

The Honorable Marsha J. Pechman

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**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

RYAN KARNOSKI, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity as
President of the United States, et al.,

Defendants.

Case No. 2:17-cv-01297-MJP

**DECLARATION OF DEBORAH LEE
JAMES IN SUPPORT OF
PLAINTIFFS’ MOTION FOR
SUMMARY JUDGMENT**

I, Deborah Lee James, declare as follows:

Background and Experience

1. I served as the Secretary of the United States Air Force (“USAF”) from December 20, 2013 to January 20, 2017.

2. I hold a Bachelor’s Degree in Comparative Area Studies from Duke University (1979), and a Master’s Degree in International Affairs from Columbia University (1981). From 1983 until 1993, I worked as a professional staff member for the Armed Services Committee of the United States House of Representatives, including as a senior advisor to the Subcommittee for Military Personnel and Compensation. From 1993 to 1998, I served as Assistant Secretary of Defense for Reserve Affairs, responsible for advising the Secretary of Defense on all matters pertaining to roughly 1.8 million National Guard and Reserve personnel. I then held a variety of senior positions at Science Applications International Corporation (SAIC), including as President

1 of the Technical and Engineering Sector overseeing more than 8,000 employees.

2 3. As Secretary of the USAF, I functioned as the chief executive of the Department
3 of the Air Force, with the authority to conduct all of its affairs, subject to the authority, direction,
4 and control of the Secretary of Defense. As Secretary, I had comprehensive oversight
5 responsibility for (i) the Department of the Air Force's annual budget, (ii) overseeing the
6 organization, training, supplying, equipping and mobilization of USAF personnel, and (iii)
7 overseeing the construction and maintenance of military equipment, buildings, and structures. In
8 connection with my personnel-related oversight responsibilities, I administered the development
9 and implementation of recruitment, retention, and medical policies for active duty and reserve
10 USAF personnel. Among the people who directly reported to me was the Chief of Staff of the
11 USAF, the most senior uniformed USAF officer.

12 **The Air Force**

13 4. The USAF is the aerial warfare service branch of the United States Armed Forces.
14 It is one of the three military departments of the Department of Defense ("DoD"). The USAF,
15 with an annual budget of more than \$139 billion, operates thousands of military and surveillance
16 aircraft and controls hundreds of intercontinental ballistic missiles and military satellites. It
17 employs over 600,000 Airmen and civilian employees. The USAF, including the Air Force
18 Reserve and Air National Guard, operates over 300 flying squadrons, consisting of 8 to 24
19 aircraft each, worldwide. Air Force bases are located across the United States and span the
20 globe.

21 5. The USAF has several core missions. First, it ensures American superiority in air
22 and space across the globe. This superiority protects all of our other armed services from air
23 attack during their operations. Second, the USAF is responsible for intelligence, surveillance,
24 and reconnaissance, a function that is also essential to the integrated operation of the Armed
25 Forces. Third, it is also a core mission to enable rapid global mobility. The USAF projects
26 American power rapidly across the face of the earth and enables swift deployment as well as the
27 ability to sustain operations by delivering essential equipment, supplies, and personnel. Fourth,

1 the USAF has its global strike capabilities as an essential mission. The ability to strike globally
2 underlies our deterrence; the USAF's combat capabilities allow it to threaten, disable, or destroy
3 any target around the globe. Lastly, the USAF is also charged with command and control. It
4 provides access to reliable communications and information networks so that the military
5 services as a whole can operate jointly in a coordinated fashion globally and at a high level of
6 intensity.

7 6. The USAF is one of the most technologically sophisticated organizations on the
8 planet, dwarfing the technological capabilities of individual companies in the private sector. Our
9 aircraft, spacecraft, weapons, and surveillance equipment contain the most advanced new
10 technologies devised by human ingenuity. Many USAF personnel train for years to function
11 effectively in the USAF. Recruitment and retention of capable and qualified Airmen is of critical
12 importance to the readiness of the USAF.

13 **Change and Development of DoD Policy**

14 7. By 2014, it had become clear that the United States Armed Service, including the
15 USAF, had valued members who were transgender with specialized skills. Starting in 2014, the
16 DoD took steps to consider military policy concerning the open service of transgender service
17 members against the backdrop of the military's critical need for qualified personnel.

18 8. In August 2014, the Department of Defense issued a new regulation, DODI
19 1332.18, Disability Evaluation System (DES). The regulation eliminated a department-wide list
20 of conditions that would disqualify persons from retention in military service, including the
21 categorical ban on open service by transgender persons. This new regulation instructed each
22 branch of the Armed Forces to reassess whether disqualification based on these conditions,
23 including the ban on service by transgender persons, was justified. As of August 2014, there was
24 no longer a department-wide position on whether transgender persons should be disqualified for
25 retention.

26 9. On July 28, 2015, Secretary of Defense Ashton Carter ordered Brad Carson,
27 Acting Undersecretary of Defense for Personnel and Readiness, to convene a working group to

1 identify the practical issues related to transgender Americans serving openly in the Armed
2 Forces, and to develop an implementation plan that addressed those issues with the goal of
3 maximizing military readiness (the “Working Group”).

4 10. As Secretary of the Air Force, I was responsible for supervising the Department
5 of the Air Force’s participation in the Working Group. The Working Group met both as a whole
6 and in smaller groups tasked with investigating and analyzing specific issues. I met regularly
7 with members of the Working Group to discuss their progress and the Air Force’s positions on
8 the issues discussed.

9 11. The Working Group engaged in a comprehensive examination of the issues
10 presented by permitting transgender people to serve openly. The goal was to be as
11 comprehensive as possible, considering all available scholarly literature and evidence, and to
12 thoroughly investigate any possible issues or concerns about how permitting open service might
13 affect any aspect of military efficiency or readiness.

14 12. The Working Group included military and civilian personnel, readiness and
15 medical experts from each of the services along with medical experts from the Defense Health
16 Agency. It solicited information from both senior military personnel who supervised transgender
17 service members and transgender people on active duty. It also examined the experiences of
18 civilian employers and of foreign militaries who permit transgender people to serve openly.

19 13. The Working Group also considered a report from the RAND Corporation, a
20 federally funded research center that regularly provides research and analysis to the Armed
21 Forces. The RAND Corporation was asked by the Under Secretary of Defense for Personnel and
22 Readiness to conduct a study (“RAND Report”) “to (1) identify the health care needs of the
23 transgender population, transgender service members’ potential health care utilization rates, and
24 the costs associated with extending health care coverage for transition-related treatments; (2)
25 assess the potential readiness implications of allowing transgender members to serve openly; and
26 (3) review the experiences of foreign militaries that permit transgender service members to serve
27 openly.”

1 14. The RAND Report concluded that the cost of caring for the medical needs of
2 transgender personnel would amount to “an exceedingly small proportion of ... overall DoD
3 health care expenditures.” It found that the Military Health Service (MHS) has the capacity to
4 provide this care, and that doing so would improve the capacity of the MHS by helping MHS
5 surgeons “maintain a vitally important skill required of military surgeons to effectively treat
6 combat injuries.” (8.) Considering a variety of utilization data, including data from the Veterans
7 Health Administration, the RAND Report concluded that only a very small number of service
8 members will access some type of gender transition-related treatment annually. (30.) The
9 RAND Report found that the costs of providing health care for transgender service members
10 would likewise be very small, amounting to an insignificant percentage of the overall DoD
11 healthcare budget: “[E]ven in the most extreme scenario we were able to identify using the
12 private health insurance data, we expect only a 0.13-percent (\$8.4 million out of \$6.2 billion)
13 increase in AC health care spending.” (36.)

14 15. The RAND Report concluded that permitting transgender people to serve openly
15 would have no significant impact on military readiness or efficiency. The RAND Report
16 examined the deployability of transgender persons before transition, during transition, and post-
17 transition. It concluded that even assuming the highest estimates of utilization rates, the impact
18 of permitting transgender soldiers to serve openly and to obtain appropriate health care would be
19 minimal, amounting to “0.0015 percent of available deployable labor-years across the AC and
20 SR.” (42.)

21 16. The RAND Report also found no evidence that permitting transgender soldiers to
22 serve openly would have any significant negative impact on unit cohesion. Rather, the available
23 evidence, including the experience of permitting service by openly gay personnel, suggests the
24 opposite. In particular, the available evidence indicates that “direct interactions with transgender
25 individuals significantly reduce negative perceptions and increase acceptance.” (44.)

26 17. The RAND Report found that available research on foreign militaries showed no
27 evidence that “allowing transgender people to serve openly has had any negative effects on
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1 operational effectiveness, cohesion, or readiness.” (45.) The Working Group also met directly
2 with representatives from some of these foreign militaries, who confirmed that permitting open
3 service had no significant deleterious effects.

4 18. The Working Group compared the potential loss of deployability associated with
5 transition-related health care with the loss of deployability associated with other, much more
6 common medical conditions. The Working Group considered impacts to readiness and advice
7 from experts indicating that the circumstance should not be treated differently.

8 19. The Working Group also considered that both private and public employers
9 increasingly are providing coverage for transition-related health care, including the health
10 insurance coverage available to civilian federal employees.

11 20. The Working Group also considered that banning transgender service members
12 results in the loss of otherwise qualified personnel, which may leave critical positions
13 unexpectedly vacant, as well as the financial loss involved in having to replace trained and, in
14 some instances, highly skilled personnel.

15 21. The Working Group also considered that barring service by transgender people
16 reduces the pool of potential qualified recruits and irrationally excludes individuals based on a
17 characteristic that has no relevance to their ability to serve.

18 22. Based on its comprehensive and careful review, the Working Group agreed that
19 transgender people should be permitted both to enlist and to serve openly in the United States
20 military.

21 23. With regard to accession, the Working Group agreed that transgender persons
22 should be subject to the same medical standards applied to persons with other medical
23 conditions. Those standards are designed to ensure that those entering service are free of
24 medical conditions or physical defects that may require excessive time lost from duty. The
25 Working Group therefore agreed that applicants with a history of gender dysphoria or of
26 treatment for gender dysphoria be permitted to enlist only if they have completed all medical
27 treatment associated with gender transition and been stable in the preferred gender for a specified
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1 period of time.

2 24. The Working Group agreed upon a variety of other changes to related military
3 policy, based on the same principle of securing equal treatment of transgender persons under
4 existing standards.

5 25. On June 30, 2016, Secretary of Defense Ashton Carter issued Directive-type
6 Memorandum (DTM) 16-005, entitled “Military Service of Transgender Service Members”
7 (“DTM 16-005”).

8 26. The purpose of DTM 16-005 was to “[e]stablish[] policy, assign[]
9 responsibilities, and prescribe [] procedures for the standards for retention, accession,
10 separation, in-service transition, and medical coverage for transgender personnel serving in the
11 Military Services.” DTM 16-005 was applicable to all Military Departments, including the
12 USAF, as well as all organizational entities within the DoD, including the Joint Chiefs of Staff.

13 **Change, Development, and Implementation of USAF Policy**

14 27. To implement DTM 16-005 as applied to the Air Force, on October 6, 2016, I
15 issued an Air Force Policy Memorandum entitled “Air Force Policy Memorandum for In-Service
16 Transition for Airmen Identifying as Transgender” (the “AFPM”) jointly with the U.S. Air Force
17 Chief of Staff, General David Goldfein. General Goldfein is a fighter pilot who has served in the
18 Air Force for over 30 years (including multiple combat deployments). A true and accurate copy
19 of the AFPM is attached hereto as Exhibit A.

20 28. The policy and guidance in the AFPM, which was effective immediately for all
21 USAF personnel, “provides unit personnel, supervisors, commanders, transgender Airmen and
22 the medical community a construct by which transgender Airmen may transition gender while
23 serving,” and “outlines policies for accessing, separating, and retaining transgender Airmen.”
24 Further, the policies and procedures reflected in the AFPM “are premised on the conclusion that
25 open service by transgender Airmen who are subject to the same standards and procedures as
26 other members of the same gender with regard to their medical fitness for duty, physical fitness,
27 dress and appearance standards, deployability, and retention, is consistent with military service

1 and readiness.” The AFPM thus provides that “no otherwise qualified Airman may be
2 involuntarily separated, discharged or denied reenlistment or continuation of service solely on
3 the basis of their gender identity.”

4 29. With respect to individuals presently serving in the USAF, the AFPM states that
5 transgender Airmen will be responsible to meet all standards for uniforms and grooming,
6 physical fitness, and use of facilities according to the Airmen’s gender marker in the Military
7 Personnel Data System (“MilPDS”), subject to the approval of an Exception to Policy (“ETP”)
8 request.

9 30. The AFPM further provides that when a transgender Airman’s medical provider
10 formally advises the Airman’s commander that the Airman’s transition is complete, the Airman
11 can “provid[e] ... either a certified copy of a state birth certificate reflecting the member’s
12 preferred gender, a certified copy of a court order reflecting the member’s preferred gender, or a
13 United States passport reflecting the member’s preferred gender.” And, per the AFPM, the
14 Airman’s commander may then authorize an update to the Airman’s gender marker in MilPDS,
15 which then “will be transmitted to and updated in DEERS.” The Airman will thereafter be
16 responsible for meeting all gender-related standards in accordance with the updated gender
17 marker.

18 31. To allow USAF commanders to address medical needs in a manner consistent
19 with military mission and readiness, the AFPM sets forth detailed procedures concerning
20 medical treatment for transgender Airmen with a diagnosis from a medical military provider
21 indicating that gender transition is medically necessary. Airmen with such a diagnosis must
22 notify their commander and “identify all medically necessary care and treatment that is part of
23 the Airman’s medical treatment plan and a projected schedule for such treatment, including an
24 estimated date for a change in the member’s gender marker in MilPDS.” A military medical
25 provider’s diagnosis must be confirmed by the Medical Multidisciplinary Team, taking into
26 account “the severity of the transgender Airman’s medical condition and the urgency of any
27 proposed medical treatment.” All gender transition plans must include timing, as approved by the

1 Airman’s unit commander in consultation with the Airman and military medical personnel.

2 32. The AFPM also provides that “[t]ransgender Airmen selected for deployment will
3 not be prevented from deploying if they are medically qualified.” “Any determination that a
4 transgender Airman is non-deployable at any time will be consistent with established Air Force
5 standards, as applied to other Airmen whose deployability is similarly affected in comparable
6 circumstances unrelated to gender transition.”

7 33. In addition, the AFPM identified the following Air Force Instructions (“AFI”) to
8 be revised to conform with the updated DoD policy concerning service of transgender
9 individuals, consistent with the policy announced in the AFPM: (i) AFI 36-3206, Administrative
10 Discharge Procedures for Commissioned Officers; (ii) AFI 36-2905, Fitness Program; (iii) AFI
11 36-2903, Dress and Personal Appearance of Air Force Personnel; (iv) AFI 36-3208,
12 Administrative Separation of Airmen; (v) AFI 36-3209, Separation and Retirement Procedures
13 for Air National Guard and Air Force Reserve Members; (vi) AFI 48-123, Medical Examinations
14 and Standards; and (vii) AFI 32-6005, Unaccompanied Housing Management.

15 34. On September 30, 2016, the Department of Defense issued Transgender Service
16 in the Military, An Implementation Handbook (“DoD Handbook”). The DoD Handbook is
17 intended as a practical day-to-day guide to assist all service members in understanding the
18 Department of Defense’s policy of allowing the open service of transgender service members. To
19 that end, the DoD Handbook instructs all service members:

20 The cornerstone of DoD values is treating every Service member with dignity and
21 respect. Anyone who wants to serve their country, upholds our values, and can meet our
22 standards, should be given the opportunity to compete to do so. Being a transgender
23 individual, in and of itself, does not affect a Service member’s ability to perform their
24 job.

23 **The Harms Caused by the Recent Reversal of Policy**

24 35. Relying on the DTM 16-005 and the Air Force Policy Memorandum, many
25 service members disclosed their transgender status to their commanding officers and took other
26 steps in reliance on the policy permitting service by openly transgender personnel. I am unaware
27 of any evidence that this caused any harm to Air Force operations.

1 36. On July 26, 2017, President Donald Trump issued a statement that transgender
2 individuals will not be permitted to serve “in any capacity” in the Armed Forces.

3 37. On August 25, 2017, President Trump issued a memorandum to the Secretary of
4 Defense and the Secretary of Homeland Security to reverse the policy adopted in June 2016 that
5 permitted military service by openly transgender persons. That memorandum stated: “In my
6 judgment, the previous Administration failed to identify a sufficient basis to conclude that
7 terminating the Departments' longstanding policy and practice would not hinder military
8 effectiveness and lethality, disrupt unit cohesion, or tax military resources, and there remain
9 meaningful concerns that further study is needed to ensure that continued implementation of last
10 year's policy change would not have those negative effects.”

11 38. I am not aware of any evidence to support President Trump’s stated rationales for
12 reversing the policy permitting open service. The Working Group spent months carefully
13 collecting and considering the available evidence related to this issue, including examining how
14 permitting open service by transgender persons would affect the very factors referenced in the
15 August 25 memorandum. The Working Group did not find that permitting transgender soldiers to
16 serve would impose any significant costs or have a negative impact on military effectiveness or
17 readiness. The Working Group also found that barring transgender people from military service
18 causes significant harms to the military, including arbitrarily excluding potential qualified
19 recruits based on a characteristic with no relevance to their ability to serve.

20 39. In addition to being contrary to the careful study performed and conclusions
21 drawn by the Working Group and the Secretary of Defense, it is my assessment, based on my
22 experience as Secretary of the Air Force and in other leadership positions within the DoD and
23 other defense-related institutions, that banning transgender people from enlisting or openly
24 serving in the military would harm both the military and the broader public interest, for several
25 reasons.

26 40. **Loss of Qualified Personnel.** First, banning current transgender service members
27 from enlisting or serving in the military will result in the loss of qualified recruits and trained

1 personnel, reducing readiness and operational effectiveness. Some transgender service members
2 are senior and hold important leadership positions. The military has invested significant
3 resources in the education and training of these personnel. Those resources are squandered when
4 they are separated for reasons unrelated to their ability or performance.

5 41. The loss of qualified personnel as a result of separating transgender service
6 members could be particularly acute at USAF. The USAF is currently facing a reduced pool of
7 qualified potential recruits. Unlike many private-sector companies, which can fill vacancies by
8 simply tapping an experienced and flexible labor pool, the USAF has to grow its own set of
9 skilled specialists, and that can take years. If the USAF were to lose any pilots because of the ban
10 on transgender service members, that would be especially expensive given the crisis level of
11 pilots who cost millions of dollars to train.

12 42. **Deployability.** Allowing transgender service members to openly serve does not
13 create any unique issues relating to deployability. Any time that a given service member cannot
14 deploy, we rely on force management models, the reserve component, and in some cases, civilian
15 support to meet mission requirements. Military processes exist to manage any exigencies as they
16 arise. Responding to any deployability issues to the extent that they may arise for some
17 individual transgender service members creates no greater challenges than those recently
18 addressed by, for example, a change in maternity leave policies for pregnant service members.

19 43. **Erosion of Trust in Command.** Second, the President's abrupt reversal of
20 policy is harmful to military readiness because it erodes service members' trust in their command
21 structure and its professionalism. The military's effectiveness depends on a relationship of
22 mutual trust between leaders and followers. That trust, and the prompt following of commands,
23 is essential to the unit cohesion and rapid response required to address unexpected crises or
24 challenges. Following the adoption of the policy permitting open service by transgender persons
25 in 2016, military leaders instructed service members that they should not discriminate against
26 their transgender colleagues. For that policy to be abruptly reversed will inevitably erode trust in
27 the reliability and integrity of military decision making.

1 44. This sudden reversal is harmful both to transgender service members and to other
2 formerly disfavored groups that have been recently integrated into the military and into combat
3 roles. In 2011, the Don't Ask, Don't Tell policy prohibiting gay, lesbian and bisexual people
4 from openly serving in the military was repealed. More recently, DoD also removed remaining
5 barriers for women serving in certain combat positions. The sudden reversal of the DoD's
6 recently adopted policy of inclusion sends a dangerous message that policies promoting the
7 inclusion and equal treatment of other groups may similarly be arbitrarily reversed.

8 45. **Readiness and Morale.** Third, the sudden reversal of a policy adopted after
9 substantial deliberation will also have a deleterious effect on morale, as it undermines the
10 confidence of service members that important military policy decisions will be based on a
11 rational, careful, and thoughtful process. Airmen and other service members must believe that
12 the orders and policies they are required to follow are based on reasonable decisions, not impulse
13 or whim. This trust in the rationality and professionalism of our military leadership is also a key
14 factor in recruiting and retaining talented personnel. The sudden reversal of the June 2016 policy
15 undermines that trust.

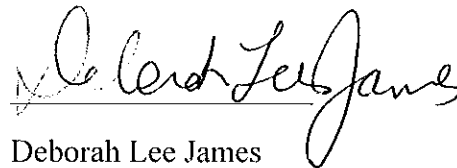
16 46. Banning openly transgender service members will also have a negative impact on
17 recruitment and retention, which are critical concerns in our all-volunteer services. Such a ban
18 will arbitrarily eliminate otherwise highly qualified and valuable individuals who wish to serve,
19 including those who are already enrolled in Reserve Officer Training Corp programs and
20 military academies, based on a characteristic that has no bearing on fitness for military service.
21 Preventing the accession of transgender individuals who have met the rigorous requirements for
22 enrollment in a military academy is particularly senseless and damaging and will result in the
23 loss of extremely talented and well-qualified future leaders. The negative impact of such
24 irrational and prejudicial policies on the public perception of the Armed Services—including the
25 perception of potential recruits—should not be underestimated.

26 47. The impact to morale engendered by the abrupt reversal of the policy permitting
27 open service by transgender people will not only have an effect on the morale of our current

1 service members. Any suggestion that those serving to protect and defend our country will not
2 have the fullest support of their entire chain of command will also have a negative impact on the
3 USAF's ability to recruit highly qualified candidates who can perform at the highest levels
4 necessary to complete the USAF's core missions.

5
6 Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the
7 United States of America that the foregoing is true and correct.

8
9 DATED: January 18, 2018

10 

11 Deborah Lee James

CERTIFICATE OF SERVICE

The undersigned certifies under penalty of perjury under the laws of the United States of America and the laws of the State of Washington that all participants in the case are registered CM/ECF users and that service of the foregoing documents will be accomplished by the CM/ECF system on January 25, 2018.



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Exhibit A



THE SECRETARY OF THE AIR FORCE
CHIEF OF STAFF, UNITED STATES AIR FORCE
WASHINGTON DC



AFPM2016-36-01

06 October 2016

MEMORANDUM FOR DISTRIBUTION C
ALMAJCOM-FOA-DRU

SUBJECT: Air Force Policy Memorandum *for In-Service Transition for Airmen Identifying as Transgender*


This Air Force Policy Memorandum immediately establishes specific Air Force policy and provides guidance associated with in-service transition of Airmen identifying as transgender. Compliance with this memorandum is mandatory. To the extent the memorandum's directions are inconsistent with other Air Force publications, the information herein prevails, in accordance with AFI 33-360, Publications and Forms Management.

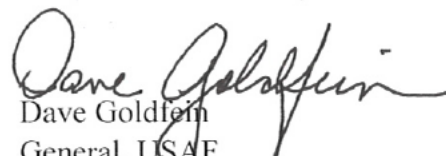
It implements DoD Instruction 1300.28, *In-Service Transition for Transgender Service Members*, 30 June 2016 (effective 1 October 2016), and DoD Directive-Type Memorandum (DTM) 16-005, *Military Service of Transgender Service Members*, 30 June 2016.

The policy guidance outlined in this memorandum is effective immediately and will be incorporated into AFI 36-2905, *Fitness Program*; AFI 36-2903, *Dress and Personal Appearance of Air Force Personnel*; AFI 36-3206, *Administrative Discharge Procedures for Commissioned Officers*; AFI 36-3208, *Administrative Separation of Airmen*; AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*; AFI 48-123, *Medical Examinations and Standards*, and AFI 32-6005, *Unaccompanied Housing Management*.

There are no releasability restrictions on this publication. It applies to the Regular Air Force, Air Force Reserve, and Air National Guard. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Disposition Schedule (RDS) in the Air Force Records Information Management System (AFRIMS).

This Memorandum becomes void after one year has elapsed from the date of this Memorandum, or upon publishing of a new Policy Directive permanently establishing this policy, whichever is earlier.


Deborah Lee James
Secretary of the Air Force


Dave Goldfein
General, USAF
Chief of Staff

Attachments:

1. Transgender Airmen Policy Guidance
2. Glossary of References and Supporting Information

Attachment 1

TRANSGENDER AIRMEN POLICY GUIDANCE

1. Applicability

a. This memorandum provides policy and guidance for all military personnel serving in the United States Air Force, including those serving in the Reserve and Guard components of the Air Force. This guidance provides unit personnel, supervisors, commanders, transgender Airmen and the medical community a construct by which transgender Airmen may transition gender while serving. It further outlines policies for accessing, separating, and retaining transgender Airmen.

b. Policies and procedures are premised on the conclusion that open service by transgender Airmen who are subject to the same standards and procedures as other members of the same gender with regard to their medical fitness for duty, physical fitness, dress and appearance standards, deployability, and retention, is consistent with military service and readiness.

c. Exception to policy (ETP) requests will be made on a case-by-case basis and will be directed to the Service Central Coordination Cell (SCCC) via email at usaf.pentagon.saf-mr.mbx.af-central-coordination-cell@mail.mil for action.

2. Policy

a. It is Air Force policy that service in the United States Air Force should be open to all who can meet the rigorous standards for military service and readiness. Consistent with the policies set forth in this memorandum, transgender individuals shall be allowed to serve in the Air Force.

b. The Air Force recognizes a service member's gender by the member's gender marker in the Military Personnel Data System (MilPDS). A gender marker change must first be made in MilPDS and will flow to and update the Defense Enrollment Eligibility Reporting System (DEERS). Coincident with that gender marker, the Air Force applies, and the member is responsible to meet, all standards for uniforms and grooming; fitness; Military Drug Demand Reduction Program (DDRP) participation; and other military standards applied with consideration of the member's gender. Airmen will use lodging, bathroom and shower facilities that are subject to regulation by the military in accordance with their gender marker in DEERS unless provided an approved ETP.

c. All Service members are entitled to equal opportunity in an environment free from sexual harassment and unlawful discrimination on the basis of race, color, national origin, religion, sex, or sexual orientation. It is the Department's position, consistent with the U.S. Attorney General's opinion, that discrimination based on gender identity is a form of sex discrimination. In today's Air Force, people of different moral and religious values work, live and fight together on a daily basis. This is possible because they treat each other with dignity and respect. Airmen will continue to respect and serve with others who may hold different views and beliefs.

d. Any medical care and treatment provided to a transgender Airman in the process of gender transition will be provided in the same manner as other medical care and treatment. Nothing in

this memorandum will be construed to authorize a commander to deny medically necessary treatment to a transgender Airman or authorize elective care not consistent with other medical protocols.

e. Any determination that a transgender Airman is non-deployable at any time will be consistent with established Air Force standards, as applied to other Airmen whose deployability is similarly affected in comparable circumstances unrelated to gender transition.

f. Commanders will assess expected impacts on mission and readiness after consideration of the advice of military medical providers and will address such impacts in accordance with this memorandum. In applying the tools described in this memorandum, a commander will not accommodate biases against transgender Airmen.

g. If a transgender Airman is unable to meet standards or requires an ETP during a period of gender transition, all applicable tools, including the tools described in this memorandum and those presented in Directive-Type Memorandum (DTM) 16-005, *Military Service of Transgender Service Members*; Department of Defense Instruction (DoDI) 1300.28, *In-Service Transition for Transgender Service Members*; and Department of Defense (DoD) Handbook, *Transgender Service in the US Military: An Implementation Handbook*, will be available to commanders to minimize impacts to the mission and unit readiness.

h. When a military medical provider in coordination with the Medical Multidisciplinary Team (MMDT) determines that a transgender Airman's gender transition is complete (or when a civilian provider does so with validation by a military provider and coordination with the MMDT), and on a date approved by the commander, the service member's gender marker will be changed in MilPDS and the service member will be recognized in the preferred gender.

3. Separation and Retention

a. Effective June 30, 2016, no otherwise qualified Airman may be involuntarily separated, discharged or denied reenlistment or continuation of service solely on the basis of their gender identity.

b. Transgender Airmen will be subject to the same standards as any other service member of the same gender; they may be separated, discharged, or denied reenlistment or continuation of service under existing processes and bases, but not due solely to their gender identity or an expressed intent to transition genders.

c. An Airman whose ability to serve is adversely affected by a medical condition or medical treatment related to their gender identity should be administratively processed, for purposes of separation and retention, in a manner consistent with other Airmen whose ability to serve is similarly affected.

4. Accessions Standards

a. Medical standards for accession into the Military Services help to ensure that those entering service are free of medical conditions or physical defects that may require excessive time lost from duty. Per DTM 16-005, not later than 1 July 2017, the Under Secretary of Defense (Personnel & Readiness) (USD (P&R)) will update Department of Defense Instruction (DoDI) 6130.03, *Medical Standards for Appointment, Enlistment, or Induction in the Military Services*, to reflect the following policies and procedures:

(1) A history of gender dysphoria is disqualifying, **unless**, as certified by a licensed medical provider, the applicant has been stable without clinically significant distress or impairment in social, occupational, or other important areas of functioning for 18 months.

(2) A history of medical treatment associated with gender transition is disqualifying, **unless**, as certified by a licensed medical provider:

(a) the applicant has completed all medical treatment associated with the applicant's gender transition;

(b) the applicant has been stable in the preferred gender for 18 months; and

(c) if the applicant is presently receiving cross-sex hormone therapy post-gender transition, the individual has been stable on such hormones for 18 months.

b. A history of sex reassignment or genital reconstruction surgery is disqualifying, **unless**, as certified by a licensed medical provider:

(1) a period of 18 months has elapsed since the date of the most recent surgery; and

(2) no functional limitations or complications persist, nor is any additional surgery required.

c. The Secretary of the Air Force may waive or reduce the 18-month periods, in whole or in part, in individual cases for applicable reasons.

d. The standards for accession described in DTM 16-005 will be reviewed no later than 24 months from the effective date of the memorandum and may be maintained or changed, as appropriate, to reflect applicable medical standards and clinical practice guidelines, ensure consistency with military readiness, and promote effectiveness in the recruiting and retention policies and procedures of the Armed Forces.

4.1. Initial Entry Training

An Airman is subject to separation in an entry-level status during the period of initial training (defined as 180 days per DoDI 1332.14, *Enlisted Administrative Separations*) based on a medical condition that impairs the Airman's ability to complete such training.

4.2. Pre-Commissioning Sources (AFROTC and USAFA)

An individual participant is subject to separation from the Reserve Officers' Training Corps (ROTC) in accordance with DoDI 1215.08, *Senior Reserve Officers' Training Corps (ROTC) Programs*, or from the United States Air Force Academy (USAFA) IAW DoDI 1322.22, *Service Academies*, based on a medical condition that impairs the individual's ability to complete such training or to access into the Air Force, under the same terms and conditions applicable to participants in comparable circumstances not related to transgender persons or gender transition. As with all cadets who experience a medical condition while in the ROTC Program or USAFA, each situation is unique and will be evaluated based on the individual circumstances. Individuals are required, however, to meet medical accession standards as a prerequisite to appointment in the Armed Forces.

5. In-Service Transition: Gender transition while serving in the military presents unique challenges associated with addressing the needs of the Airman in a manner consistent with military mission and readiness. Where possible, gender transition should be conducted such that an Airman would meet all applicable standards and be available for world wide deployment in the birth gender prior to a change in the member's gender marker in MilPDS and would meet all applicable standards and be available for duty in the preferred gender after the change in gender marker. Recognizing, however, that every transition is unique, with some requiring Real-Life Experience (RLE) in the preferred gender prior to a change of gender marker in MilPDS, the policies and procedures set forth herein provide flexibility to commanders in addressing transitions that may or may not follow this construct.

5.1. Medical

a. In accordance with DoDI 6025.19, *Individual Medical Readiness (IMR)*, and DoDI 1215.13, *Ready Reserve Member Participation Policy*, all Airmen have a responsibility to maintain their health and fitness, meet individual medical readiness requirements, and report to their chain of command any medical and health issue (including mental health) that may affect their readiness to deploy or fitness to continue serving in an active status.

b. All Airmen, regardless of status and as a condition of continued participation in military service, will report significant health information to their chain of command. Airmen who have or have had a medical condition that may limit their performance of official duties must consult with a military medical provider concerning their diagnosis and proposed treatment, and must notify their commanders.

c. When an Airman receives a diagnosis from a military medical provider (or a diagnosis made by a civilian provider and validated by a military provider) indicating that gender transition is medically necessary, the member's notification to the commander must identify all medically necessary care and treatment that is part of the Airman's medical treatment plan and a projected schedule for such treatment, including an estimated date for a change in the member's gender marker in MilPDS,.

d. When an Airman receives a diagnosis from a military medical provider, (or a diagnosis made by a civilian provider and validated by a military provider) indicating that gender transition is medically necessary for an Airman, it will be confirmed by the Medical Multidisciplinary Team

(MMDT). Recommendations from the military medical provider in coordination with the MMDT will address the severity of the transgender Airman's medical condition and the urgency of any proposed medical treatment. Medical advice to commanders will be provided in a manner consistent with processes used for other medical conditions that may limit a transgender Airman's performance of official duties.

- (1) Air Force Reserve (AFR) members (ARTs, TRs, and IMAs) must provide their supporting medical unit (Reserve Medical Unit (RMU) or Active Duty Medical Treatment Facility) all civilian medical and mental health documentation for review. The RMU or Active Duty Medical Treatment Facility will apply Code 31 and may request a Participation Waiver from AFRC/SGO. The RMU or Active Duty Medical Treatment Facility will forward all cases to AFRC/SGO for review. AFRC/SGO will forward all cases to the Active Duty (AD) MMDT to validate civilian diagnosis, treatment plan and to determine when transition is complete. AFRC medical providers do not validate diagnoses or provide treatment plans. After review of the case, the MMDT will advise the RMU or Active Duty Medical Treatment Facility on all future appropriate duty, fitness and deployment restrictions. AFR members on AGR tours will follow the same policies and procedures as RegAF members.
- (2) ANG Airmen must provide their appropriate Guard Medical Unit (GMU) all required medical and mental health documents for review. The GMU shall forward the medical cases to NGB/SG for clinical and administrative review for appropriate case disposition. NGB/SG may forward cases to the AD MMDT for final endorsement and determine the prescribed transition treatment plan. All AGR Title 10 members will follow the same policies and procedures as RegAF members.

e. Continued Medical Care. A military medical provider in coordination with the MMDT (or a civilian medical provider validated by a military medical provider) may determine certain medical care and treatment to be medically necessary even after an Airman's gender marker is changed in MilPDS (e.g., cross-sex hormone therapy). A gender marker change does not preclude such care and treatment.

f. The MMDT will serve as the POC and consultant to all Military Treatment Facilities (MTFs) and commanders with any questions relating to medical concerns which may arise as part of a transgender Airmen's gender transition. The MMDT may be contacted at transgender.mmdt@us.af.mil.

5.2. Requesting Transition

a. A transgender Airman must receive a diagnosis from a military medical provider that is confirmed by the MMDT (or a diagnosis made by a civilian provider and validated by a military provider) indicating that gender transition is medically necessary. This is followed by notification to the Airman's unit commander and the development of a gender transition plan (transition plan will include timing, as approved by the commander in consultation with the transgender Airman and military medical personnel).

b. Gender transition concludes when the military medical provider in coordination with the MMDT reports to the Commander (or a civilian provider determines with validation by a military provider) that a transgender Airman's gender transition is complete, and the member is able to present appropriate legal documentation supporting a gender change. Such documentation consists of either a certified true copy of a state birth certificate reflecting the member's preferred gender, a certified true copy of a court order reflecting the member's preferred gender, or a United States passport reflecting the member's preferred gender. Upon submission of the commander's written approval and required legal documentation to the appropriate personnel servicing activity, the change in the Airman's gender marker will be entered in MilPDS and transmitted to and updated in DEERS, under the authority, direction, and control of the Defense Manpower Data Center (DMDC). When the MilPDS update is complete, the Airman will be recognized in the preferred gender. At this point in time, the Airman will be responsible for meeting all applicable standards to include medical fitness, physical fitness, dress and appearance, deployability, and retention standards of the gender indicated in MilPDS. They will also use military lodging, bathroom, and shower facilities associated with the gender indicated in MilPDS.

5.3. Developing a Gender Transition Plan and Approval Process

a. When an Airman is diagnosed that gender transition is medically necessary and is confirmed by MMDT (or a diagnosis is made by a civilian provider and validated by a military provider and the MMDT), the Airman may, in consultation with the military medical provider and at the appropriate time, request that the commander approve:

- (1) the timing of medical treatment associated with gender transition;
- (2) an ETP associated with gender transition, consistent with guidance in this memorandum and/or
- (3) a change to the Airman's gender marker in MilPDS

b. The commander, informed by the recommendations of the military medical provider and the MMDT (or the recommendations of a civilian provider validated by a military provider and the MMDT), the SCCC, and others as appropriate, will respond to the request within a framework that ensures readiness by minimizing impacts to the mission (including deployment, operational, training, exercise schedules, and critical skills availability), as well as to the morale and welfare and good order and discipline of the command.

c. Consistent with applicable law, regulation, and policy, the commander will:

- (1) comply with the provisions of this issuance, and with Air Force regulations, policies, and guidance, and consult with the SCCC.
- (2) promptly respond to any request for medical care, as identified by the military medical provider, and ensure that such care is provided consistent with applicable regulations.

- (3) respond to any request for medical treatment or an ETP associated with gender transition as soon as practicable, but not later than 90 calendar days after receiving a request determined to be complete in accordance with the provisions of this issuance and Air Force regulations, policies, and guidance. The response will be in writing; include notice of any actions taken by the commander in accordance with applicable regulations, policies, and guidance and the provisions of this issuance; and will be provided to both the Airman and their military medical provider. A request that the commander determines to be incomplete will be returned to the Airman, with written notice of the deficiencies identified, as soon as practicable, but not later than 30 calendar days after receipt. (NOTE: Commanders of Traditional Reservists or Drill Status Guardsmen must return incomplete requests to the Airman NLT 60 calendar days after receipt.)
- (4) at any time prior to the change of the transgender Airman's gender marker in MilPDS, the commander may modify a previously approved approach to, or an ETP associated with, gender transition. A determination that modification is necessary and appropriate will be made in accordance with the procedures in this memorandum and upon review and consideration of all other factors prescribed in this memorandum. Notice of such modification will be provided to the Airman.
- (5) approve, in writing, the change of a transgender Airman's gender marker in MilPDS, subsequent to receiving a recommendation from the military medical provider and the MMDT (or upon the recommendation of a civilian provider validated by a military provider and the MMDT) that the Airman's gender marker be changed and upon receipt of appropriate legal documentation supporting a gender change. Such documentation consists of either a certified true copy of a state birth certificate reflecting the member's preferred gender, a certified true copy of a court order reflecting the member's preferred gender, or a United States passport reflecting the member's preferred gender. Upon submission of the commander's written approval and required legal documentation to the appropriate personnel servicing activity, the change in the Airman's gender marker will be entered in MilPDS and transmitted to and updated in DEERS, under the authority, direction, and control of the Defense Manpower Data Center (DMDC).

5.4. Considerations for Transitioning Airmen

In cases where transgender Airmen may require accommodation in regard to military dress and appearance standards, fitness standards, or to use the designated facilities of their preferred gender, Airmen should submit an ETP to their unit commander (see attachment 2).

a. Fitness. Transgender Airmen undergoing cross-sex hormone treatment may request an exemption from taking the Fitness Assessment (FA) during their period of transition, prior to a gender marker change in MilPDS, by following the processes below. Members must submit their initial request to their unit commander or equivalent.

- (1) In order to obtain a FA exemption, the member must provide evidence of a documented FA failure and their commander must certify the Airman made a full and clear effort to meet the FA standards of their current gender. In addition, members must provide documentation from their military medical provider

validating ongoing cross-sex hormone treatment as part of a gender transition plan.

- (2) An Airman's commander must concur or non-concur on the request and forward the request through their chain of command (squadron CC, wing CC, MAJCOM A1 or equivalents) for further review and concurrence/non-concurrence. The MAJCOM A1 or equivalent will submit the request to the SCCC, for decision by the AF/A1. If the fitness exemption is approved by AF/A1, the owning unit will execute the exemption using the commander's composite exemption as found in AFI 36-2905, *Fitness Program*. Unit Fitness Program Managers (UFPM) will document the exemption in the Air Force Fitness Management System (AFFMS) II. Initial FA exemptions will be for a period of 6 months. To receive a new exemption, the Airman will provide the previously approved FA exemption memo and updated medical documentation showing proof of continued cross-sex hormone treatment to their unit commander, who may approve or deny any additional exemptions.
- (3) Transgender Airmen who receive a fitness exemption will be expected to maintain a healthy lifestyle, participate in unit physical fitness, and work with their unit commander to ensure they are maintaining an active fitness regimen. Members are ultimately responsible for maintaining a healthy lifestyle which incorporates fitness. Unit commanders may use current Air Force Fitness Improvement Program options, such as BE WELL online, a Healthy Weight program, or Military OneSource Health Coaching to assist in formally monitoring members' fitness levels. Transgender Airmen should provide their unit commander a Fitness Maintenance Plan to ensure they have a verifiable plan to remain physically fit during their gender transition.
- (4) The FA exemption will apply at the current duty station and future duty locations.

b. Dress and Appearance

- (1) Current AF dress and appearance standards apply to male and female transgender Airmen. AFI 36-2903, *Dress and Personal Appearance of Air Force Personnel*, allows Exception to Policy (ETP) requests to current dress and appearance standards. AF/A1 is the approval authority for ETP requests.
- (2) Transgender Airmen must adhere to applicable dress and appearance standards of the gender reflected in MilPDS. However, altered physical characteristics during gender transition may make dress and appearance standard changes appropriate prior to gender marker changes in MilPDS. Therefore, transgender Airmen may submit an ETP request IAW AFI 36-2903 to adhere to their preferred gender's dress and appearance standards prior to their official gender marker change in MilPDS. Until an ETP request has been approved, transgender Airmen must adhere to their current gender's dress and appearance standards as reflected in MilPDS. The request will require supporting justification, an assessment by their immediate commander, and

further recommendations by their chain of command, installation commander, and MAJCOM A1 before an AF/A1 decision.

(3) ETP requests will include:

- a) a memorandum from the Airman requesting to adhere to the preferred gender's dress and appearance standards,
- b) evidence of a medical diagnosis of gender dysphoria from a military medical provider confirmed by the MMDT (or the diagnosis of a civilian provider validated by a military provider and the MMDT), and
- c) documentation that confirms the ETP request is a component of the Airman's gender transition plan.

(4) Commanders' assessment of dress and appearance issues for transitioning Airmen should include information about the Airman's professional military image in current and preferred gender's dress and appearance standards, fit and/or function of the uniforms, and potential impact on unit cohesion, good order and discipline (if any). The transgender Airman's immediate commander will recommend approval or disapproval and forward the request through their chain of command to the wing and/or installation commander as applicable for further recommendations. Wing and/or installation commanders will forward the request to the MAJCOM A1 for endorsement and forwarding to the SCCC to gain AF/A1's decision. If approved, the ETP will apply to both the wear of the preferred gender's dress and appearance standards at current and subsequent duty stations. Transgender Airmen approved for an ETP prior to gender marker change must ensure a copy of the approval memorandum is placed in their automated personnel records by visiting their local Military Personnel Section (MPS), Customer Service office. They must also carry a copy of their approval memorandum on their person until gender marker is changed in MilPDS.

Note: This guidance also applies to **Air Reserve Technicians** who are required to wear the military uniform while performing civilian duties as an Air Reserve Technician (ART) IAW AFI 36-801, *Uniforms for Civilian Employees*. Air Reserve Technicians must adhere to applicable dress and appearance standards IAW AFI 36-2903, *Dress and Personal Appearance of Air Force Personnel*, of the gender reflected in their military personnel record until the ETP request has been approved by AF/A1.

(5) All dress and appearance standards ETP requests must be submitted to SCCC NLT 20 calendar days for cases within CONUS and 30 calendar days for cases OCONUS from the date a transgender Airman submits the request to their immediate commander. (NOTE: Commanders of transgender Traditional Reserve or Drill Status Guardsmen must submit their dress and appearance ETP requests to the SCCC NLT 45 calendar days from the date the Airman submits the request to their immediate commander within CONUS and 60 calendar days for cases OCONUS.)

- (6) The dress and appearance exemption will apply at the current duty station and future duty stations.

c. Facilities

- (1) An Airman undergoing gender transition may request an ETP waiver to use facilities subject to regulation by the military in accordance with their preferred gender prior to a gender marker change in DEERS. The Airman's chain of command (unit CC, group CC, wing CC, or equivalents and applicable MAJCOM functionals) will provide concurrence/non-concurrence with the ETP request in addition to evidence that a military medical provider in coordination with the MMDT (or a civilian medical provider validated by a military medical provider in coordination with the MMDT) has confirmed a diagnosis of gender dysphoria and that the ETP request is a component of the member's gender transition plan.
- (2) In executing any accommodation, the unit commander will take into account the physical construction of the facilities as well as the privacy of other members using the facilities in question. The unit commander should consider and balance the needs of the transgender individual and the needs of the command. The installation should explore no-cost facility options. No-cost options may include, but are not limited to, allowing the transgender member to use any family style restroom/shower area, providing additional time for the member to use the privacy of their domicile, or mandating wear of minimal articles of clothing for all.
- (3) AFI 32-6005, *Unaccompanied Housing Management*, discusses quarters assignment. Currently, Airmen are assigned to quarters based on the gender reflected in the DEERS, consistent with policy in DoDI 1300.28. Any exceptions should be made consistent with the previous two paragraphs. Until an ETP is approved or gender is updated in DEERS, the transgender Airman will use the facilities associated with their gender marker in DEERS.

d. Deployment

Transgender Airmen selected for deployment will not be prevented from deploying if they are medically qualified. Any approved exceptions to policy regarding accommodation during transition should be coordinated with the deployed commander to ensure knowledge of transition and any potential accommodations required for the deployed environment.

e. For ARC Members

To the greatest extent possible, commanders and transgender Airmen will address periods of non-availability for any period of military duty, paid or unpaid, during the transgender Airman's gender transition with a view of mitigating unsatisfactory participation in accordance with DoDI 1215.13, *Reserve Component (RC) Member Participation Policy*, and DoDI 1300.28, *In-Service Transition for Transgender Service Members*.

6. Completion of Transition

a. In consultation with the transgender Airman, the military medical provider will formally advise the commander when the Airman's gender transition is complete, and recommend to the commander a time at which the Airman's gender marker may be changed in MilPDS.

b. When a transgender Airman has completed transition, they should take official documentation to their MPS to update their gender in MilPDS. Official documentation includes authorization from the Airman's unit commander and military medical provider to change the Airman's gender marker. In addition, the Airman must provide appropriate legal documentation supporting gender change to the MPS. Legal documentation must be either a certified true copy of a state birth certificate reflecting the transgender Airman's preferred gender, a certified true copy of a court order reflecting the transgender Airman's preferred gender, or a United States passport reflecting the transgender Airman's preferred gender. There will be no direct update in DEERS; the gender marker in MilPDS is what will update the DEERS system. A new Common Access Card (CAC) will be issued to reflect the updated gender data. ARTs are required to update their gender marker in MilPDS and DCPDS, as there is no integration between the two systems (with the exception of data reporting to DEERS from MilPDS and DCPDS).

7. Post Transition

Coincident with the gender marker change, except as noted below, the Air Force will apply, and the transgender Airman is responsible to meet, all standards for uniforms and grooming; fitness; DDRP participation; and, other military standards applied with consideration of their gender. Transgender Airmen will use military lodging, bathrooms and shower facilities associated with their gender marker in MilPDS.

Any determination that a transgender Airman is non-deployable at any time will be consistent with established Air Force standards, as applied to other Airmen whose deployability is similarly affected in comparable circumstances unrelated to gender transition.

A military medical provider may determine certain medical care and treatment to be medically necessary, even after a transgender Airman's gender marker is changed in MilPDS (e.g. cross-sex hormone therapy)

Protection of Personally Identifiable Information (PII) and Protected Health Information

In accordance with DoDD 5400.11, *DoD Privacy Program*, in cases in which there is a need to collect, use, maintain, or disseminate PII in furtherance of this memorandum or Air Force regulations, policies, or guidance, the Air Force will protect against unwarranted invasions of personal privacy and the unauthorized disclosure of such PII. The Air Force will maintain PII so as to protect individual's rights, consistent with federal law, regulation, and policy. Disclosure of protected health information will be consistent with DoD 6025.18-R, *DoD Health Information Privacy Regulation*.

Personal Privacy Considerations. A commander may employ reasonable accommodations to respect the privacy interests of Airmen.

Attachment 2

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

- DTM 16-005, *Military Service of Transgender Service Members*, 30 June 2016
- DoD 6025.18-R, *DoD Health Information Privacy Regulation*, 24 January 2003
- DoDD 5400.11, *DoD Privacy Program*, 29 October 2014
- DoDI 1300.28, *In-Service transition for Transgender Service Members*, 1 July 2016
- DoDI 1332.14, *Enlisted Administrative Separations*, 27 January 2014
- DoDI 1322.22, *Service Academies*, 24 September 2015
- DoDI 1215.08, *Senior Reserve Officers' Training Corps (ROTC) Programs*, 26 June 2006
- DoDI 1215.13, *Ready Reserve Member Participation Policy*, 5 May 2015
- DoDI 6025.19, *Individual Medical Readiness (IMR)*, 9 June 2014
- DoDI 6130.03, *Medical Standards for Appointment, Enlistment, or Induction in the Military Service*, 28 April 2010
- DoDI 6490.08, *Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members*, 17 August 2011
- DoDI 1215.13, *Reserve Component (RC) Member Participation Policy*, 5 May 2015
- DoD Handbook, *Transgender Service in the US Military: An Implementation Handbook*
- AFI 32-6005, *Unaccompanied Housing Management*, 29 January 2016
- AFI 36-2903, *Dress and Personal Appearance of Air Force Personnel*, 18 July 2011
- AFI 36-2905, *Fitness Program*, 21 October 2013
- AFI 36-801, *Uniforms for Civilian Employees*, 22 December 2015
- AFI 90-507, *Military Drug Demand Reduction Program*, 22 September 2014

Abbreviations and Acronyms

AD – Active Duty
AFFMS II – Air Force Fitness Management System II
AFR—Air Force Reserve
AFRC—Air Force Reserve Command
AFSC – Air Force Specialty Code
AGR—Active Guard Reserve
ANG—Air National Guard
ART—Air Reserve Technician
CAC – Common Access Card
CONUS—Continental United States
DDRP—Drug Demand Reduction Program
DEERS – Defense Enrollment Eligibility Reporting System
DoDI – Department of Defense Instruction
DMDC – Defense Manpower Data Center
DTM—Directive-Type Memorandum
ETP – Exception to Policy
FA – Fitness Assessment
GMU—Guard Medical Unit
HIPAA—Health Insurance Portability and Accountability Act
MilPDS—Military Personnel Data System
MMDT – Medical Multidisciplinary Team
MTF – Military Treatment Facility
OCONUS—Outside the Continental United States
PII – Personally Identifiable Information
RLE – Real Life Experience
RMU—Reserve Medical Unit
ROTC – Reserve Officer Training Corps
SCCC – Service Central Coordination Cell
UFPM – Unit Fitness Program Manager
USD(P&R)—Under Secretary of Defense (Personnel & Readiness)
UTC – Unit Type Code

Terms

Cross-Sex Hormone Therapy—Feminizing or masculinizing hormone therapy—the administration of exogenous endocrine agents to induce feminizing or masculinizing changes. The use of feminizing hormones in an individual assigned male at birth based on traditional biological indicators or the use of masculinizing hormones in an individual assigned female at birth. A common medical treatment associated with gender transition.

Emergency Medical Care—The care needed to diagnose and treat a medical condition without which the recipient's death or permanent impairment is likely to result.

Gender Dysphoria—Medical diagnosis that refers to distress that some transgender individuals experience due to a mismatch between their gender and their sex.

Gender Marker—Data element in DEERS that identifies a Service member's gender. A Service member is expected to adhere to all military standards associated with the member's gender marker in DEERS and use military billeting, bathroom, and shower facilities in accordance with the DEERS gender marker. The Air Force recognizes a service member's gender by the member's gender marker in the Military Personnel Data System (MilPDS). A gender marker change must first be made in MilPDS and will flow to and update the Defense Enrollment Eligibility Reporting System (DEERS).

Gender Role or Expression—Characteristics in personality, appearance, and behavior that in a given culture and historical period are designated as masculine or feminine (that is, more typical of the male or female social role). All people tend to incorporate both masculine and feminine characteristics in their gender expression in varying ways and to varying degrees.

Gender Transition Process—A process that begins when a transgender Airman receives a diagnosis from a military medical provider for gender dysphoria that is confirmed by the MMDT (or a diagnosis is made by a civilian provider and validated by a military provider) indicating that gender transition is medically necessary. Processes that follow include notification to the member's commander and development of a gender transition plan. Gender transition concludes when the military medical provider in coordination with the MMDT determines (or a civilian provider determines with validation by a military provider) that a transgender Airman's gender transition is complete. Upon completion of these steps, the transgender Airman's gender marker will be changed in MilPDS and DEERS, and the transgender Airman will be recognized in the preferred gender. At this point in time, the transgender Airman will be responsible for meeting all applicable standards to include medical fitness, physical fitness, dress and appearance standards, deployability, and retention standards of the gender indicated in DEERS. They will use lodging, bathroom and shower facilities that are subject to regulation by the military in accordance with their gender marker in DEERS.

Human and Functional Support Network—Support network for a Service member that may be informal (friends, family, co-workers, social media, etc.) or formal (medical professionals, counselors, clergy, etc.).

Medically Necessary—Those health-care services or supplies necessary to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medicine.

Medical Multidisciplinary Team—A centrally located medical team comprised of a case manager, a mental health provider, an endocrinologist and/or a surgeon knowledgeable in transgender medical care.

Non-Urgent Medical Care—The care required to diagnose and treat problems that are not life or limb threatening or that do not require immediate attention.

Place of Duty—The duty location assigned to military members by that member's commander or supervisor in order for that member to perform official duty for the unit or organization. Official duties may require members to report to alternate duty location in furtherance of the mission as determined by command and supervision, to include mandatory military functions.

Preferred gender—The gender that a person feels is their gender identity and the gender they desire to express. The gender in which a transgender Service member will be recognized post-transition.

Real Life Experience (RLE)—RLE is the phase in the gender transition process during which the individual commences living socially in the gender role consistent with their preferred gender. RLE may or may not be preceded by the commencement of cross-sex hormone therapy, depending on the medical treatment associated with the individual Service member's gender transition. The RLE phase is also a necessary precursor to certain medical procedures, including gender transition surgery. RLE generally encompasses dressing in the new gender, as well as using preferred gender bathroom, locker room, dormitory areas and showers.

Service Central Coordination Cell (SCCC)—Headquarters Air Force cell of experts created to provide multi-disciplinary (e.g., medical, legal) advice and assistance to commanders with regard to service by transgender Service members and gender transition in the military.

Transition—Period of time when individuals change from the gender role associated with their sex assigned at birth to a different gender role. For many people, this involves learning how to live socially in another gender role; for others this means finding a gender role and expression that are most comfortable for them. Transition may or may not include feminization or masculinization of the body through cross-sex hormone therapy or other medical procedures. The nature and duration of transition are variable and individualized.

Urgent medical care—The care needed to diagnose and treat serious or acute medical conditions that pose no immediate threat to life and health, but require medical attention within 24 hours.

SAMPLE: Exception to Policy (ETP) Request Memorandum

(Date)

MEMORANDUM FOR [Grade/Name of Immediate Commander]

FROM: [Grade, Name of Requester]

SUBJECT: Exception to Policy (ETP) to [military dress and appearance standards, use of designated facilities, and/or fitness standards]

1. I am a transgender [female/male] Airman in the process of gender transition. Therefore, I request an ETP to allow me to adhere to the requirements of the [insert preferred gender] gender with regard to [dress and appearance and/or use of lodging, bathroom, and shower facilities that are subject to regulation by the military] pending my gender marker change in the Defense Enrollment Eligibility Reporting System (DEERS) [AND/OR for exemption from my current gender Fitness Assessment standards while undergoing cross-sex hormone therapy pending a gender marker change in DEERS].

2. I have enclosed:

a. Medical diagnosis from a military medical provider (or a diagnosis made by a civilian provider and validated by a military provider) in consultation with the Medical Multidisciplinary Team (MMDT) that states gender transition is medically necessary.

b. Military medical provider confirmation validating ongoing cross-sex hormone treatment as part of my transition to the [insert preferred gender] gender. [If applicable]

c. DD Form 2870, *Authorization for Disclosure of Medical or Dental Information*, with Section II, number 6 filled out to state that my patient information will be released to my Unit Commander (Name, Rank, Duty Title, Unit Name) and servicing Military Personnel Support (MPS).

d. Fitness Assessment (FA) score card documenting a failure and evidence that I have made a clear effort to meet the FA standards of my current gender. [If applicable]

e. Documentation confirming the ETP request is a component of the Airman's gender transition plan. [Note this applies only if the ETP request is for dress and appearance and/or use of lodging, bathroom, and shower facilities that are subject to regulation by the military].

3. The point of contact for this memorandum is the undersigned at (insert telephone number and email address).

SERVICE MEMBER SIGNATURE BLOCK

Attachments