals prior to seeking a surgeon and being scheduled for the applicable surgery. Additionally, there will be a recovery and rehabilitation period.

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There are many variables to this timeline but full transition is unlikely to occur in less than 2-3 years. There are many drivers which will affect this timeline including the member's:

- desire to keep things on track and be an advocate for themselves.
- social/family situation.
- response to medical and hormonal treatment.
- psychological health.
- Unit management, personnel and tasks.
- Personnel Manager and Employment Group sponsor.

Posting considerations

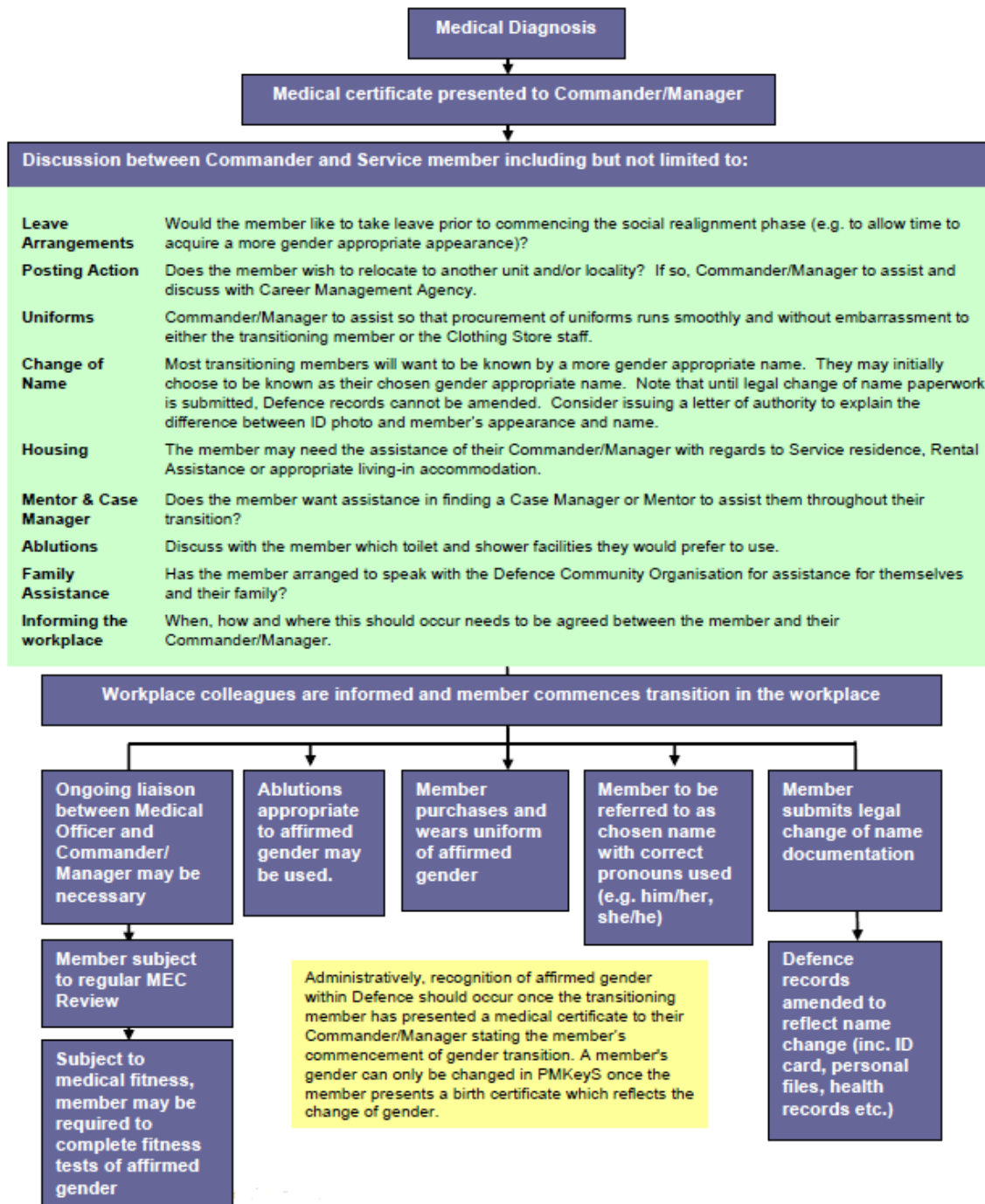
Completing transition within a normal posting cycle of 3-4 years is possible, and may or may not be desirable depending on the member's circumstances. There are many issues which should be considered with regards to postings.

- Specialist Gender Clinics are not available in all posting locations. Posting to a place with a reputable program may need to be considered.
- Moving locations means potentially moving away from a stable environment, including medical specialists and social support. However making a fresh start may be easier for some transitioning members and/or their work colleagues.
- There are positives and negatives about choosing to transition in your current unit or to start afresh at a new unit. The pathways you have taken to transition will also impact on your decision about where you commence the Real Life Experience of your affirmed gender.
- It can be challenging to commence hormonal treatment and changing official documentation whilst still living in your birth gender role.

Other considerations

Many other considerations, such as use of ablutions, have been addressed in the *Understanding Transitioning Gender in the Workplace* guide, particularly the flowchart below.

Note that the needs of every transitioning member will differ, and not every member will pass through all the phases of transition. This diagram is intended as a guide only; every member should be managed on a case-by-case basis.



Appendix M: LASD Transgender Employee Guide

Purpose

The Los Angeles County Sheriff's Department does not tolerate discrimination on the basis of sex, race, color, ancestry, religion, national origin, age (40 and over), disability, sexual orientation, gender identity, gender expression marital status, medical condition, or any other characteristics protected by federal or state law. This is designed to create a safe and productive workplace environment for all employees.

This publication sets forth guidelines to address the needs of transgender and gender non-conforming employees and clarifies how the law should be implemented in situations where questions may arise about how to protect the legal rights or safety of all employees. These guidelines do not anticipate every situation that might occur with respect to transgender or gender non-conforming employees, and the needs of each employee must be assessed on a case-by-case basis. In all cases, the goal is to ensure the safety and comfort of transgender or gender non-conforming employees while maximizing the employee's workplace integration and minimizing stigmatization of the employee.

Definitions

The definitions provided here are not intended to label employees, but rather to assist in understanding this policy and LASD's legal obligations. Employees may or may not use these terms to describe themselves.

- **Gender Identity:** An individual's internal sense of being male or female, or something not defined by traditional definitions of male or female. Gender identity is generally determined in the early years of an individual's life and, if different from the individual's physical gender, may result in increasing psychological and emotional discomfort and pain. The way an individual expresses his or her gender identity is frequently called "gender expression," and may or may not conform to social stereotypes associated with a particular gender.
- **Gender Expression:** An individual's external and social characteristics and behaviors (such as appearance, dress, mannerisms, speech, and social interactions) that may be perceived as masculine or feminine.
- **Transgender:** Individuals with a gender identity that is different from the sex assigned to them at birth. Someone who was assigned the male sex at birth but who identifies as female is a transgender woman. Likewise, a person assigned the female sex at birth but who identifies as male is a transgender man. Some individuals who would fit this definition of transgender do not identify themselves as such, and identify simply as men and women, consistent with their gender identity. The guidance discussed in this policy applies whether or not a particular individual self-identifies as transgender.

- **Gender Non-Conforming:** Individuals who display gender traits which are not generally associated with their birth-assigned sex. Gender non-conforming individuals may or may not identify as male, female, or transgender. Also known as gender-variant, gender atypical or androgynous.
- **Transition:** The process of changing one's gender from the sex assigned at birth to one's gender identity. These individuals often seek some form of medical treatment such as counseling, hormone therapy, electrolysis, and reassignment surgery. Some individuals, however, will not pursue some (or any) forms of medical treatment. Transitioning may also include the emotional task of telling one's family, friends, and co-workers, and the process of changing one's name and gender on legal documents and identification.
- **Sexual Orientation:** A person's physical and emotional attraction to people of the same and/or other gender. Straight, gay, and bisexual are some ways to describe sexual orientation. It is important to note that sexual orientation is distinct from gender identity and expression. Transgender people can be straight, gay, lesbian, or bisexual, just like non-transgender people.
- **LGBT:** A common abbreviation that stands for Lesbian, Gay, Bisexual, and Transgender.

Privacy

An employee's transition should be treated with as much sensitivity and confidentiality as any other employee who is going through a significant life experience. Transgender employees have the right to discuss their gender identity or expression openly, or to keep that information private. The transgender employee decides when, with whom, and how much to share their private information. If a transgender employee does choose to share information about their own gender transition, they are reminded that they are still subject to the Department's Policy of Equality, which protects all employees from discussions about sexual and personal medical matters while at work.

Operations staff, personnel staff, and co-workers should not disclose information that may reveal an employee's transgender status or gender non-conforming presentation to others. Information about an employee's transgender status (such as the sex they were assigned at birth) can constitute confidential medical information under privacy laws like HIPAA. That kind of personal or confidential information may only be shared with the transgender employee's consent and with co-workers who truly need to know to do their jobs. If the employee is in the process of transitioning from one gender to another, guidance for preparing co-workers and providing workplace sensitivity training is presented in the section below titled *Transitioning on the Job*.

Official Records

Transgender employees have the right to be addressed by the name and pronoun corresponding to the employee's gender identity. The Los Angeles County Sheriff's Department will change an employee's official record to reflect a change in name and/or gender upon presentation of a current California Driver's License or California Identification Card in the

employee's new name and/or gender. Data Systems Bureau should be contacted to change the employee's name in the Outlook Address Book database.

If a new or transitioning employee has questions about Department records, identification cards, transitioning on the job, or other transgender-related issues, the employee should contact the Bureau of Labor Relations and Compliance (BOLRAC) Operations staff.

Names / Pronouns

An employee has the right to be addressed by the name and pronoun that correspond to the employee's gender identity, upon request. A court-ordered name or gender change is not required. The intentional or persistent refusal to respect an employee's gender identity (for example, intentionally referring to the employee by a name or pronoun that does not correspond to the employee's gender identity) can constitute harassment and is a violation of the Policy of Equality. If you are unsure what name or pronoun a transitioning co-worker might prefer, you can politely ask them how they would like to be addressed.

Supervisors and managers shall use the name and pronoun requested by the employee, regardless of the supervisor's perception of the employee's gender expression. Supervisors and managers should also monitor the workplace regularly to make sure co-workers are using the employee's desired name and pronoun.

Restroom Accessibility

Employees shall have access to restrooms corresponding to their gender identity. Any employee who has a need or desire for increased privacy, regardless of the underlying reason, will be provided access to a single-stall or private restroom, when available. However, no employee shall be required to use such a restroom. All employees have a right to safe and appropriate restroom facilities, including the right to use a restroom that corresponds to the employee's gender identity, regardless of the employee's sex assigned at birth. Transgender women must be permitted to use the women's restroom and transgender men must be permitted to use the men's restroom. The decision about which restroom to use should be left to the transgender employee to determine the most appropriate and comfortable option for them.

Some employees – transgender or non-transgender – may desire additional privacy. Where possible, the effected unit should make available a unisex private or single-stall restroom that can be used by any employee who has a need for increased privacy, regardless of the reason. If a single-stall restroom is not available, another option might be to install an "Occupied / Unoccupied" sign and an interior slide lock on the door of a multi-stall restroom, which could be used by any employee desiring additional privacy. Under no circumstances may the Department require an employee to use facilities that are unsanitary, potentially unsafe for the employee, or located at an unreasonable distance from the employee's work station.

Locker Room Accessibility

All employees have the right to use the locker room that corresponds to their gender identity.

Transitioning employees are not required to provide proof or have undergone any particular medical procedure (including gender reassignment surgery) in order to have access to facilities designated for use by a particular gender. Any employee who has a need or desire for increased privacy, regardless of the underlying reason, may be provided with a reasonable alternative changing area, such as the use of a private room. An employee's schedule may also be slightly adjusted so that they may use the locker room that corresponds to their gender identity before or after other employees. Any alternative arrangement for a transgender employee will be provided in a way that allows the employee to keep their transgender status confidential, according to their needs.

Dress Codes

The Department does not have dress codes that restrict employees' clothing or appearance on the basis of gender. When a transgender employee begins their transition, they may begin wearing clothing and hair consistent with their gender identity. Transgender and gender non-conforming employees must still comply with Department dress codes and grooming standards in a manner consistent with their gender identity or gender expression (MPP 3-01/050.80).

Transitioning on the Job

Transgender employees who transition on the job can expect the support of Department management and Personnel staff. The Bureau of Labor Relations and Compliance (BOLRAC) will work with each transitioning employee individually to ensure a successful workplace transition.

Any employee of the Los Angeles County Sheriff's Department, sworn or professional staff, who desires to transition from one gender to another, is strongly encouraged to contact the Bureau of Labor Relations and Compliance (BOLRAC). This initial contact may also be requested by the employee's unit commander or the Operations staff with the consent of the transitioning employee. BOLRAC will assign a specific contact/liaison who will work with the transgender employee to assist them in making the transition as smooth as possible. BOLRAC will assist the employee with name changes on Department paperwork and computer systems, will work as a liaison with the employee's unit of assignment to assist with changes in restroom and/or locker room accessibility if requested, and can help to coordinate educational training for the employee's co-workers prior to the transition date. The liaison should periodically contact the transitioning employee to determine if the employee has any concerns.

The transitioning employee's Unit Commander should also assign a supervisor (minimum rank of sergeant) from his/her staff to act as the employee's primary point of contact regarding transition issues while at work on a day-to-day basis. This supervisor should be educated on basic transgender terminology and transition issues, and should be a support to the transitioning employee.

A guide to developing a Workplace Transition Plan is attached at the end of this document.

Sex-Segregated Job Assignments

For sex-segregated job assignments, transgender employees will be classified and assigned in a manner consistent with their gender identity, not their sex assigned at birth.

Discrimination / Harassment

It is unlawful and violates County and Department policy to discriminate in any way against an employee because of the employee's actual or perceived gender identity (MPP 3-01/121.00 – 122.25). Additionally it also is unlawful and contrary to this policy to retaliate against any person objecting to, or supporting enforcement of legal protections against, gender identity discrimination in employment.

The Los Angeles County Sheriff's Department is committed to creating a safe work environment for all employees, including transgender and gender non-conforming employees. Any incident of discrimination, harassment, or violence based on gender identity or gender expression will be given immediate and effective attention, including, but not limited to, investigating the incident, taking appropriate corrective action, and providing employees and staff with applicable resources.

Additional Resources

- Employee Support Services (213) 378- 3500
<http://intranet.lasd.sheriff.sdn/intranet/ESS/Index.htm>
- LASD Intake Specialist Unit (323) 890-5371 – for questions regarding discrimination or harassment
- LASD Department Resource for LGBT Issues – Lieutenant Donald Mueller
DMMuelle@lasd.org
- Transgender Community of Police & Sheriffs (TCOPS) <http://www.tcops-international.org/>
- Transgender Law Center <http://transgenderlawcenter.org/>
- Gay Peace Officers Association of Southern California <http://www.gpoasc.org/>

Unit of Assignment Transition Plan Guide

This sample UOA Transition Plan addresses some of the processes that may occur during an employee transition. This sample plan should be customized to fit your unit's staffing structure and procedures, and should be modified individually with each transitioning employee to meet their individual needs.

Once a tentative UOA Transition Plan has been agreed on, the BOLRAC liaison, the UOA assigned supervisor, and the transitioning employee must work together to see that each portion of the plan is addressed. It is important to remember that this plan is flexible and is completely up to the transitioning employee. Every employee is different and the individual needs of one employee may be different than the needs of another.

Before the UOA Transition Begins

1. If the employee's Unit Commander has been contacted first, the UC should immediately notify BOLRAC so that a liaison may be assigned to the transitioning employee with the employee's consent. If BOLRAC is contacted first, BOLRAC personnel should notify the employee's Unit Commander as soon as possible.
2. An initial meeting should be set up with the transitioning employee, their assigned BOLRAC liaison, and with a supervisor from their unit of assignment who has been assigned as their primary point of contact. A representative from the local LGBT law enforcement employee support group may also be a helpful addition (Contact Lieutenant Donald Mueller for further info). Copies of the Department's transgender- related policies and the availability of transition-related support through Employee Support Services should be made available to the employee.
3. Next, if the transitioning employee's immediate supervisor was not the first point of contact, a meeting between the BOLRAC liaison and the employee's supervisor(s) should be scheduled, with the employee's consent, to ensure the supervisor knows of the employee's planned transition. The transitioning employee may or may not want to attend this meeting. Note: Management above the transitioning employee's supervisor should be made aware of the employee's planned transition so that supervisors and management can express their support when the employee's transition is made known to the employee's co-workers.
4. **Create the UOA Transition Plan.** Make sure it addresses all of the following areas:
 - The date when the transition will officially and formally occur. This means the date that the employee will change their gender expression, name, and pronouns. The transitioning employee may or may not choose to begin using the restroom and locker room associated with their gender identity on this same date.
 - Decide how, and in what format, the transitioning employee's co-workers should be made aware of the employee's transition. It is up to the transitioning employee to decide if they would like to make some co-workers aware of their transition on a one-on-one basis before it is officially announced.
 - Decide what, if any, training will be given to co-workers. Training may be provided before, during or after transition.
 - Determine what updates should be made to the transitioning employee's records and email address, and when these updates will be made.
 - Determine dates of any leave, if needed, for pre-scheduled medical procedures

The Day the Transition Will Be Made Known to Co-Workers

1. Have a mandatory briefing/meeting that includes the employee's co-workers, the employee's supervisors, and the employee's Unit Commander and/or Operations staff. The assigned BOLRAC liaison and support personnel from Employee Support Services should also attend. It is up to the employee whether they feel comfortable attending or would prefer not to be there.
2. Preferably, the Unit Commander should announce the transition, along with any other high level management who can attend, showing solidarity with the transitioning employee. The speaking supervisor should:
 - a) Emphasize the transitioning employee's importance within the Department and management's complete support of the employee's transition.
 - b) Review the Department's Policy of Equality.
 - c) Indicate that the transitioning employee will be presenting themselves in accordance with their gender identity and this should be respected. The supervisor should also advise co-workers about the transitioning employee's new name and preferred pronoun which must be used from this point forward.
 - d) Address bathroom concerns.
 - e) Be an example by using the transitioning employee's new name and pronoun.
 - f) Make a point that the Sheriff is an inclusive employer and disrespectful behaviors will not be tolerated.
 - g) Solicit any questions. Refer questions to the BOLRAC or ESS representatives if appropriate.
 - h) If training is going to occur, the date should be announced at this meeting. If possible, the training should occur before the date of the employee's official workplace transition.

The First Day of the Employee's Official Workplace Transition

The transitioning employee's supervisor should be clear that all elements are in place, in the same way the supervisor would for a new hire or transferred employee. These elements include:

1. Making sure the transitioning employee has a new Department ID, if required.
2. Making sure the employee has an updated locker assignment if necessary

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3. Ensuring all work documents and timesheets have the appropriate name and gender.
4. Continue monitoring the workplace to ensure co-workers are using the employee's new name and pronoun, and continuing to monitor the workplace to stop inappropriate behaviors or comments.

For additional directions or information, feel free to contact LGBT resource Lieutenant Donald Mueller (dmmuelle@lasd.org) or the Operations staff at the Bureau of Labor Relations and Compliance.

Appendix N: Correspondence with Lt. Don Mueller, LASD

From: "Mueller, Donald M." <DMMuelle@lasd.org>
To: 'Brynn Tannehill' <brynn.tannehill@yahoo.com>
Sent: Friday, September 19, 2014 7:14 AM
Subject: RE: Transgender Employee Research Project

Brynn,

I am more than happy to help out in any way that I can! I assume you already have a copy of our department policy supporting and protecting transgender and gender non-conforming employees, but in case you do not, I have attached it. You can also view our in-service transgender training video for street officers here: <https://vimeo.com/34760478>

We currently have 3 open transgender deputies working on our department (and three retired that we know of). Two of our current deputies are MTF and one is FTM. One of our transgender MTF deputies is a senior pilot in our Aero Bureau, piloting one of our Eurocopter AS332 L1 Super Pumas used in mountain and ocean rescues and in transporting our SWAT teams to volatile locations.

Our formal written policy has only been in place for a couple of months now, but it has been applauded by the greater LGBT community and by our LGBT employees (numbering in the hundreds). It has sent a clear message of acceptance and inclusion to all in our department. It has also been fully embraced by our department executives and senior management. This policy actually assists us in recruiting the most talented and gifted employees, regardless of their sexual orientation or gender identity. And it helps to protect us by holding managers and supervisors accountable for their behavior and actions (or inactions). We realized that the majority of our supervisors do not mean to be insensitive or discriminatory, but they often have little education or understating in regards to gender identity issues. Our policy is in reality a "guide." It is a resource for supervisors, to help them know what they should and should not do, and how to best assist a transgender employee under their command.

I personally see the parallels between military and local law enforcement with this issue as almost identical. The same claims of "lack of trust", a "breakdown in unit cohesion", and "reduced mission readiness" have been used against both of us. And in both cases, these are all proving to be completely without merit. The more diverse we are, the better we reflect and serve our communities. And discharging anyone, simply because of their orientation or identity, only hurts our departments as we deny ourselves some of our most talented and experienced people. The bravery it takes to publicly change gender identity, or to acknowledge our sexual orientation, is the type of bravery that we in law enforcement or military need! This is extremely bravery that we should be proud of.

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Feel free to email me back or give me a call if you have any questions, or if I can help in any other way.

Lieutenant Don Mueller
Los Angeles County Sheriff's Department
(213) 974-8000
(323) 415-4705 Fax
DMMuelle@lasd.org

Brynn,

The Los Angeles County Sheriff's Department does not have a separate medical policy regarding transgender employees and fitness for duty. Trans employees are treated under the same medical policies and standards as the gender that they identify with. This applies to hiring standards and to on-going fitness for duty standards. If they are in the process of transition and have undergone medical procedures that temporarily require them to be removed from field duty, they will be assigned administrative duties or given time off until they are physically back to full health. This is no different than any employee undergoing a medical procedure. Once their doctor signs off that they are able to perform their full duties again, they will be returned to their same previous assignment.

Unlike the military, most law enforcement agencies do not have on-going physical readiness testing. There are obviously physical agility tests prior to being hired and throughout the academy training, but because of unions and civil lawsuits, later physical readiness testing throughout the remainder of our career are rare. The Los Angeles County Sheriff's Department requires trans applicants and academy recruits to achieve the same physical standards and requirements as the gender that they present and identify with. A trans female must meet the same requirements as a cis-gender female. And this is the same for men. To date, we have not had any issues with this. Our trans employees have all been able to meet these standards without issue.

To be honest, I believe that we are the 1st law enforcement agency in the country to implement a truly comprehensive policy supporting our transgender and gender non-conforming employees. I am very close with almost all of the LGBT law enforcement liaisons across the country as we have all worked together for years. I know that NYPD, LAPD, Chicago PD, Washington DC Metro PD, and San Francisco PD do not yet have specific policies in place regarding trans employees (other than generic non-discrimination policies which we almost all have). Many have policies regarding transgender inmates and even responding to transgender community calls for service, but none regarding their own trans police officers and employees. I expect several of these departments will follow soon as they all have requested copies of our policy. Another good source for you to contact is TCops International (<http://www.tcops->

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international.org/) – a support community for trans police officers and deputy sheriffs all over the world. They are based in San Jose, California.

Once again, I hope this has been helpful! Feel free to give me a call if you like. You can reach me during the day on my cell at (323) 823-1665. Have a great weekend!

Lieutenant Don Mueller
Los Angeles County Sheriff's Department
(213) 974-8000
(323) 415-4705 Fax
DMMuelle@lasd.org

Appendix O: United Airlines Employee Manual Excerpt

Gender Transition Guidelines

These guidelines address the process for interacting with co-workers who elect to undergo a transition from the gender listed on their birth certificates. If you have any questions concerning these guidelines, please contact Employee Compliance.

At United Airlines, we recognize that one of our greatest assets is our people. The rich diversity of ideas, experiences, cultures and lifestyles represented by co-workers make it possible for us to give the best possible service to our customers. United's Working Together Guidelines emphasize our expectation that all co-workers treat one another with dignity and respect-so that we have a workplace where everyone enjoys coming to work each day and feels valued for their contributions. United affords equal opportunity for employment to all qualified individuals, regardless of age, citizenship, color, disability, gender, national origin, race, religion, sexual orientation, gender identity or veteran status.

Definitions

Transgender: The term “transgender” refers to an individual’s transition to a gender different from that listed on the individual’s birth certificate.

Gender Identity: The term “gender identity” refers to an individual’s innate, psychological identification as male or female, which may or may not correspond to the individual’s physical attributes or designated sex at birth.

Transitioning: The term “transitioning” refers to the medical treatments and process through which an individual modifies his or her physical attributes and/or gender identity. Some aspects of transition, such as sex-reassignment surgery and hormone therapy, are generally conducted under medical supervision.

Guidelines for Transitioning Employees

Notification of Transition

A co-worker beginning the transition process should contact his or her immediate supervisor and be prepared to discuss his or her plans, needs and concerns. Contact should be made well ahead of the co-worker’s planned transition date. If a co-worker needs assistance to make these contacts, the co-worker should contact Employee Compliance.

Appearance Standards

A transitioning co-worker should work with his or her supervisor and/or HR on dressing appropriately for the new gender identity. A transitioned coworker’s attire should remain professionally appropriate to the workplace where they work and the position they hold. The

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same dress codes and rules for behavior apply to transgender co-workers as to all other co-workers. Transgender co-workers with customer contact responsibilities will be held to the same appearance standards as other co-workers.

Restroom Access

Access to restrooms and other facilities (e.g., locker rooms) will be handled with sensitivity to the transitioning co-worker's desire to have the same level of access available to other co-workers, but also to the concerns and comfort of co-workers sharing these facilities. Single-occupancy or unisex facilities should be considered during the coworker's transition process or on an ongoing basis. When a transgender coworker's transition is complete, he or she will begin to use the restroom facilities matching his or her new gender.

Guidelines for Management

Initial Discussions

If a co-worker informs you of his or her intention to transition, or if a co-worker is in the transition process, be open-minded and discuss with the co-worker his or her needs and concerns. Employee Compliance will provide advice and assistance for managers working with a transitioning coworker. Discuss and agree upon a plan to work with the transitioning co-worker. Ask the co-worker how he or she wishes to inform colleagues about what is happening. Discuss and agree on the timing for the co-worker to begin his or her transition and any anticipated time-off required for medical treatment. If the co-worker expects to change his or her name, ask what name and pronoun the co-worker will begin using and when he or she would like to begin using the new name. Employee records and work-related documents will remain under the transitioning co-worker's legal name until the individual makes a legal change. If the co-worker dresses or behaves inappropriately, misconduct should be dealt with in the same manner it would have been addressed with any other co-worker. If you have any questions or concerns, contact Employee Compliance.

Addressing Concerns of Co-workers

Remind all co-workers that they are expected to conduct themselves in accordance with United's Working Together Guidelines throughout a colleague's transition process. Employees who raise concerns about a transgender co-worker should be informed that they must work cooperatively with all co-workers, regardless of their gender identity. Co-workers who do not abide by United's equal employment opportunity policy or participate in conduct creating a hostile work environment could result in disciplinary action, up to and including termination of employment. Transitioning co-workers, like all other co-workers, must be treated with respect and dignity.

Promoting Dignity and Respect: Harassment and Discrimination Do Not Fly Here

We expect co-workers to treat each other with dignity and respect. This expectation applies to all interactions with our customers, vendors and anyone else with whom co-workers interact as part of their jobs or at company-sponsored events. We are committed to providing a work environment free from offensive behavior or discrimination (treating someone less favorably) based upon a person's age, citizenship, color, disability, gender, gender identity, genetic information, national origin, pregnancy, race, religion, sexual orientation or veteran status (or any other protected category under applicable law).

Some examples of offensive behavior that violate this policy include inappropriate jokes, teasing, epithets, or slurs; unwelcomed physical contact or gestures; bullying; inappropriate comments, inappropriate visual displays; threatening adverse employment action if sexual favors are not granted; unwelcomed sexual advances or propositions; continuing to express sexual interest after being informed the interest is unwelcome; favoritism or perceived favoritism based upon sexual or romantic relationships; or displaying sexually suggestive or otherwise inappropriate pictures or objects (including but not limited to graphics, emails, or graffiti). Any offensive behavior or discrimination (verbal, visual or physical) directed toward a person because of any protected characteristic violates this policy. Any disrespectful behavior or actions calculated to annoy, insult or ostracize co-workers can violate this policy.

Appendix P: National Center for Transgender Equality (NCTE) Analysis of Pilot Medical Regulations

Review of Current Scientific Literature on the Mental and Physical Health of Transsexual Adults

Prepared for the Federal Aviation Administration May 2011

The FAA currently subjects all applicants for airman medical certificates who are identified as transsexual to extensive and costly psychiatric screening. This screening is above and beyond what other pilots must undergo, including other pilots on hormone replacement therapy. The Guide for Aviation Medical Examiners states that “Gender dysphoria and gender reassignment are not disqualifying, however, a complete review of the medical history and records is indicated to determine that there is no medical, psychiatric, or psychological condition that is considered disqualifying.” However, the FAA requires more than a review of history and records; it mandates that transsexual pilots obtain additional medical, psychiatric and psychological evaluations including taking no less than five psychological tests. Notably, the AME Guide does *not* state similar requirements for applicants on hormone replacement therapy (HRT) for other medical conditions or using hormonal contraception. This suggests that FAA is not concerned about aeromedical risks of HRT generally, but that the agency is concerned about risk unique to transsexual pilots.

In a September 9, 2010 letter to Rep. Mike Honda, the Federal Air Surgeon explained the basis for this practice as follows: “[I]ndividuals with GID or undergoing gender reassignment frequently have other disorders of mood, thought, or substance abuse/dependence that may be aeromedically disqualifying. In addition, depression or other disorders frequently arise as a consequence of the actual gender transition due to altered social and interpersonal interactions, hormonal changes and physical changes (especially with surgery).”

The rationale for the FAA’s treatment of transsexual pilots appears to rest on four misconceptions:

- (1) that transsexualism is intrinsically associated with major psychopathology;
- (2) that the social stresses associated with gender transition create unique aeromedical risks;
- (3) that hormone therapy for transsexual patients carries significant medical risks beyond those associated with hormone therapy for other conditions; and
- (4) that medical sex reassignment treatments lead to increased psychopathology.

A review of current scientific literature demonstrates that each of these concerns is unfounded.

Transsexualism Is Not Associated with Major Psychopathology

It is a longstanding misconception that transsexualism is intrinsically associated with general mental instability – much as was previously believed regarding homosexuality. Recent studies with large sample sizes support the view that “transsexualism is usually an isolated diagnosis and not part of any general psychopathological disorder.”²¹⁶ For example, Caron and Archer (1997) compared 112 transsexual men and women with 112 non-transsexual controls, and found that transsexual patients had normal mean profiles on the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), one of the most common general psychiatric screening tools and among the tests FAA currently requires for all transsexual applicants. In a similar study of 137 transsexual people, Cole and colleagues (1997) also reported MMPI profiles that were clearly within the normal range. The authors of this study stated the MMPI and clinical interview and survey results “are consistent with our clinical experience over the last several decades. Specifically, gender dysphoric individuals appear to be relatively „normal” in terms of an absence of diagnosable, comorbid psychiatric problems....In functional terms, the majority of such individuals are able to hold down employment, develop lasting friendships and relationships, and pursue leisure activities of interest.”²¹⁷

This conclusion is confirmed by the Institute of Medicine’s recent landmark report, *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*.²¹⁸ This 340-page report, commissioned by the National Institutes of Health and authored and reviewed by the leading health researchers and practitioners in the field, reviews “the best empirical literature available” to determine “the state of the science on the health status of lesbian, gay, bisexual, and transgender (LGBT) populations” (1-5-7). The report concludes that “LGBT adults are typically well adjusted and mentally healthy,” and that “many, if not most, transgender adults do not report [any] mental health problems” (5-4). The report did not identify any evidence, either in research on LGBT adults generally or transgender adults specifically, of any association between transgender status or gender transition and cognitive, personality, or psychotic disorders. Indeed, no such hypothesized links were even mentioned in this comprehensive review. The report’s section on “Transgender-Specific Mental Health Status” focuses on gender dysphoria as an isolated diagnosis with effective treatments (5-12-14).

While the IOM report’s findings are based primarily on research on US populations, findings from research in other nations are similar. In a Spanish study of 163 transsexual participants, mean MMPI-2 scores were within the normal range for all scales except (unsurprisingly) the Masculinity- femininity scale.²¹⁹ Similarly, in a Japanese study of 603 transsexual participants, no psychiatric comorbidity was found in the majority of cases.²²⁰ The researchers concluded that

²¹⁶ (Gomez-Gil et al. 2008)

²¹⁷ (Cole et al., 1997, p. 21)

²¹⁸ (IOM 2011).

²¹⁹ (Gomez-Gil et al. 2008)

²²⁰ (Hoshiai et al. 2010)

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“GID is a diagnostic entity in its own right, not necessarily associated with severe comorbid psychological findings.” In a Dutch study of 293 adult and 86 adolescent transsexual patients, deVries and colleagues (2010) found mean MMPI scores in the normal range for all scales except those measuring social nonconformity, conflict with authority figures, and feelings of persecution – all likely explained by membership in a stigmatized group. In a study of 86 Australian transsexual women, Miach and colleagues (2000) found “a lack of significant psychopathology in the MMPI-2 profiles of transsexuals,” with 85% showing no evidence of psychopathology. A Norwegian study compared a group of 86 transsexual patients to a control group of non-transsexual patients with personality disorders using the Global Symptom Index and the Symptom Checklist 90.²²¹ Transsexual participants scored much lower on all scales than patients with personality disorders, their scores were “remarkably similar” to the control group, and all transsexual patients’ scores were within the normal range. The results confirmed the researchers’ judgment from clinical experience that most transsexual patients are “mentally normal with minimal levels of psychopathology.” A recent Canadian study has found no support for a hypothesized connection between gender dysphoria and borderline personality disorder.²²² Among the 100 participants with borderline personality disorder, not a single person met the diagnostic criteria for a gender dysphoria diagnosis.

Current research demonstrates that transsexualism is a unique clinical entity that does not arise from and is not intrinsically associated with other psychopathology. There is no evidence that transsexual individuals are prone to cognitive, personality, or psychotic disorders. On the contrary, transsexual men and women are generally mentally healthy – especially those who have received treatment for gender dysphoria.

Disparities in Depression, Anxiety, Suicidality and Substance Use are Caused by Stigma and Comparable to Other Stigmatized Groups

The IOM report identifies only four discrete areas of mental health disparities among transgender adults supported by current research: mood disorders, anxiety, depression, and suicidality are elevated among transgender populations. The report presents even stronger evidence of the same mental health disparities among lesbian, gay, and bisexual.²²³ Similarly, the report identifies substances abuse as a documented risk factor for both LGB and transgender populations (5-23-26). Another recent review of the literature found the same disparities documented among transgender populations, and even more extensively documented among LGB populations.²²⁴ However, FAA aeromedical screening procedures do not require additional screening for lesbian, gay or bisexual applicants, despite the presence of the same health disparities in these populations.

²²¹ (Haraldsen & Dahl 2000)

²²² (Singh et al. 2010).

²²³ (IOM 2011, 5-4-11)

²²⁴ (Haas et al. 2011).

According to the IOM report, “It is clear...that deleterious effects on the mental health of lesbian, gay, and bisexual individuals result overwhelmingly from unique, chronic stressors due to the stigma they experience as a disadvantaged minority in American society” and not from any intrinsic tendency toward psychopathology²²⁵, and the report documents the same dynamics at work in transgender populations. For example, Nuttbrock and colleagues (2010) conducted a survey of 571 New York City-based male-to-female (MTF) transgender women that revealed that major depression, suicidality, and DSM mental disorders correlated with gender-related abuse. The study findings strongly suggest “that gender-related abuse *directly causes* major depression and suicidality during the adolescence of [transgender women]” (21, emphasis in original). The results also show that this association declined over time as participants matured. The authors conclude that the decline indicated transgender women’s increased ability to cope with past or present experiences of abuse over time. Other recent studies of lesbian, gay, bisexual and transgender adolescents have found that experiences of stigmatization and victimization account for the prevalence of psychological distress and depression among these populations.²²⁶ The IOM report identified stigma, discrimination, victimization, and violence as the primary health risk factors for LGBT adults (5-21-23), and also identified stigma as the primary barrier to quality health care for LGBT adults (2-28-31). Accordingly, the limited areas of mental health disparity documented among transgender adults must be understood in the context of their social – rather than intrapsychic – causes.

Similar disparities driven by stigma and discrimination have been documented among American Indians and Alaska Natives. These populations experience major depression, anxiety disorders, substance abuse, and suicidality at far higher rates than other racial and ethnic groups in the United States.²²⁷ Historical and continuing stigma and discrimination experienced by Americans Indians and Alaska Natives is understood to be a major cause of these disparities.²²⁸ Multiracial individuals also report psychological distress and major depression at far higher rates than other racial groups.²²⁹ Notwithstanding these mental health disparities, however, FAA aeromedical procedures do not require additional screening for American Indian, Alaska Native or multiracial applicants.

To the extent that FAA’s differential treatment of transsexual pilots is based on mental health risks arising from social stigma and discrimination, there is no rationale for imposing such a policy on this group and not on other socially marginalized populations. Mere membership in a socially marginalized population is an improper basis for unequal, burdensome screening procedures.

Indeed, such arbitrary and unequal burdens reinforce and exacerbate the very social stigma and

²²⁵ (IOM 2011, 5-5),

²²⁶ (Kelleher 2009; Toomey et al. 2010).

²²⁷ (American Psychiatric Association, 2010; US Department of Health & Human Services, 2009)

²²⁸ (US Department of Health & Human Services, 2001)

²²⁹ (US Department of Health & Human Services, 2007)

discrimination that give rise to these health disparities.

Hormone Replacement Therapy (HRT) for Transsexual Patients Carries the Same Minimal Risks as HRT for Other Medical Conditions

Hormone replacement therapy has been one of the primary treatments for transsexual patients for more than four decades and its use to treat gender dysphoria has been the subject of more than 800 articles in the medical and psychological literature.²³⁰ According to the World Professional Association for Transgender Health (WPATH), HRT “improve[s] the quality of life and limit[s] psychiatric co-morbidity, which often accompanies lack of treatment.” WPATH issues *Standards of Care for Gender Identity Disorders* (WPATH 2001), which the IOM recognizes as representing “the best available scientific knowledge and clinical consensus among professionals specializing in the assessment and treatment of gender dysphoria.”²³¹ The *Standards of Care* establish generally accepted principles for initiating, administering and monitoring HRT, which are further elaborated by the Endocrine Society’s Clinical Guideline on *Endocrine Treatment of Transsexual Persons*, which includes specific guidelines for dosages and lab tests.²³² Promulgated by the world’s oldest and largest association for endocrinology, the Endocrine Society guideline was developed by an international expert panel with the participation and co-sponsorship of three other endocrinology associations and WPATH. Nowhere do the *Standards of Care* or the Endocrine Society guidelines indicate that hormone replacement therapy carries harmful psychological side effects.

The FAA’s current procedures appear to be based in part on the false premise that HRT for transsexual patients is different in nature from and presents substantially greater aeromedical risks than HRT for other medical conditions. The Endocrine Society guideline states that HRT for transsexual patients should follow the same principles used in HRT treatment of non-transsexual patients with endocrine deficiencies.²³³ As with other medical conditions, in prior decades very high dose HRT regimens were frequently used. However in light of contemporary evidence of the physiological risks of long-term, high dose endocrine treatments, clinicians now recommend using the lowest clinically effective dose.²³⁴ The Endocrine Society guideline recommends dosages sufficient to maintain normal physiological levels of gender-appropriate sex hormones, *i.e.*, maintaining hormone levels within the normal range for pre-menopausal women in transsexual women (male to female) and maintaining levels within the normal range for men in transsexual men (female to male). The guideline states: “Cross-sex hormone therapy confers the same risks associated with sex hormone replacement therapy in biological males and females.”²³⁵

²³⁰ (Hembree et al. 2009)

²³¹ (IOM 2011, 5-12)

²³² (Hembree et al. 2009)

²³³ (Hembree et al. 2009, 17)

²³⁴ (Andersen et al., 2004).

²³⁵ (Hembree et al. 2009, 22)

Current research and practice guidelines indicate that HRT for transsexual patients follows similar principles as HRT for other medical conditions, and carries the same risks.

Medical Sex Reassignment Treatments Improve Mental Health

The WPATH *Standards of Care* outline accepted treatment options to facilitate gender transition, including psychotherapy, social gender role transition, hormone therapy, and surgical treatments as appropriate for the individual patient with the overall goal of “lasting personal comfort with the gendered self in order to maximize overall psychological well-being and self-fulfillment.”²³⁶ The American Medical Association has stated that the *Standards of Care* “are recognized within the medical community to be the standard of care for treating people with GID,” and that “[a]n established body of medical research demonstrates the effectiveness and medical necessity” of these treatments.²³⁷ The American Psychological Association likewise recognizes “the efficacy, benefit and medical necessity of gender transition treatments for appropriately evaluated individuals.”²³⁸ As previously discussed, the IOM report (2011) found that the *Standards of Care* represent “the best available scientific knowledge and clinical consensus” on the treatment of gender dysphoria. The AMA, American Psychological Association, WPATH, American Academy of Family Physicians, and National Association of Social Workers have all officially stated their support for the provision of, and public and private insurance coverage for, sex reassignment treatments.²³⁹

According to the IOM report, “the vast majority of those who undergo sex reassignment are satisfied, and reversal to the original gender role and regrets are extremely rare.”²⁴⁰ While most studies to date have examined hormonal and surgical treatments in conjunction, recent research shows that hormone therapy is independently associated with improved mental health and social functioning.²⁴¹ As one study concluded, patients consistently “perceive themselves as happier, increasingly competent, and more productive in terms of vocational and avocational activities once they finally acknowledge their gender dysphoria.”²⁴² This conclusion is supported by findings that suicide attempts among transgender people overwhelmingly occur at younger ages and prior to sex reassignment.²⁴³ Standard psychiatric textbooks also recognize the positive psychiatric outcomes associated with sex reassignment.²⁴⁴

Current research and practice guidelines indicate that sex reassignment treatment, including

²³⁶ (Coleman et al., 2011)

²³⁷ (AMA 2008)

²³⁸ (APA 2008).

²³⁹ (Lavender Law, 2014)

²⁴⁰ (IOM 2011, 5-13).

²⁴¹ (Newfield, Hart, Dibble, & Kohler. 2006)

²⁴² (Cole et al. 1997, 24)

²⁴³ (Nuttbrock et al. 2010; Xavier et al. 2007)

²⁴⁴ (Green 2000; Green & Blanchard 2000; Levine 2005)

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hormone therapy and surgery where medically indicated, leads to improved rather than diminished mental health and functioning.

Conclusion

The FAA's current treatment of transsexual applicants for airman medical certificates appears to have no scientific foundation. Instead, it is based on a set of false and outdated conceptions about this population. Current scientific research and clinical guidelines show that (1) transsexualism is not associated with major psychopathology, and in particular there is no evidence to link it with cognitive, personality, or psychotic disorders; (2) those mental health disparities that do exist among transgender people result from social stigma and discrimination and are similar to disparities experienced by other stigmatized populations; (3) hormone therapy for transsexual patients carries the same risks as hormone therapy for other medical conditions; and (4) medical sex reassignment treatments are safe, effective, and improve mental health and functioning. Accordingly, the FAA should revise its procedures to reflect these scientific findings and bring procedures for this applicant group more in line for procedures for other applicants.

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Appendix Q: Workplace Gender Transition in an Embassy Environment

From Diplopedia

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This article describes a suggested standard operating procedure (SOP) for human resource officers (HROs) on how to manage a workplace gender transition within the Department of State, in particular at an overseas post. It addresses only workplace and human resources issues, not medical or other personal issues.

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Background

Gender identity was added to the Department's [Statement on Discriminatory and Sexual Harassment](#) in 2010. In April 2012, the Equal Employment Opportunity Corporation (EEOC) ruled in [Macy vs. the Bureau of Alcohol, Tobacco, and Firearms](#) that discrimination based on gender identity is in fact sex discrimination and is subject to all Title VII provisions:

We conclude that intentional discrimination against a transgender individual because that person is transgender is, by definition, discrimination "based on . . . sex," and such discrimination therefore violates Title VII.

An HRO is most likely to come face to face with issues of gender identity if and when an employee announces his or her intent to undergo gender transition. As summarized in guidelines issued by the [Human Rights Campaign](#) (HRC),

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[Gender transition] refers to the process through which a person modifies his or her physical characteristics and/or manner of gender expression to be consistent with his or her gender identity. This transition may include hormone therapy, sex-reassignment surgery and/or other components and is generally conducted under medical supervision based on a set of standards developed by medical professionals.

Most medical professionals who work with transgender clients follow guidelines established by the World Professional Association for Transgender Health ([WPATH](#)). These guidelines require that a client be in counseling with a licensed social worker or psychologist prior to beginning hormone therapy. Prior to sex-reassignment surgery, a transgender client must spend a minimum of one year living and presenting consistently with their gender identity. It is when an employee is planning to begin this *real-life experience* that he or she is most likely to approach an HRO.

There are as yet no updates to the Foreign Affairs Manual (FAM) or Foreign Affairs Handbook (FAH) that provide guidance on how a gender transition is to be carried out within the Department of State. The present document is based on the [HRC guidelines](#), guidelines provided by the [Office of Personnel Management \(OPM\)](#), and the experience gained in the first workplace gender transition of a direct hire American employee at the U.S. Embassy in Bucharest in 2011.

Managing a Gender Transition

If an employee informs you of his or her intention to transition, your support as HRO is critical. Your actions will impact the outcome of the transition. Be aware that the employee's decision is likely to have been carefully considered over months if not many years. By the time an employee approaches the HRO, he or she likely has already gone through a long process of informing family and close friends. It is not a sudden, rash, overnight decision. It is, rather, a life event on a par with birth or marriage.

Initial Conversation

Immediately reassure the employee that the Embassy community will be as supportive as possible. Assure the employee that he or she is covered by all Department EEO and anti-discrimination provisions.

Make it clear to the employee that your conversation will be held in confidence and inform the employee that you want to discuss how you can assist him or her during their transition. Ask the employee for his or her suggestions on what you can do to help. Discuss the expected timeline and anticipated time off required for medical treatment, if known. Inform the employee that medical leave may be used for all medical care associated with gender transition

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Ask the employee if he or she expects to change his or her name. If yes, ask what name and pronoun the employee will use and when the employee will want you to begin referring to him or her using the new name and/or pronoun.

Discuss and agree upon the procedure for adhering to Post's dress code and agree on the timing in which the employee will begin his or her transition within the Embassy. This will probably be the point at which the individual begins to present consistently with his or her gender identity, including change of name, pronouns, dress, grooming, appearance, and restroom use.

Transition Committee

At Embassy Bucharest, it was found advantageous to form a committee to manage issues associated with the employee's workplace transition. Known as the Gender Transition Committee (GTC), this group included the Deputy Chief of Mission (DCM), Management Counselor (MGT), the HRO, Equal Employment Opportunity (EEO) Counselor, Community Liaison Officer (CLO), and representatives from Information Resources Management (IRM), Medical (MED), the Regional Security Office (RSO), Public Diplomacy (PD), and the Consular Section (CONS). It also included the employee's supervisor and the post representative from GLIFAA (lgbt+ pride in foreign affairs agencies). Key issues addressed by this committee included --

- How and when the news of the impending transition would be communicated to the Embassy community, both U.S. staff and Locally Employed Staff (LE Staff). In Bucharest, the GTC decided to:

- Review and update Post's anti-discrimination policy to bring it into conformance with the Department's Statement on Discriminatory and Sexual Harassment.
- Verify that EEO notices posted around the Embassy include gender identity as a protected category.
- Inform LE Staff in the employee's department at a departmental all-hands meeting.
- Follow the department announcement immediately with a personal e-mail from the employee to all Embassy staff in both English and Romanian.
- Print a special *Farewell / Welcome* announcement in the Embassy's weekly community newsletter.
- Plan for success with the expectation that there would be no significant push-back from either American or LE Staff.

- ♦ The Bucharest GTC decided that if there should be more than expected concern, one or more *Transgender 101* brown bag lunch discussion sessions could be scheduled.

- ♦ ACCEPT, the Romanian non-governmental organization for lesbian, gay, bisexual, and transgender (LGBT) rights, offered to assist by sending a trainer to

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these sessions.

♦ NOTE: No *Transgender 101* sessions were needed for either American or LE Staff in Bucharest.

- Expected plan for use of gender-specific facilities such as restrooms and locker rooms.
 - Insofar as OPM policy on workplace transition calls for immediate unrestricted use of gender-appropriate facilities, the Bucharest GTC had no decision to make on this issue.
 - NOTE: No one in Bucharest from either the American or LE Staff has complained about the transitioning employee's change in restroom usage.
- Documentation and name changes. Pre-transition and immediate post-transition responsibility in this area was divided as follows:
 - Transitioning Employee -- Initiate and oversee legal name change in home state. Manage name and gender change in all personal documents and accounts such as credit cards, bank accounts, driver's license, insurance, etc.
 - Consular -- Process applications for new diplomatic passport, tourist passport, and social security card.
 - RSO -- Make new ID badge with new photo and name on the first day the transitioning employee begins coming to work in the new gender presentation.
 - IM -- Change name on all computer and other information systems.
 - HR -- Change name and gender in Embassy and Department records. Apply for new Romanian diplomatic ID card.

Post-Transition Transcript and Documentation Changes

The HRO plays an important role following the workplace transition as the process of changing the employee's name and gender throughout all State Department records and systems continues.

An SF-52 *Request for Personnel Action* should be initiated by the HRO to effect the name and gender change in most HR systems including GEMS, e-performance, and FSBid. In the Bucharest experience, the SF-52 did not effect the name change in payroll. The HRO was forced to correspond directly with payroll in Charleston for several weeks before the change was made properly. Another system in which the change did not take place automatically was the local Embassy Bucharest software systems for accommodation exchange.

By far the lengthiest part of post-transition processing is the reconstruction of the employee's personnel folder. This process is described in Chapter 4 of OPM's Guide to Personnel Recordkeeping beginning on page 4-4 in the section titled *How to Reconstruct a Personnel Folder due to a Change in Gender Identity*. **The purpose of building an employee transcript and reconstructing the personnel folder is simple in concept: to remove any trace of the**

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employee's former identity in all federal employment records, replacing it retroactively with the new name and gender.

Anne Vonhof, the author of OPM's Guidance Regarding the Employment of Transgender Individuals in the Federal Workplace elaborates on why these retroactive changes are necessary --

OPM advises that all records in the employee's OPF, as well as any other records kept by the agency on the employee, be changed to reflect the new name and gender, including all the past ones. This is to ensure that to the greatest extent possible, the employee's privacy is protected. Unfortunately, the mere fact that someone has transitioned, should it become known by other employees or managers, can tend to create a hostile working environment and may even endanger the safety of the employee and the workplace. We've tried to build safeguards into the OPF and other records process for changes, so that only where there is an absolute need to know will the fact of the transition be revealed. Clearly, older records with a different name and gender clue people in that the employee has transitioned, and can raise very inappropriate questions and gossip. . . .

Performance records must also be changed retroactively to reflect the employee's new name and gender. In the case of a direct hire Foreign Service Officer, this should be accomplished prior to the next Employee Evaluation Review (EER) review cycle so that the employee's gender transition is not disclosed to an EER review board by discordant documents.

The task of creating a transcript of service, retroactively changing employment records, and reconstructing the personnel folder falls primarily on Department HR with assistance from the HRO at post. In the case of the Bucharest gender transition, Post's HRO worked cooperatively with the Department's Deputy Human Resources Officer to accomplish this task.

Lessons Learned

Embassy Bucharest reports several lessons learned from their management of the first workplace gender transition of an American direct hire employee at Post --

- GLIFAA is an important resource for the HRO. The GLIFAA post representative in Bucharest proved to be a tremendous source of information and helped educate the HRO and the GTC on gender identity issues and the experience of other federal agencies and departments.
- The press officer from the PD section should have been brought into the GTC at an earlier stage. This lesson was learned after a local writer heard of and began writing about the employee's gender transition. Although the resulting article was well-researched, well-written, and very complimentary towards U.S. policy on LGBT issues, it could have benefitted from earlier PD involvement.

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- Depending on the host country, the GTC may wish to include a representative from the Political (POL) section. The EUR/CE desk was concerned that the Government of Romania (GOR) might react negatively to the news of a gender transition at the U.S. Embassy. For this reason, the POL counselor personally informed contacts on the Americas' Desk at the Ministry of Foreign Affairs. As it happened, the GOR was unconcerned and issued a new diplomatic ID without delay. This may or may not be true in other host countries.
- Keep the country desk informed. Although the Bucharest GTC was in regular communication with Department HR, the Romania Desk within EUR/CE became aware of the impending transition only shortly before the transition date, thus leading to the concerns described in the preceding bullet.
- Even in a socially conservative country such as Romania, the LE Staff has been remarkably accepting of an American employee who has undergone gender transition. We attribute this to two factors. First, Romanians are much more accepting of diversity when it concerns someone they know personally. Second, the American employee had a good relationship with LE Staff before her transition. If anything, the relationship between the American employee and the LE Staff supervised by her has improved.

References

- [Department of State's Statement on Discriminatory and Sexual Harassment](#)
- [EEOC Decision in the Case of Macy vs. the Bureau of Alcohol, Tobacco, and Firearms](#)
- [Human Rights Campaign Workplace Gender Transition Guidelines](#)
- [World Professional Association for Transgender Health](#)
- [OPM Guidance Regarding the Employment of Transgender Individuals in the Federal Workplace](#)
- [GLIFAA \(lgbt+ pride in foreign affairs agencies\)](#)
- [OPM's Guide to Personnel Recordkeeping](#)

Related Diplopedia Articles

- [Changing Your Name](#)
- [Employee Consultation Service](#)
- [Gender Identity](#)
- [GLIFAA \(lgbt+ pride in foreign affairs agencies\)](#)
- [Guidelines On Appropriate Dress](#)
- [LGBT](#)
- [Transgender](#)

Appendix R: Intelligence Community Best Practices for Managers of Transgender Employees

Introduction

Each transgender employee in the workplace will have different needs. Below are some best practices compiled from across the Intelligence Community that may be useful for the managers and colleagues of transgender employees but should not be implemented without consulting the employee.

Know the Basics

The term “transgender” refers to people who have a gender identity or “sense of self” that is different from their physical sex. Transgender people often, but not always, “transition” or alter their appearance to match their gender identity. Living in one’s gender identity may include a range of changes to things such as: hormones, clothing, mannerisms, pronouns, and/or surgery. Being transgender is not related to a person’s sexual orientation.

Keys to Success

- Respect confidentiality: Understand that some employees want very few people at work to know. Others prefer that multiple management levels be informed and that their co-workers understand. Respect the transgender employee’s preferences.
- Use the preferred name and pronouns: Always use the transgender employee’s preferred name and gender pronouns. Insist that others in the workplace do the same.
- Understand what your colleague is facing: The decision to come out or transition is not done lightly. Coming out can be different for transgender employees than for lesbian, gay, and bisexual employees because it may involve changes in appearance. Transition is often socially isolating, physically painful, emotionally draining, and expensive.
- Educate yourself: Learn more by attending events sponsored by your agency’s Lesbian, Gay, Bisexual, Transgender, and Allies (LGBTA) group.

Considerations for Managers of Transgender Employees

As a manager, your job is to ensure you are creating an inclusive workplace that helps your employees continue to support the mission. Your employee will look to you as their manager to help them navigate this difficult situation.

- Communicate: The transgender employee is the best source of information and may already have a plan in mind. Managers and employees should work closely to

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develop a plan and discuss their concerns while respecting the needs of the employee. The employee may need time off or have questions. Managers do not need to have all the answers, but seek them out and get back to your employee.

- Assemble a transition team: If applicable, assemble a small team to help with the transition process, include the transgender employee, their manager, and an HR professional.
- Plan ahead: Develop a realistic timeline that is comfortable for the employee. If the transgender employee is a manager, develop a plan that makes sense for both the employee and the employees they manage.
- Provide training: Set the stage for success by providing the workforce with training by HR, outside consultants, or LGBTA groups. Be clear that management values diversity and explain what is expected from the workforce.
- Deal with complaints: Any complaints of harassment or discrimination should be investigated and dealt with promptly.
- Assign a mentor: It may be helpful to have a mentor assigned to a transgender employee. A mentor should be someone knowledgeable about transgender issues and who understands your agency's resources, rules, and culture.

Considerations for Colleagues of Transgender Employees

As a colleague you can take some simple steps to create an inclusive work environment.

- Be a role model: Use preferred name and pronouns. If you flub, self-correct and move on.
- Correct hurtful comments: Challenge coworkers and/ or alert others of people using offensive or non-affirming language, such as consistently using the incorrect name or pronouns. Finding a way to address offensive language can help ensure a tolerant and productive workplace.
- Ask respectful questions: Asking questions is a good way to find out more about being transgender, but use common sense and respect a person's privacy by not asking about their physical transition.
- Seek knowledge and show support: Leverage the resources available to learn about transgender issues and find examples of successful workplace transitions. Your agency's Lesbian, Gay, Bisexual, Transgender, and Allies (LGBTA) group is often a great starting point.

Some Common Questions that Arise During Transition

- Security concerns: There are no additional security considerations regarding an employee's decision to come out as transgender or to transition. All employees are expected to adhere to the regular personnel security requirements of their position.
- Bathrooms: OPM guidelines require agencies provide access to adequate sanitary facilities as soon as possible. Agencies should allow access to restrooms and locker room facilities most consistent with the employee's gender identity.
- Dress codes: Employees are allowed to dress in clothing consistent with their gender identity which may include a mix of traditionally gendered clothing. Employees are expected to follow the appropriate dress codes at their agency.
- Administrative records and IT systems: An employee's personnel folder and other records should be changed to reflect the employee's preferred name and gender. This may include email addresses, contact information, badges, historical or current personnel records, and any other data record containing an employee's picture, name, or sex. Agencies vary on how and which administrative records and computer accounts are updated. At the discretion of your employee, discuss this issue with your HR and IT components early in the process.

IC and External Resources

There are numerous internal and external resources available for transgender employees and their colleagues. Below is a list of links for helpful government resources. Additionally, each agency has a variety of mediation, education, and EEO redress services and processes available.

IC EEOD: <http://intelshare.intelink.ic.gov/sites/cps/eeo/Pages/default.aspx>

IC LGBT Affinity Group: <http://www.intelink.ic.gov/blogs/lgbtqa>

OPM Guidance: <http://go.ic.gov/jzioMSS>

OPM - Personnel Folder Reconstruction Guidance: <http://go.ic.gov/s6ZPQXI>

Department of Labor's Occupational Safety and Health Administration (DOL/OSHA) Guidelines: <http://go.ic.gov/l7JsOth>

Abbreviations and Acronyms

ADF – Australian Defence Force.

AMA – American Medical Association.

AMCD – Aerospace Medical Certification Division of the Federal Aviation Administration (FAA) (US).

APA – American Psychiatric Association or American Psychological Association.

CF – Canadian Forces.

CO – Commanding Officer.

DADT – “Don’t Ask, Don’t Tell.”

DIN – Defence Instruction Notice (UK).

DOD – Department of Defense.

DODD – Department of Defense Directive.

DODI – Department of Defense Instruction.

DSM-5 – the Fifth Edition of the Diagnostic and Statistical Manual (of the American Psychiatric Association). The primary diagnostic reference for the US and international psychiatric community.

E&D – Equality and Diversity (UK).

EO – Equal Opportunity.

FAA – Federal Aviation Administration (US).

FAQ – Frequently Asked Questions.

FSO – Foreign Service Officer.

GCS – Gender Confirmation Surgery.

GID – Gender Identity Disorder. An outdated term formerly used to diagnose (and pathologize) transgender identities.

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GLAAD – Formerly “Gay and Lesbian Alliance Against Defamation”; a media watchdog organization for the LGBT community.

GP – General Practitioner.

GRA – Gender Rights Act (UK).

GRC – Gender Recognition Certificate (UK).

GRS – Gender Reassignment Surgery (an alternate term for Gender Confirmation Surgery, GCS).

HIPAA – Health Insurance Portability and Accountability Act. This 1996 law created new privacy protections for personal medical information.

HR – Human Resources.

HRT – Hormone Replacement Therapy.

IC – Intelligence Community (US).

ICPG – Intelligence Community Policy Guidance (US).

IDF – Israel Defense Forces.

IRR – Individual Ready Reserve (US).

JAG, JAGC – Judge Advocate General’s Corps. The legal branch of the US Armed Forces (usually service-specific, e.g., Army JAG).

LASD – Los Angeles Sheriff’s Department.

LGBT, LGBTI – Lesbian, Gay, Bisexual, and Transgender. Also Lesbian, Gay, Bisexual, Transgender, and Intersex.

MEO – Military Equal Opportunity.

MOD – Ministry of Defence (UK).

NCAA – National Collegiate Athletic Association.

NCTE – National Center for Transgender Equality.

NZDF - New Zealand Defence Force.

OC – Officer in Charge.

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OPM – Office of Personnel Management (US).

PII – Personally Identifying Information. Information that can connect a particular individual with personal information, often medical information, that should be kept confidential.

RAAF – Royal Australian Air Force.

RAF – Royal Air Force (UK).

RFS – Regional Flight Surgeon (FAA).

SLA – Single Living Accommodation.

SOC – Standards of Care.

SPARTA – An organization of LGBT military service members, veterans, and their families. Originally an acronym for “Service members, Partners, and Allies for Respect and Tolerance for All.”

SRS – Sex Reassignment Surgery. Same as GCS (Gender Confirmation Surgery); older term, falling out of use in favor of GCS or GRS.

TLC – Transgender Law Center.

TRICARE – (not an acronym) A health care program of the US Armed Forces that provides civilian health benefits to military members, retirees, and families.

UCMJ – Uniform Code of Military Justice.

UK – United Kingdom.

USAID – United States Agency for International Development.

WPATH – World Professional Association for Transgender Health.

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